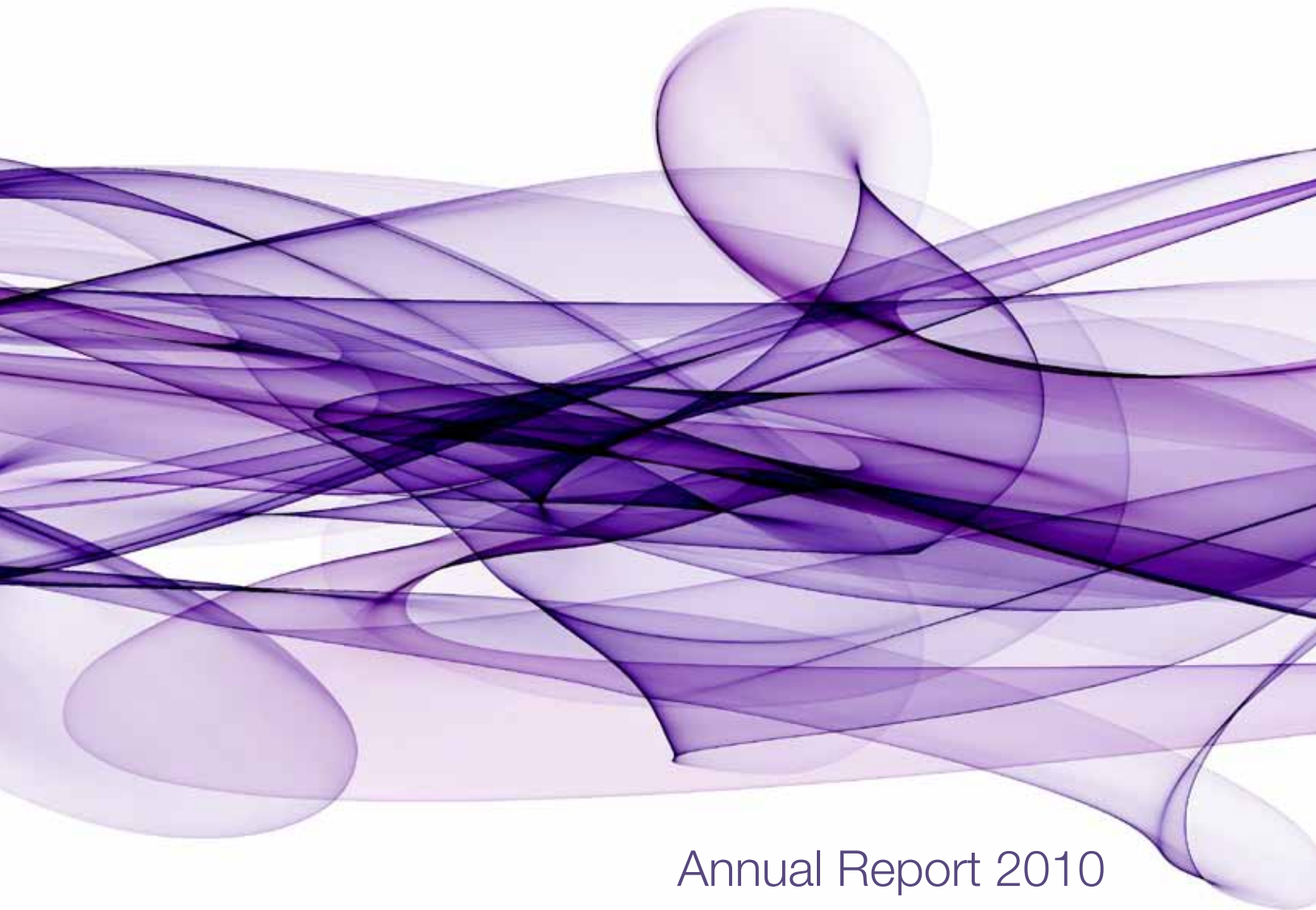




College of
Dental Hygienists
of Ontario



Annual Report 2010

Mission Statement

The mission of the College of Dental Hygienists of Ontario is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public.

La mission de l'Ordre des hygiénistes dentaires de l'Ontario consiste à réglementer l'exercice de la profession d'hygiène dentaire de sorte à favoriser l'état de santé global et la sécurité du public ontarien.

The College

The College of Dental Hygienists of Ontario is the regulatory body for over 12,000 registered dental hygienists in Ontario.

