

# A report and recommendations on improving governance

prepared for the  
College of Dental Hygienists of Ontario

Harry Cayton  
*Professional Regulation and Governance*

Deanna Williams  
Dundee Consulting Group Ltd

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Harry Cayton  
*Professional Regulation and  
Governance*

Terri Strawn  
President  
College of Dental Hygienists of Ontario  
175 Bloor Street East,  
North Tower, Suite 601,  
Toronto,  
Ontario M4W 3R8

February 23, 2024

Dear Terri,

We are pleased to submit our review of and recommendations for the governance of the College.

It has been a pleasure working with you, with the Governance Committee and with Council members; we are grateful for everyone's cooperation, patience with our endless questions and for the insights and knowledge people have shared. Despite the valuable information and observations that we have gained from many people, the conclusions in this report are ours and ours alone.

We would like, in particular, to thank Veronica Douglas who has been helpful and prompt in her support for our work.

We believe that we have met the requirements of our contract and that the judgements we have made and the recommendations we offer are well founded.

In our assessment against the Standards of Good Governance<sup>1</sup>, we find that the College meets two of the Governance Standards, partially meets five and does not meet two. This is a review of how the Council governs the College and not a review of the performance of the College, much of which as we set out, is delegated to the Registrar & CEO.

As we say in our Conclusions there is much to respect in the commitment and hard work of Council members, but the College is hampered by a rigid application of rules, procedures and its strict adherence to Policy Governance™- which appear to act not as a help but as a barrier to effective decision-making in the interests of the public the College serves<sup>2</sup>.

We hope that if Council accepts the report and recommendations, you will ask the Registrar & CEO to assess the practical implications of changes and to present back to Council a proposed plan for their implementation or not.



Harry Cayton  
Professional Regulation and Governance



Deanna Williams  
Dundee Consulting Group Ltd

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<sup>1</sup> Standards of Good Governance, Professional Standards Authority, (UK) are included in Appendix 2

<sup>2</sup> When we refer to the proprietary system of governance developed by John Carver we use 'Policy Governance™' when writing about the general approach we refer to 'policy governance'.

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## 1. Introduction

- 1.1. The College of Dental Hygienists of Ontario (CDHO) commissioned this governance review to be conducted between September 2023 and February 2024. The reviewers were to conduct the review, with a view to building and sustaining effective oversight in the public interest by the Council of the College.
- 1.2. We were, in our report, to consider the general principles of good governance, the value of policy governance to the College, including its statutory mandate, oversight and operations, strategic planning, risk management, regulatory effectiveness, fiduciary duty, and conflict of interest. This is a governance review not a review of the performance of the College.
- 1.3. This Report sets out for the Council an assessment of its compliance with the Standards of Good Governance (see Annex 1 below). We have identified opportunities for improvement and made recommendations to the Council for changes to its practice to enable it to improve performance and focus more effectively on patient safety and the protection of diverse publics.
- 1.4. In this review, we have taken into account the findings of the recent external assessment of the CDHO Council's effectiveness, conducted by Deanna Williams (Dundee Consulting Group Ltd, February 2023)<sup>3</sup>, during which it was suggested that a comprehensive review of the College's current governance model was warranted.
- 1.5. We have also considered the expectations relevant to this review set out under the College Performance Measurement Framework (Ontario Ministry of Health, 2020).<sup>4</sup>
- 1.6. This report is based on our analysis of findings from a review of materials and documents provided to us from the College, from our personal observation of the two Council meetings in September and December 2023, and from information and insights gained through one-to-one discussions held with Council members and CDHO staff.
- 1.7. In making our recommendations for improvement, we have considered the findings from similar reviews undertaken by other regulatory bodies in Ontario and across Canada; a summary of current good governance practices internationally; and an assessment of the CDHO's governance practices against the Standards of Good Governance.
- 1.8. Changes that are within the CDHO's power to make within its current legislation and regulations, as well as those requiring Government support, were also considered.

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<sup>3</sup>[https://cdho.org/wp-content/uploads/2023/06/CDHO\\_Agenda\\_03312023.pdf](https://cdho.org/wp-content/uploads/2023/06/CDHO_Agenda_03312023.pdf)  
(pages 186-207)

<sup>4</sup> <https://www.ontario.ca/files/2023-12/moh-college-performance-measurement-framework-reporting-tool-en-2021.pdf>

## 2. How we prepared this report

2.1 We carried out a review of the Council's governance documents, including in particular, the College bylaws and the Policy Manual which provided considerable insights into the current governance practices followed by the College.

2.2 We reviewed documents relating to the Policy Governance™ model with a view to gain insights into the governance model and practices currently in place at the College.

2.3 We observed two meetings of the Council, held on September 22<sup>nd</sup> 2023 and December 1<sup>st</sup> 2023 (excluding *in camera* sessions) and had prior access to all agendas and supporting papers. The ability to return to the recordings of these meetings proved most helpful in our quest to confirm, at a later date, certain observations arising from a meeting.

2.4 A total of 16 one-to-one discussions with 13 council members and three staff were completed between November 20 and December 10 2023. Five questions were developed to help guide discussion, and respondents were encouraged to freely share any thoughts with the mutual understanding that no comments would be attributable to any individual.

2.5 In preparing our report, and as noted previously, we have taken into account the findings of the recent external assessment of CDHO Council's Effectiveness, and the expectations set out in the College Performance Measurement Framework

2.6 We held meetings with the President and the Registrar & CEO in January 2024 in order to report on our progress and to check some of our observations.

2.7 A final draft report was provided to the Governance Committee in February 2024 to check for factual accuracy. The comments received were taken into account in a final report presented to Council at its meeting on 8th March 2024.

### 3. What we found

#### *Conduct of meetings*

3.1 The College adheres rigidly to the style of governance set out by John Carver in Policy Governance™. This approach is characterized by a strong separation of ends from means, governance from operations and council member's roles from that of the Registrar & CEO and staff. Meetings are formal, agendas and reports follow a fixed pattern with much repetition and direction for members. Decisions are taken by voting on resolutions rather than by general agreement. However, we observed that at Council meetings when there is consensus, a vote is not always imposed.

3.2 The Council's roles under the Policy Governance™ model are to create:

1. The link between the owners and the operational organization.
2. Written governing policies that address the broadest levels of all organizational decisions and situations.
  - 2.1. Ends: what good or benefit the organization is to achieve, for which people, at what worth
  - 2.2 Executive Limitations: Constraints on executive authority that establish the boundaries of prudence and ethics within which all executive activity and decisions must take place.
  - 2.3 Governance Process: Specification of how the Council conceptualizes, carries out and monitors its own task.
  - 2.4. Council-Registrar Delegation: How power is delegated, and its proper use monitored, including the Registrar/CEO role, authority, and accountability.
3. Assurance of organizational performance through structured monitoring on Ends and Executive Limitations
  - 3.1 Assurance of organizational performance through structured monitoring on Ends and Executive limitations
  - 3.2 Structured monitoring of the Registrar as outlined in Council-Registrar/CEO delegation policies.
- 4 Operational decisions that the Council has prohibited the Registrar/CEO from making through its Executive limitations policies.
  - 4.1 Decisions regarding borrowing from financial institutions.
  - 4.2. Decisions regarding loans of CDHO funds.
  - 4.3. Decisions regarding use of long-term reserves.
  - 4.4. Decisions regarding acquisition, encumbering or disposal of land or buildings.
  - 4.5. Decisions regarding change of organizational name or corporate identity.
  - 4.6. Decisions regarding submission of proposed amendments to the Act, Regulations or Bylaws.
5. Council decisions required by bylaw articles 3.7 through 3.9
  - 5.1 Approval of the list of investigators and approved commissioners.<sup>5</sup>

3.3 It is worth noting that the restraints in this framework limit both the role of the Council and the role of the Registrar & CEO and that while setting the 'Ends' for the College the Council makes no contribution to how those are achieved, the means being

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<sup>5</sup> See CDHO Policy Manual pp 4-16

delegated to the Registrar &CEO. At the same time the Registrar & CEO is restrained by an extensive list of 'Executive Limitations', those things that they shall not or must not do. The purpose of this framework is to define the boundaries between the role of the Council and the role of the chief executive but in effect they act as a barrier to a mutually beneficial partnership that supports the sharing of ideas and expertise.

3.4 In practice the Council benefits from strong and capable leadership provided by both the current chair, and the Registrar &CEO. The chair is widely seen as 'doing a great job' in leading Council to stay within the restraints of Policy Governance and deliver the Agenda of the meeting.

3.5 The Registrar & CEO was described by respondents as a strategic, visionary and 'out of the box' thinker, and his commitment to openness and transparency were widely acknowledged and appreciated.

3.6 Notwithstanding the capable leadership currently in place, the observed effect of Policy Governance™ on Council meetings is that all items are fitted into a rigid structure, spontaneity is removed, discussion is limited, and the majority of the meeting's time is consumed with repetitive procedure.

3.7 The length of a meeting or the frequency of meetings are not a measure of their usefulness. It is worth noting that the December 1st Council meeting had 287 pages of material supplied to it. We estimate that at least half that material was redundant, repetitive or not discussed. There were 48 pages alone of individual declarations of interest. In our view over administration and under delivery is a feature of councils using a policy governance approach

*Governance supporting effective and outcome focused decision-making.*

3.8 In the one-to-one discussions several respondents described the current governance model with the analogy that it 'puts the Registrar & CEO in a box' -the size of which is currently defined through the approved Executive Limitations. These Executive Limitation policies set out those things/activities that the Registrar & CEO shall not do. Some individuals also said these give relatively free rein to the Registrar & CEO (within the 'box') which can, on occasion, result in the Registrar & CEO making a decision that the Council does not agree with but, as long as he does not obviously step outside the lines of authority by breaching the Executive Limitations, the Council must accept a given action or decision.

3.9 There is wide agreement that defined and accountable reporting and monitoring processes are needed to support the Council in fulfilling its oversight role but the majority of respondents believe that under the current model Council spends an inordinately high amount of its time on reviewing its own policies and monitoring itself and the Registrar &CEO and that more time would be better spent on other things that directly relate to clients and public interest.

3.10 On this point, in the two meetings of September 22<sup>nd</sup> and December 1<sup>st</sup>, we observed that very little time was specifically allotted on the agendas to matters that would improve the public's access to safe and competent care or reduce real or potential risks of harm to the clients who access the services of registered dental

hygienists. We heard that at a previous meeting, Council had had a discussion respecting the expanded scope of practice granted to hygienists in BC; respondents also identified some other issues as important, but these were not evidently discussed as shown in the minutes of previous meetings, or in the two meetings observed. Examples of such issues include; an improved quality assurance program; ensuring that proposed changes to standards of practice and scope are well-grounded in the dental hygiene profession; and enhancing efforts to better engage with the public respecting the role of the College, particularly those who seek and access the services of registered dental hygienists in Ontario.

3.11 An important report covering racism as experienced by both the clients of hygienists and by hygienists themselves was presented to the Council at the December 1st meeting. The agenda allowed an hour for this topic. At the meeting discussion was completed in 40 minutes with only eight minutes of questions or comments raised by only four Council members. Considering that the findings were described as 'alarming and shocking' by one member we question how merely referring the matter on to the Registrar & CEO met either the Council's expressed commitment to anti-racism or to the safety of the public.

3.12 Policy Governance™ also refers to the 'owners' of the College. The Council's role is providing a link between them and the organization. The idea of 'owners' seems to parallel the shareholders of a company. There seems to be some uncertainty as to who the owners of the CDHO are; are they the people who use the services of a dental hygienist or are they the citizens of Ontario? This was mentioned at the December 1<sup>st</sup> Council meeting but we observed that no decision was made. There is an Ownership Linkage Committee but judging from reports to Council neither Council nor the Committee are entirely clear what its role is or who 'owners' of the College are. It is not clear either if the Committee's task is to inform the owners about the College or for the College to learn from the owners.

3.13 There are mixed views amongst council members regarding the current governance practices and how effective, or not, these are in supporting Council in effective and sound decision-making.

3.14 Of the 16 individuals interviewed, a majority indicated that they would support changing from Policy Governance™ to a model that is more understandable, flexible and less onerous. Of the 13 in favour of shifting to a different governance model, some individuals were hesitant to suggest a change, because they said they did not know what other governance options might be available to them.

3.15 Only two of the respondents said they had a solid understanding of and support for Policy Governance™ and were in favour of retaining current governance practices.

3.16 In response to the invitation to: 'Tell me about your current governance practices and how the model is working...' in the one-to-one interviews, there were two remarks in particular which stood out: "*I have absolutely no idea how it's meant to work, but as is, it's a waste of time and energy*" and "*Oh my goodness, there just has to be another way!*"



3.17 There is a general lack of understanding about how or if Policy Governance™ works, especially amongst the more recently elected or appointed members of Council. Clarity and understanding of the 'rules' setting out what Council can do or decide on, as opposed to what belongs in the Registrar & CEO's domain, is widely seen to be of key importance in ensuring that the governance model does support effective decision-making. The Governance Committee's current work on developing a more consistently delivered and structured mentoring process to better assist newer Council members in 'getting up to speed' is seen as a positive step. However, where a governance process is not working well, training will not remedy that; only changing the governance process will.

3.18 The College Performance Measurement Framework sets out an expectation that health regulatory Colleges in Ontario make efforts to ensure council and committee members have the required knowledge and skills to warrant and support good governance. The CDHO Council has approved a comprehensive Council Competency Profile<sup>6</sup>, which sets out the areas, and levels of knowledge desirable for council members. Currently, professional registrants interested in seeking election to Council must attend an information session and once elected to Council, new members are asked to complete a self-assessment of their own level of knowledge across identified areas. Using the competency framework to inform a screening process that asks individuals to demonstrate the areas of knowledge that they would bring to the Council before they are eligible to seek an elected seat would better assure competencies of elected members and meet this expectation.