The CDHO regulates the dental hygiene profession by setting the requirements to be registered as a dental hygienist and establishing practice standards for safe, ethical care for all Ontarians through: rigorous certification; ongoing knowledge building; quality assurance activities; articulating and promoting practice standards; establishing requirements for entry-to-practice; and enforcing practice standards and professional conduct.

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College of Dental Hygienists of Ontario

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CDHO Strategic Priorities

Priority #1: Program Evaluation Model – Patient Relations Committee

Priority #2: Setting the Record Straight – Patient Relations Committee

Priority #3: Monitoring Ontario Ministry of Training, Colleges and Universities action with non-accredited Dental Hygiene Programs – Registration Committee

Priority #4: Policy guidelines for relationships with stakeholders – Executive Committee

Priority #5: Implementation of Standards of Practice – Quality Assurance & Registration Committee

Message From the President



Linda Jamieson, RDH
President

CDHO believes it has a responsibility to encourage increased access to dental hygiene services.

The mission of the College of Dental Hygienists of Ontario (CDHO) is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. This responsibility is consistent with the mandate of regulatory colleges as set out in the *Regulated Health Professions Act, 1991*. To achieve this mission, the CDHO Council must ensure that the organization fulfills its statutory requirements as well as empowering registrants to strive for excellence wherever they practise dental hygiene. In addition, the CDHO believes it has a responsibility to encourage increased access to dental hygiene services. The CDHO continues to improve the regulation of dental hygiene through the development of new regulations and guidelines that are reported on in the Committee Reports included in this document.

During 2010, the CDHO Council, with support from its Administrative team, invested in a number of important initiatives. Our Communication Campaign introduced a new image and logo and increased the public's awareness of the role of the CDHO and dental hygienists. We successfully launched an online Jurisprudence Education Module and introduced the standard *Sensitive Practice* to our registrants and dental hygiene educators. We continue to expand our Knowledge Network and offer open access of this resource to registrants, other healthcare providers, and the public. The Network was introduced to the world at the International Dental Hygiene Symposium in Glasgow, Scotland in June.

Over the past year, the CDHO worked closely with the Ontario Ministry of Training, Colleges and Universities (MTCU) to ensure that only accredited dental hygiene educational programs exist in Ontario. We further collaborated with MTCU to ensure private and public dental hygiene programs will introduce new curriculum to support the implementation of the national competencies and practice standards by September 2011. In addition, we were pleased to be able to advise Dr. Peter Cooney, Chief Dental Officer of Canada that alternative restorative treatment is within the scope of dental hygiene practice in Ontario. This means that dental hygienists will be able to participate in public health programs that address the urgent needs of our First Nations communities.

The work of the CDHO cannot be done without a strong Council and a dedicated Administration. I wish to thank Council, non-Council members and Administration for their commitment to the public of Ontario, the profession of dental hygiene and good governance. A special thank you goes to Kathleen Feres Patry, RDH, Diane Greenwood, RDH, and Nancy Kitchen, RDH who have retired from Council after many years of dedicated service. Finally, thank you to Council for the privilege of allowing me to serve as President of the CDHO for the past year.

Linda Jamieson, RDH, BA, MHS
President

Message de la présidente

La mission de l'Ordre des hygiénistes dentaires de l'Ontario (OHDO) est de réglementer la pratique de l'hygiène dentaire au profit de la santé globale et de la sécurité du public ontarien. Cette responsabilité fait partie des exigences qu'impose la *Loi de 1991 sur les professions de la santé réglementées* aux ordres réglementés. Pour accomplir cette mission, le conseil de l'OHDO doit s'assurer que l'organisation respecte ses exigences légales et habilite ses membres à chercher l'excellence dans leur pratique de l'hygiène dentaire. De plus, l'OHDO croit qu'il a une obligation d'encourager un meilleur accès aux services d'hygiène dentaire. L'OHDO continue d'améliorer la réglementation de l'hygiène dentaire en développant de nouvelles règles et lignes directrices qui sont signalées dans les rapports des comités ci-joints.

Au cours de l'année 2010, le conseil de l'OHDO, avec l'appui de son équipe administrative, a mis en œuvre d'importantes initiatives. Notre campagne de communication a introduit une nouvelle image et un nouveau logo et a rehaussé la sensibilisation du public quant au rôle de l'OHDO et des hygiénistes dentaires. Nous avons lancé avec succès un Module d'éducation sur la jurisprudence en ligne et introduit la norme du *Traitement de clients vulnérables* à nos membres et à nos éducateurs en hygiène dentaire. Nous continuons d'agrandir notre Réseau de connaissances et y offrons un accès libre à nos membres, aux autres professionnels de la santé et au public. Le Réseau a été présenté lors du Symposium international en hygiène dentaire, tenu en juin à Glasgow, en Écosse.