3.19 There was discussion at the meeting on December 1<sup>st</sup> respecting a proposed bylaw change that would increase the time before a registered dental hygienist with a criminal conviction can seek election to Council from three years to 10 years after a finding of guilt and an increase from three years to eight years since their compliance with any given penalty. More than an hour was spent on discussion, and despite the rationale provided that these changes would increase public trust and confidence in the College while also aligning with identified best practice in other regulators, Council members arguments against these proposals were focused primarily on whether these proposed changes would be fair to the profession. The time spent resulted only in a referral back to the committee with no decision made, which suggests current governance practices do not facilitate Council's decision-making. It was surprising to us that Council members thought that any convicted criminals were suitable to be members of a regulatory council.

3.20 A second proposed change to the bylaws to limit the number of terms of office a Council member can serve was rejected by Council. This decision appeared not to be in the interests of the public but in the interests of existing council members. It also limits the opportunity for new, and particularly more recently registered hygienists, to be elected. The Registrar & CEO then asked to speak on the proposal but did so with the caveat, 'I don't usually get involved in Council discussions, but I do have some thoughts I'd like to share'. We understand that under the current governance practices, the Registrar & CEO does not customarily participate in Council discussions, yet we believe that the best effective regulatory governance practices rely on a strong and mutually

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<sup>6</sup> <https://cdho.org/wp-content/uploads/2023/11/Council-Competency-Profile.pdf>

beneficial relationship existing between the Registrar & CEO and Council. The Registrar & CEO should, and feel free to, provide Council with guidance and advice based on their personal regulatory expertise and knowledge; the Council, in turn, should expect and rely on the Registrar & CEO to do so. The current governance model cannot support Council in effective or outcomes-based decision-making where barriers and rules are seen to deter the Registrar & CEO from providing relevant information or advice to the Council, as needed and appropriate.

3.21 With regard to lifetime term limits, the intent was to assure a regular refreshment and diversity of views, experience, and perspectives on Council, in alignment with best practices in other regulators. Despite the chair's attempts to bring discussion back to the public interest, which was the reason for this proposal, Council's comments regrettably focused more on how lifetime term limits might affect a member's ability to continue serve as a member or be compensated for other work; and how the Council would fill vacancies if such changes resulted in fewer people seeking election. The tendency to focus on how proposals will impact professional members, or the College, is contrary to our understanding of Policy Governance™ which is meant to focus Council on Ends.

3.22 We observed a lack of robust discussion between members of Council. Council members ask questions and state opinions but seem hesitant to disagree with each other or to test out each other's ideas. The opinion expressed by the first person to comment on an issue seems usually to shape the decision and often the matter is referred back to a committee or forward to a future meeting. In other words, there is no decision at all. Council members did question the Registrar & CEO in some detail on the operational budget, spending nearly an hour on this topic. They had no questions, however on their own governance budget, which was approved without question.

3.23 In interviews some respondents suggested that a rigidly followed governance structure such as Policy Governance™ might have merit where there is identified dysfunction between the Council and the staff; but there is wide agreement amongst a majority of respondents that today's council is functional; its relationship with staff is good; and that it is more than ready to govern within a better, more flexible and easier to follow model that includes the right balance of reporting and engagement to support the Council in fulfilling its oversight role and responsibility.

3.24 Some respondents said that Council's oversight of operations and accountability is assured through the extensive monitoring associated with Policy Governance™. There is some doubt, however, as to whether Council is monitoring activity or the outcome of activity in meeting its Ends. Others expressed concern that while monitoring is about holding the Registrar & CEO accountable, they see little accountability expected of those Council members who evidently do not do their required monitoring in advance of Council meetings.

#### *Understanding of regulatory risks of harm*

3.25 The primary purpose of professional regulation is to manage the risk of harm to the public. Whatever industry or profession it regulates, a regulatory body must understand the risks it is responsible for mitigating. The Council of the CDHO, as the oversight body, should know what the key risks of harm to patients and the public arising from the practice of dental hygienists are. We have seen no evidence that the Council is focused

on or even corporately aware of the occupational risks relating to the profession it oversees. The word 'safe' occurs twice in the Global Ends statement by the Council but we have seen no papers dealing with safety and heard no discussion of safety by the Council. The Council appears to have delegated 'safety' to the Registrar & CEO, but safety is clearly an end not a means and therefore the direct responsibility of Council under the policy governance approach.

3.26 In the external assessment in 2023, Council members were not able to confirm that the Council had a sound process for identifying and reviewing risk(s) and what that process was. 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 respondents mentioned the Inquiries, Complaints and Reports Committee which follows a risk-based framework to help guide respective deliberations and decisions. A majority of individuals, in that earlier report, said that they believed that it was up to the President and Registrar & CEO to identify issues, including risks, that needed to be brought to the Council's attention. We note that the College has not as yet implemented the external assessment's suggestion that 'Council should publicly consider, identify, and document potential risks/risks of harm that may arise from, and be addressed or mitigated through, its respective deliberations and decisions.'

3.27 Council as the governing body of the College should be concerned with two categories of risk: risk to patients and the public of the practice of registered dental hygienists, wider risks to the public from poor oral health and risks to the College itself of failure to fulfil its statutory duties, its fiduciary oversight, its reputation, and integrity. Council seems to act as though these are operational matters where, in fact, they are existential.

3.28 The 'Risk Assessment and Decision-Making Tool' <sup>7</sup> used by the Inquiries, Complaints and Reports Committee shows that the College can and does have means of evaluating risks effectively. It would be good to see much wider and more strategic application of this approach in support of the organization's Ends.

3.29 There is no evident consideration of actual or potential risks 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, and a failure to protect the public poses a high-level risk for a regulator. A regulator that is not focussed on risks of harm to the public is a regulator itself at risk.

*Commitment to the interests of the publics*

3.30 We have made clear in paras 3.25-29 (above) the centrality of risk management by regulators. The purpose of risk management is to protect patients and publics and to ensure that registered dental hygienists practice safely, competently and ethically.

3.31 We observe two things; first, that the publics' interests are rarely an item on the Council agenda, most of which is taken up with internal procedural matters as prescribed by Policy Governance™ and secondly, that when the publics' interests are

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<sup>7</sup> <https://cdho.org/dental-hygiene-clients/file-a-complaint/investigating-your-complaint/>

relevant to a topic it is the interests of the profession that come first to Council members' minds.

3.32 For example, the Agenda for the December 1<sup>st</sup> 2023 Council meeting included only one item that directly related to the public's interests. This was the 'Voice of the Patient Report' prepared and presented by Pivotal Research. There is a great amount in this report to engage the Council in serious reflection on the role of regulation and the exclusion of many citizens from access to dental hygiene services. As noted in para 3.11 (above) discussion of this report was brief and superficial.

3.33 Some other matters did have a bearing on the public interest, for example a few of the Bylaw changes, but where the proposed changes were challenged, it was our observation that the primary concern was to protect the interests of registrants or Council members.

3.34 In his verbal report to the September 22<sup>nd</sup> meeting, the Registrar & CEO observed, 'We continue to experience a low complaint intake rate... So this is a very low number for such a large registrant pool and certainly reflects the quality of care that dental hygienists provide to the people of Ontario.' No one disagreed with this assertion. In the December meeting the 'Voice of the Patient Report' showed that the likelihood that people would access the services of hygienists strongly correlated with socio-economic factors and the likelihood that they would raise a complaint even more so. One Council member pointed out that 'A low number of complaints doesn't mean a high level of satisfaction,' If any council member noted these two contradictory perspectives, on an important issue they didn't think it worthy of comment.

3.35 The Council has an 'Ownership Linkage Committee'. Its role or indeed who the 'moral owners' of the College are does not seem to be very clear in practice. There is no mention of the 'owners' in the statement of Ends. The Terms of Reference of the Ownership Linkage Committee refer to 'moral owners' but does not specify who they are. Governance document GP11 'Council linkage with owners', does define the 'moral owners' as 'the public of Ontario' and goes on to say that 'the Council will establish and maintain a three-year ownership linkage plan in order to ensure that the Council has intentional and constructive dialogue and deliberation with the owners....' We asked to see this plan but were told it was not yet complete. We do not think the College is putting as much energy into dialogue with the public of Ontario as it is with registrants. Some Council members seem to think registered dental hygienists are indeed the true owners of the College.

#### *Anti-racism, diversity and inclusion*

3.36 The College's statement on equity, diversity and inclusion is clear that 'CDHO recognizes its responsibility as a regulatory body that serves the public to meaningfully address issues of inclusion, diversity, equity and accessibility. We are committed to doing what we can to remove systemic barriers and foster a sense of belonging where different voices can be heard and valued.' This is an admirable commitment. The External Assessment of the CDHO Council's Effectiveness, 2023 reported a strong consensus amongst respondents that the Council has made and continues to make appropriate strides in demonstrating its commitment to transparency, and to diversity, equity, and inclusion.

3.37 Intention is important; realistic plans and delivery even more so. The presentation of the 'Voice of the Patient' report was therefore a valuable opportunity for the Council to show its genuine engagement with the challenges that it, along with all public institutions, faces in confronting racism. As already suggested Council members' response to this report was positive but brief and superficial. There was no questioning of the researchers about the methodology used in order to confirm the reliability of the findings. No questions were asked about the causes of racism as reported by patients and the causes of racism reported by hygienists. Without a proper analysis of the problem Council is not a position to guide the Registrar & CEO towards the outcomes that it wants.

3.38 The Chair in her opening remarks at the Council meeting, reminded Council members of their obligations to keep diversity, equity and inclusion in mind as they considered matters before them. It was also noted that considerable training and education on diversity, equity and inclusion had recently been provided to Council, a testament, most say, to Council's commitment to embrace these principles.

3.39 We do not doubt the sincerity of the College's commitment to diversity, equity and inclusion but there is some complacency in its confidence that it is doing well when it has no information on the outcome of its efforts but clear information that racism persists.

## 4 Good practice in governance

### *The purpose of governance*

4.1 A great deal has been written about governance, not all of it helpful and not all of it clear. It may be useful therefore to consider two definitions of governance which are applicable in a regulatory context. The first is from the National Council of Voluntary Organisations in the UK; ‘*Governance is the systems and processes concerned with ensuring the overall direction, effectiveness, supervision and accountability of an organisation*’.<sup>8</sup> This definition has the merit of being brief and understandable, but it begs the question of exactly what ‘systems and processes’ constitute good governance.

4.2 A fuller definition is given in the Journal, Not-for-Profit Governance; ‘*Non-profit governance has a dual focus: achieving the organization’s social mission and the ensuring the organization is viable. Both responsibilities relate to fiduciary responsibility that a board of trustees (sometimes called directors, or Board, or Management Committee—the terms are interchangeable) has with respect to the exercise of authority over the explicit actions the organization takes. Public trust and accountability are an essential aspect of organizational viability, so to achieve the social mission in a way that is respected by those whom the organization serves and the society in which it is located*’.<sup>9</sup> The value of this definition is its focus on the dual role of governance in maintaining the viability of the organization and also delivering its social role. Understanding of dual roles in the governance of professional regulators is one of the key challenges facing board members. This definition goes on to highlight that ‘public trust and accountability is an essential aspect of organizational viability’. In other words, the dual roles are linked; an effective well-run organization builds public trust and public trust contributes to viability.

4.3 In this report we consider that good governance is the effective, efficient, transparent, and accountable delivery of an organization’s objectives thus creating confidence and trust in its members, clients, and the public. Good governance is as much about behaviours and their outcomes as it is about procedures.

### *Separation of roles*

4.4 Understanding the roles of a professional regulator and of its governing body is an essential first step to effective governance. Many professional regulators in Canada had a dual mandate as an ‘association’ of professionals as well as a ‘regulator’ of professions. Some still do and many have activities and interests which are more directed to the profession than to the public. To promote the interests of a profession and to promote the interests of service users are rarely compatible. Elected members to Councils still often feel that their role is to ‘represent’ the interests of the registrants who elected them.

4.5 Internal roles need to be kept separate too. Perhaps most important in terms of trust is the handling of complaints inquiries and discipline. If this process is not independent of the interests of the board, free from bias and partiality, neither registrants, nor complainants, nor the public can have confidence in the regulator.

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<sup>8</sup> National Council of Voluntary Organisations. <https://www.ncvo.org.uk/practical-support/information/governance>

<sup>9</sup> *What is Governance?*, Not-for-Profit Quarterly, June 9, 2017

4.6 Another important distinction internally is that between strategy and oversight and delivery and management. In business governance an important distinction is made between 'executive officers or directors' (the CEO and most senior staff) and the non-executive directors, (who are appointed or elected to the board). Non-executive board members are not there to run the regulator; they are there to set the direction of its work, oversee the delivery of its strategy and to hold the CEO accountable for running the organization within that strategy and the values the board has set. Within the structure of the College, the Council members are non-executive directors, and the Registrar is the Chief Executive Officer.

4.7 The relationship between the registrar/chief executive officer and the chair is crucial. The separation of responsibility between operational delivery and strategic oversight is fundamental to success, as is a respectful partnership in decision making. Without a respectful and constructive partnership and good communication between the chair and CEO, organizational leadership will fail.

#### *Policy Governance™*

4.8 One of the frequently used approaches to not-for-profit governance used in Canada is John Carver's Policy Governance Model™. As Carver himself has written it is, 'the most well-known modern theory of governance worldwide and in many cases the least understood.' We are not surprised it is misunderstood. Over the years of its development by Carver and his supporters the original valuable insights about the importance of the separation of roles and division of responsibilities have been overlaid with an accretion of procedures, reporting mechanisms and complex terminology which has so baffled some boards that following the Policy Governance Model™ has become an end in itself. This is ironic because Carver himself makes an important distinction between 'ends' decisions by boards and 'means' decisions. We have observed many boards struggling over how to define their 'policy ends', instead of straightforwardly agreeing on their long and short-term objectives then discussing with their executive colleagues how those objectives can be delivered and monitored.

4.9 Another aspect of the Policy Governance Model™ which has been ill-applied is so called 'executive limitation' reporting. Again, the original purpose is reasonable: 'the board does not do blanket approvals of budgets, program designs, or staff compensation plans, but it will have set out the limits of prudence and ethics within which the CEO must stay. Monitoring pointedly targets those board-stated criteria...' In practice 'executive limitation reports' to boards have become a time-consuming bureaucratic exercise in which CEOs write lengthy reports about all the things they haven't done which the board discusses at length to ensure the CEO has not strayed into 'policy ends' but stuck faithfully to 'means'. The consuming of board time by reports is something the Policy Governance Model™ warns against but has in effect promoted.

4.10 Boards do need to understand the separation of different organizational objectives and the internal separation of roles between the board and the CEO and staff but the Policy Governance™ Model as it has developed no longer seems helpful in supporting effective regulatory governance at the CDHO.

### *Contemporary thinking on governance*

4.11 Contemporary thinking about effective governance is focussed on outcomes rather than structures and procedures. It looks for informed decision-making and delivery of results. It doesn't care for Robert's Rules of Order, first published in 1876, since an effective board is not a parliament. Contemporary non-executive boards are small; they are skill based not 'representative'; they use performance data and outcome measurement to monitor the delivery of their objectives; they limit committees and working groups in favour of background papers well-researched by competent staff; and they call in external expertise as required. They make decisions rather than refer matters back to a committee. They do not interfere in operational matters but oversee strategy and the implementation of their objectives. Boards ensure that the organization's resources are used to deliver its goals rather than allowing its goals to be determined by the available resources. As well, boards assess their own performance and seek to learn and improve. Boards are externally accountable, whether it be to the public, to shareholders or to members but they should not be subservient to external pressures or to professional or self-interests (see A Checklist for Regulatory Boards, Annex 1).

### *Clarity of purpose*

4.12 The governing councils of regulators need to be very clear to themselves and to others that their purpose is to promote good standards of professional practice, to protect service users from harm and to act in the public interest. They may also have other wider responsibilities. Board members may have been elected or appointed for the first time with no knowledge of the functions of a regulator and very little, if any, experience of serving on a board. To compensate for the deficiencies created by the selection process a comprehensive, supportive induction process needs to be in place. Of great importance is that board members have read and understood the legislation under which they operate and from which they receive their mandate from government on behalf of the public. Board members should discuss and agree on their purpose and role; there must be a common understanding of who the public and the diversity of their interests are if they are to be protected. Decisions should be challenged and checked by the board to ensure they are in-line with the regulator's agreed purpose and with their own strategic plan and objectives.

4.13 Neither election nor appointment guarantees competence, nor do these guarantee a balance of skills on a board. In Canada, regulatory bodies are often hampered by legislation which limits their ability to have board members chosen on merit and against published competencies. That this is so implies no disrespect for the individuals who are elected or appointed to boards. Where possible boards should use any opportunities available to them to ask for appointed members to be chosen to compensate for deficiencies, for instance an identified lack of financial or regulatory expertise. Some regulators have set up nominations committees to identify and recommend candidates standing for election, others have introduced mandatory training for potential board members. Effective boards will have an annual appraisal of board members, including the chair providing an opportunity to review an individual's contribution and the performance of the board as a whole. Increased diversity of membership will also contribute to diversity of skills.



### *Conflicts of interest*

4.14 Conflicts of interest amongst board members, or indeed staff, are detrimental to good governance<sup>10</sup>. The principles around conflicts of interest are well understood; when a board member knows that they have a personal, professional, or financial interest in a decision they should declare it and withdraw their involvement. Declaring an interest is only a first step; it does not of itself remove the interest and board members must absent themselves from the meeting or activity if a direct interest or bias exists. 'Perceived' conflicts of interest are as potentially damaging as direct conflicts. A board member may sincerely believe that they are able to make an objective decision on a matter, but others may perceive that they are conflicted and if so, their involvement will undermine the integrity of the decision. All boards should keep and publish a register of interests and any new interests should be declared and recorded at the start of each meeting. The importance of identifying and reporting conflicts of interest extends to committees and disciplinary panels. Indeed it is an inherent conflict for council members, who have one set of interests, to sit on disciplinary tribunals which have a very different one. Failure to declare any personal or professional or financial knowledge or relationship may result in a failure of probity or even, in the latter case, a miscarriage of justice.

### *Representation or credibility?*

4.15 There has been much debate over recent years as to whether regulatory boards should or should not be 'representative' of their professional membership. There is often confusion between the concept of representativeness on a board and equity and inclusion. Elected boards are only representative of those who are willing to stand and those who vote for them. They are often likely to be drawn from a narrow socio-economic group and from older members of a profession. It has been observed that when boards believe they are representing the 'democratic' interests of members they fall into error and lose sight of their primary purpose of protecting the public<sup>11</sup>. The UK's Professional Standards Authority has proposed that the concept of credibility with registrants and the public should replace that of representativeness. While acknowledging professions must remain engaged and committed to their own regulation and regulators must retain the confidence of the profession, it says, '*Nevertheless the time is right to break away from the idea that individual members of regulatory boards are representative of the interests of any particular group or constituency... Board members need to set aside their special interests and work together on the effective governance of the regulator.*'<sup>12</sup> Regulatory boards should not be beholden to the profession they regulate but to the public they serve. Good governance, as observed above, by delivering transparent, fair, effective, and efficient regulation, will build confidence and trust in all stakeholders. A board that is only interested in its shareholders or members and not its customers or its public duty will inevitably fail.

### *Meetings, meetings, meetings*

4.16 Not-for-profit bodies seem obsessed with committees and working groups and taskforces. The meetings and administration that these committees generate consume

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<sup>10</sup> See for example, *Fit and Proper? Governance in the public interest*, Professional Standards Authority, 2013

<sup>11</sup> See for example, *An Inquiry into the performance of the College of Dental Surgeons of British Columbia and the Health Professions Act*, Professional Standards Authority, 2018

<sup>12</sup> *Op. cit.* PSA 2013 p. 13

considerable resources, postpone decisions, and rarely add value to performance commensurate to the voluntary, staff and financial resources expended on them. It is often suggested that because committees are comprised of unpaid volunteers, they are a cost-effective way of making decisions, but in fact they involve many costs; each committee must have staff dedicated to it, travel and accommodation expenses build up and committees tend to generate a life of their own- often living on well beyond the period of their usefulness.

4.17 Many regulatory bodies are hampered in achieving efficiency by a legal requirement for statutory committees that they must establish and on which board members must sit. The functions of some of these committees may be desirable, even essential but whether a committee is needed to carry them out is another matter. Boards should carefully consider the establishment of additional committees; are they necessary, will they add something the board cannot do itself, how will they be resourced, will they be advisory or decision-making, will they be time-limited, how will they report to the board?

4.18 The direction of reform in regulation of professions is clear across numerous jurisdictions and professions. Boards are being reduced in size; elections are being replaced with appointments based on merit; and the proportion of public members is being increased to half or more. Chairs of boards are appointed separately, and public members may be appointed chair. Terms of office may be three or four-years, and renewable once only. Board members may be paid an appropriate fee for their work. Board members are no longer responsible for disciplinary decision-making and disciplinary tribunals are increasingly established as independent of the regulator. The requirements of transparency, accountability and public benefit are coming under greater scrutiny. Self-regulation, it is often said, is a privilege not a right. The terms on which that privilege is granted are ever more demanding.

#### *Personal ethics and conduct*

4.19 The true key to successful governance is not rules and procedures but personal values and behaviour, although of course rules are necessary to govern those whose behaviour does not reflect proper values. The values of courtesy, honesty, openness, objectivity, and respect for others should be the common culture of boards and committee meetings. Most regulatory boards have (and all should have) a Code of Conduct for board members.<sup>13</sup> That code of conduct must be adhered to by members individually and enforced by members collectively. Members must politely challenge colleagues who behave inappropriately. Bad behaviour unchallenged becomes acceptable. Ultimately it is the responsibility of the chair to ensure the code of conduct is observed, a quiet word outside the meeting may be sufficient or an immediate intervention during a meeting may be necessary. Being a professional person requires self-discipline. Regulators expect those they regulate to behave to the highest standards both professionally and personally. Why should registrants have respect for their regulator if its board members do not themselves observe the same high standards?

#### *Reflection and self-assessment*

4.20 Just as a registrant needs to demonstrate their competence to practice their profession, those seeking a leadership role within a regulator should demonstrate their

competence to lead. Some regulators have introduced induction days for potential candidates prior to elections to ensure they are aware of the responsibilities and requirements of the role of a council member. A nominations committee may review candidates, assessing knowledge and competence before recommending a candidate for election. A nominations committee is usually independent of an existing board and fulfils a similar role to the short-listing process for candidates who apply for a job.

4.21 Good governance is not a static state. Good governance is a process, It requires reflection, revision, and renewal. Just as we ask the professionals we regulate to reflect on their own performance, learn from their successes and mistakes and continually improve, so we should do ourselves. Good governance should include an annual assessment of the performance of the board as a whole and of each of its individual members. This will identify strengths and weakness and allow for both group and individual learning.

## 5 Assessment against the Standards of Good Governance

5.1 Standard 1: *The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive staff and board.*

5.1.1 The Council does not have a process for identifying or assessing or managing risks of harm to patients or the public from incompetent or unsafe practice nor does Council review those risks of harm on a regular basis or oversee the mitigation of those risks through regulatory action.

5.1.2 The College does have a process for assessing risk through its risk-based assessment and decision-making tool used by the Inquiries, Reports and Complaints Committee for responding appropriately to complaints in relation to their seriousness.

5.1.3 The College does not have an enterprise risk register, although we were told that one was being developed. Enterprise risk is considered to be operational and therefore a matter for the Registrar & CEO and not the Council. The Council does not have oversight of financial or operational risks despite its members having legal and fiduciary responsibilities for such oversight as governors of the College.

This standard is not met.

5.2 Standard 2: *The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public.*

5.2.1 The College has 108 bylaws and a Governance Manual setting out 39 governance policies, including about 84 limitations on what the CEO can do. These policies are well written, comprehensible, and detailed. Council spends a considerable amount of its time monitoring them and when necessary, updating them so there is undoubtedly a clear framework within which decisions can be made.

5.2.2 Unfortunately despite the abundance of policies it is not evident how these support the Council in making decisions in the interests of clients and the public.

This Standard is partially met

5.3 Standard 3: *The board sets strategic objectives for the organization. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan.*

5.3.1 The College does not currently have a strategic plan to ensure the implementation of its Ends. Strategy is delegated to the Registrar & CEO.

5.3.2 The Council does not involve itself in decisions directly related to desired outcomes for clients and the public except through its review of the reports from the CEO. As these are primarily focussed on Executive Limitations and on the reporting of activities rather than outcomes the Council is not able to be confident that its strategy or Ends are being achieved.

5.3.3 In compliance with requirements under the College Performance Measurement Framework the Registrar & CEO annually completes the Reporting Tool, which requires evidence as to how the College currently meets the Ministry's expectations. Once seen by Council, the report is submitted to government and published on the College website, but it is not clear whether or how the regulator's self-assessed performance is used by Council when reviewing its strategies or Ends.

This Standard is not met.

5.4 Standard 4: *The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business.*

5.4.1 We find that the College is transparent in how it runs its affairs.

5.4.2 The Council meetings we observed were live-streamed on YouTube and continue to be available for future reference. Council papers are published on the website.

5.4.3 At the end of each meeting, while still in public session, the Council members take a time out to complete their individual assessments of the meeting that has just concluded. At the resumption of the meeting, the Chair reviews the survey results with the Council, in full view of any observers present.

5.4.4 The College website has recently been redesigned. It is relatively easy to find out how to make a complaint. Information about disciplinary findings against individual hygienists is available although less easy to find and not comprehensive. Proposed changes to the bylaws will enable the Registrar to publish more information than currently. The website directs the public to find out the likely cost of treatment from the Ontario Dental Association and the Ontario Dental Hygienists Association. The first link says that the Association does not publish the recommended fees, the second link is blocked.

5.4.5 The Voice of the Patient report advises 'Transparency and complaints investigation and processing are two areas the College may need to further enhance by spearheading internal initiatives while further engaging with the public to improve its overall perception. Additionally, the CDHO has an opportunity to improve its image regarding its effectiveness in carrying out its public protection mandate.'

This Standard is met.

5.5 Standard 5: *The regulator engages effectively with clients and the public.*

5.5.1 The Council has established the Ownership Linkages Committee, which is tasked with establishing strategies for stakeholder outreach and has worked with Pivotal Research to distribute annual 'Voice of the Patient' surveys to solicit feedback from the public on various topics.

5.5.2 The questions asked of the public in outreach surveys conducted to date appear focused on specific issues, initially on client expectations and hopes related to their dental hygiene care and more recently, on racism. There was discussion at Council in 2022 about questions that raise the public's general awareness about the role of CDHO in assuring safe and competent dental hygiene care through setting and enforcing standards giving rise to concern by some that this could result in an increased number of complaints against dental hygienists. Increased complaints, if justified, are in the public interest.

5.5.3 The Ownership Linkages Committee commissioned a research study on racism and in December 2023 the Council received the 'Voice of the Patient Report' prepared and presented by Pivotal Research. There is a great amount in this report to engage the Council in serious reflection on the role of regulation and the exclusion of many citizens from access to dental hygiene services. We hope there will be more in depth discussion in future.

5.5.4 We raise a minor concern about the use of the term 'THE patient'. This implies that patients are a homogeneous group with shared experiences and opinions. This contradicts a commitment to diversity. We note that the College uses 'client' rather than patient elsewhere.

This Standard is partially met.

5.6 Standard 6: *The regulator engages appropriately with the profession.*

5.6.1 In the external assessment conducted in late 2022, a number of respondents expressed concerns regarding the dental hygiene profession's general views of the CDHO, which they perceived as unfavourable.

5.6.2 The Ownership Linkage Committee sought feedback from the profession through surveys conducted by Pivotal Research. As the 'owners' of the College are described as the public of Ontario we are not sure why the Ownership Linkage Committee was responsible for this research.

5.6.3 The report of the Ownership Linkage Committee to the December 1st Council meeting included 'The Registrant Engagement Report. This report focused on the point of view of the registrant's experience at the dental office, The Committee report said, 'The Pivotal Research report looks at the positive and negative experiences registrants face and will provide us with suggestions on how we can improve their experience.' Since the 'owners' of the College are reportedly either the Ontario publics or the clients of dental hygienists, we are not clear how improving the experience of registrants falls within the committee's remit.

5.6.4 As noted above in section 3, there were several discussions at the two observed Council meetings where Council members' decision-making was seen to focus more on concerns for the profession and how registrants would react than on whether or how a decision would best serve the interests of the public.

5.6.5 Observation of Council meetings confirms that the Council is engaging with the profession, indeed seems quite concerned about the profession's view of, and attitude towards, the College. The Registrar & CEO is expected through the established Ends to improve relations with the profession. Engaging with the profession does not, however, mean being submissive to its interests.

This Standard is partially met.

5.7 Standard 7: *The board takes account of equality and diversity in its decision-making.*

5.7.1 There is no doubting the commitment of the College to diversity, equality and inclusion. Whether Council has really thought through what needs to change in order to include its commitment in its decision-making is not so clear.

5.7.2 When decisions were being made, we did not hear specific questions about how they might affect different communities or about whether they might encourage or discourage diversity or inclusion.

5.7.3 After the presentation of the *Voice of the Patient* report the Registrar & CEO gave a list of actions he was taking or would take to promote anti-racism, such as training for hygienists, the QA program, a possible new standard, inclusion in the dashboard and others. This was positive but no one from Council asked how the impact of these interventions would be measured to judge if they were effective.

This Standard is partially met.

5.8 Standard 8: *The board has effective oversight of the work of the Registrar & CEO and staff team.*

5.8.1. Policy Governance™ devotes much time to the oversight of the work of the Registrar & CEO and through them the staff team.

5.8.2 At every meeting written reports on the work of the College are received from the Registrar & CEO. These are clear and detailed. The Council also reviews the Executive Limitations to ensure the Registrar & CEO is not exceeding his brief.

This Standard is met.

5.9 Standard 9: *The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities.*

5.9.1 We find that the Policy Governance™ model currently followed, is not helpful to the CDHO Council in understanding its role as a regulatory governing body.

5.9.2 Council evaluations are currently focused on the meeting processes, and whether the Council followed the expectations set out under Policy Governance™. They are not focused on the outcomes of the College's activities.

5.9.3 Within the framework of Policy Governance™ the CDHO Council, and the Registrar & CEO each do what they are required to do, but there is a lack of clarity as to whether the Council's collective role as a governing body and individual responsibilities of members of Council are fully understood and whether the Council provides sufficient scrutiny and oversight of the activities of the College and its role in protecting the diverse publics in Ontario.

This Standard is partially met.

5.10 We conclude on the evidence we have seen that the College meets two of these Governance Standards, partially meets five and does not meet two. Very often the intention of Council is in line with the Standards but the monitoring and delivery is not followed through. There is room therefore for improvement in the way the Council scrutinizes the information it receives, its oversight of strategy and its focus on outcomes.



## 6 Recommendations

6.1 In this section of our report, we set out nine recommendations which we consider will address the weaknesses in governance identified above and help move the College forward. Recommendations are just that; they are not instructions. It is for the Council and the Registrar & CEO to decide which are valuable, which have priority and how to implement them. Nevertheless, we hope the College will give serious consideration to our recommendations for change.

### 6.2 Recommendation 1

The College should move away from its rigid application of Policy Governance™. It should aim to develop a collaborative style of working between Council, the Registrar & CEO, and staff with greater engagement by Council in the setting of strategy, assessment of risks and measurement of outcomes.

### 6.3 Recommendation 2

Council meeting agendas should focus on matters clearly related to the public interest and patient safety rather than on redundant administrative procedures.

### 6.4 Recommendation 3

Council should take responsibility for the oversight of the strategic plan developed by the Registrar & CEO in order to deliver its objectives. The Council should pay greater attention to monitoring the delivery and impact of these plans.

### 6.5 Recommendation 4

Council should reconsider establishing maximum lifetime term limits on its members to assure regular refreshing of skills and diversity on the Council and to further its commitment to diversity, equity and inclusion and good governance.

### 6.6 Recommendation 5

Council should have periodic sight of the enterprise risk register and should itself take responsibility of developing with the Registrar & CEO a regulatory risk register focussed on the safety of patients and the public. The regulatory risk register should include risks relating to racism and discrimination.

### 6.7 Recommendation 6

Rather than assessing the way each meeting has been managed, Council should use its agreed competency profile as a basis for an annual Council evaluation process that includes a competency-based assessment of the Council's performance both individually and collectively and against the delivery of its strategic plan.

### 6.8 Recommendation 7

Council should revise its 'Eligibility for Election' criteria in the bylaw to include a competency-based recruitment and screening process that confirms desired competencies individuals would bring to Council before they are eligible to run for election. Such processes are already in place at several health regulators in Ontario, who would be happy to share their experiences and results.

*6.9 Recommendation 8*

Council should clarify the role and terms of reference and work programme of the Ownership Linkage Committee. It should address itself with greater energy to having a meaningful dialogue with the publics of Ontario in all their diversity and in allowing them to influence the College's Ends.

*6.10 Recommendation 9*

Where decisions are taken by Council, the meeting minutes should clearly and transparently reflect the factors, including actual and potential risks of harm, what Council considered in making the decision and Council's rationale as to how and why it believes its decision serves the publics' interests.

## 7 Conclusions

7.1 We find that CDHO Council members collectively demonstrate a commitment to the College and its work in regulating the dental hygiene profession in Ontario. Meetings are competently chaired and generally start and finish within the appointed time although meetings are unnecessarily long. Relationships amongst members of Council and between Council and the Registrar & CEO are observed to be positive and founded on principles of courtesy and respect.

7.2 There is much to commend in the commitment and hard work of Council members but the College is hampered by a rigid application of rules, procedures and by its strict adherence to Policy Governance™. This appears to act not as a help but as a barrier to effective decision-making in the interests of the public the College serves.

7.3 In our view the Council should assume responsibility for strategy and oversee implementation of its strategic plan through simpler but still defined reporting processes that enable Council to appropriately fulfil its oversight role. As an example, Council could review progress made towards implementation of its strategic objectives through a chart setting out those initiatives that have been implemented in the previous quarter and highlighting those initiatives yet to be completed. The Registrar & CEO would bring to Council's attention those areas where expected activities did not occur and also seek Council's confirmation that pending initiatives remain priorities for the Council.

7.4 If, as we recommend (para 6.2), the Council moves away from its rigid adherence to Policy Governance™ to a more modern and flexible approach to meetings and their content, as described in Section 4 of this report, we suggest it does so carefully, agreeing which elements it finds useful, which it should discard first, then consciously using its new freedoms to discuss and debate a wider range of issues while maintaining courtesy and respect for each other and for the staff team. The adoption of a more open governance style will bring rewards particularly in the ability to focus on the public's interests but will take time and patience. We have heard that the majority of members of Council are ready for such a change.

## Appendix 1: The Reviewers

### *Harry Cayton professional regulation and governance*

Harry Cayton CBE BA BPhil DipAnth DipHA FFPH, is an advisor on professional regulation and governance and is internationally recognized for his work with regulators in the UK, Ireland, Canada, Australia and New Zealand. He has advised governments on regulatory issues in Hong Kong, Australia, Ontario and British Columbia as well as the UK. In 2018, he was appointed by the Minister of Health of British Columbia to conduct a statutory enquiry into the College of Dental Surgeons and to make recommendations on the reform of the Health Professions Act. He recently completed a governance review for the Law Society of British Columbia.

Harry Cayton was chief executive of the Professional Standards Authority in the UK from 2007 to 2018. Before that he was National Director for Patients and the Public at the Department of Health. He has written extensively about professional regulation and created the approach to regulatory decision-making, *Right-touch regulation*, which has been influential on regulators around the world. He was also the lead author for *Rethinking Regulation* (PSA 2015). With colleagues at the Professional Standards Authority he developed the Standards of Good Regulation and the Standards of Good Governance, against which regulatory performance can be assessed. Harry is experienced in reviews and public inquiries.

He is Independent Advisor to Thentia Cloud and a member of the International Advisory Committee of AHPRA and of the Oversight Board of the Journal of Medical Regulation. He received the CBE from Her Majesty the Queen in 2014, for services to health and regulation reform and an Outstanding Leadership Award from the World Health Executive Forum in 2017.

### *Deanna L. Williams, Dundee Consulting Group Ltd.*

Deanna Williams BScPhm, R.Ph, CAE, C.Dir is known nationally and internationally for her work in professional and occupational regulation. She spent 18 years 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 also served as Risk Officer, for the Retirement Homes Regulatory Authority (RHRA) from 2014 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 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, DeGroote 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 and on the Board of Joseph Brant Hospital in Burlington, ON.

## **Appendix 2: The Standards of Good Governance<sup>14</sup>**

1. The regulator has an effective process for identifying, assessing, escalating and managing risk of harm, and this is communicated and reviewed on a regular basis by the executive and board
2. The regulator has clear governance policies that provide a framework within which decisions can be made in-line with its statutory responsibilities and in the interests of clients and the public
3. The board sets strategic objectives for the organisation. The regulator's performance and outcomes for clients and the public are used by the board when reviewing the strategic plan
4. The regulator demonstrates a commitment to transparency in the way it conducts and reports on its business
5. The regulator engages effectively with legal clients and the public
6. The regulator engages appropriately with the legal profession
7. The board takes account of equality and diversity in its decision-making
8. The board has effective oversight of the work of the Executive
9. The board works corporately, with an appropriate understanding of its role as a governing body and of members' individual responsibilities

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<sup>14</sup> These Standards of Good Governance were developed by the Professional Standards Authority in consultation with regulatory boards in the UK, Canada and Australia. They have been adapted for this review.

## **Appendix 3: People we spoke with**

### *Council members*

Anne-Marie Conaghan  
Erin Betts  
Vanessa Pereira  
Jacqueline White  
Terri Strawn  
Margaret Wade  
Martin Iyamabo  
Mary Yeomans  
Krista Dufour  
Pella Giabanis  
Michelle Atkinson  
Carla Grbac  
Angelica Palantzas

### *CDHO Staff*

Suzanne Fox  
Jane Keir  
Dr. Glenn Pettifer

## Appendix 4

### GLOBAL END

The College of Dental Hygienists of Ontario (CDHO) exists so that people who access dental hygienists in Ontario receive safe, ethical, quality dental hygiene services where the worth of results justifies expenditure of available resources.

1. Dental hygienists provide safe, effective care consistent with current standards of practice.

1.1. Dental hygiene practice reflects the evolving needs of the public and supports access to care.

1.2. Registered dental hygienists actively participate in continuous quality improvement that aligns with the current scope of practice.

1.3. Registered dental hygienists demonstrate professional judgment in their practice.

1.4. Dental hygienists engage with their clients for optimal oral health outcomes and client-centred care.

2. Dental hygienists engage other professionals to achieve optimal health outcomes for Ontarians.

3. Decision makers have evidence-informed and actionable information, particularly in the areas of dental hygiene practice, regulating the practice of dental hygiene and access to essential oral health services in Ontario.

4. The public has access to information about the benefits of regulated dental hygiene practice, the role of the CDHO, and the CDHO's regulatory processes.

## **Annex 1**

### **A checklist for Regulatory Boards**

- Be clear about your purpose as a regulator; keep the public interest as your unremitting focus
- Set long-term aims and shorter-term objectives
- Agree how to deliver and monitor those aims and objectives
- Have competencies for board members whether elected or appointed and apply them to everyone through a selection or nominations process, induction, and regular appraisal
- Have a code of conduct for board members and enforce it
- Declare conflicts of interest, keep a register of interests, and ensure that decisions are not tainted by partiality or bias
- Behave with respect and courtesy towards board members and others
- Commit to corporate decision-making and to corporate responsibility for decisions made
- Appoint a competent CEO and trust them
- Ask for reports that include what you need to know not everything you might want to know
- Make clear decisions and follow-up on their implementation
- Provide the resources needed to deliver your objectives
- Make independence, fairness, and justice for the public and registrants the core values of registration and complaints and discipline
- Continue to keep the public interest as your unremitting focus