Au cours de l'année dernière, l'OHDO a travaillé étroitement avec le Ministère de la Formation et des Collèges et Universités (MFCU) pour s'assurer que seuls les programmes d'éducation en hygiène dentaire accrédités sont acceptés en Ontario. Une autre initiative en collaboration avec le MFCU visait à s'assurer qu'à compter du mois de septembre 2011, tous les programmes en hygiène dentaire privés et publics auront incorporé un nouveau programme d'études pour appuyer la mise en œuvre des normes de pratique et des compétences nationales. Nous étions également ravis de pouvoir informer le Dr Peter Cooney, dentiste en chef au Canada, que les traitements de restauration alternatifs font partie du champ d'application de l'hygiène dentaire en Ontario. Ce qui signifie que les hygiénistes dentaires pourront participer aux programmes de santé publique qui traitent des besoins urgents des collectivités des Premières Nations.

Le travail qu'accomplit l'OHDO ne peut se faire sans un Conseil solide et une administration dévouée. Je tiens à remercier le Conseil, les membres non liés au Conseil et l'administration pour leur engagement envers le public ontarien, la profession de l'hygiène dentaire et la bonne gouvernance. Un grand merci à Kathleen Feres Patry, RDH, à Diane Greenwood, RDH et à Nancy Kitchen, RDH qui ont quitté le Conseil après plusieurs années de service assidu. En dernier lieu, merci au Conseil pour m'avoir accordé le privilège de faire office de présidente de l'OHDO au cours de la dernière année.

Linda Jamieson, RDH, BA, MHS
Présidente

*...l'OHDO croit qu'il a
une obligation
d'encourager
un meilleur accès
aux services
d'hygiène dentaire.*

Members of Council

The College's governing Council includes dental hygienists from around the province who have been elected by their peers, and public members that the provincial government has appointed. The Council function, based upon the legislation, is to make decisions in the public interest. The Council also makes policy decisions to regulate the profession.



Carol Barr Overholt, RDH



Heather Blondin, RDH



Mike Connor, Public Member (as of Oct. 2010)



Adam Esse, Public Member (until April 2010)



Kathleen Feres Patry, RDH



Diane Greenwood, RDH



Linda Jamieson, RDH, E, President



Julia Johnson, PM



Shori Katyal, PM



Nancy Kitchen, RDH



Samuel Laldin, PM



Caroline Lotz, RDH, E



Derrick McLennon, PM



Inga McNamara, RDH, Vice-President



Lucy Pavao, RDH



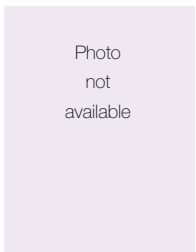
Tote Quizan, PM



Salam Rifai, PM



Charles Ross, PM (as of Nov. 2010)



Ben Shayan, PM



Shirley Silverman, RDH



Ilga St. Onge, RDH



Anne Venton, PM

RDH = Registered Dental Hygienist
 PM = Public Member
 NC = Non-Council
 E = RDH Educator



Denise Burdon, RDH, NC



Shelli Jeffs, RDH, NC



Audrey Kenny, RDH, NC



Gail Marion, RDH, NC



Heather Murray, RDH, NC



Deborah Winick, RDH, NC

Administrative Staff



Fran Richardson, RDH, BScD, MEd, MTS, Registrar/Chief Administrative Officer



Evelyn Waters, BA, Deputy Registrar



Lisa Taylor, RDH, BA, BEd, Associate Registrar



Robert Farinaccia, RDH, BSc, Practice Advisor/Patient Relations Liaison (as of Nov. 2010)



Jane Keir, RDH, BSc, BEd, Practice Advisor/Quality Assurance Administrator



Elaine Powell, RDH, Practice Advisor/Patient Relations (until Oct. 2010)



Varinder Singh, RDH, BSc, Registration Manager/Practice Advisor (until Oct. 2010)



Mary Catafo, Director of Administration



Margaret Stevenson, Director of Administrative Services (retired May, 2010)



Mimi Pichelli, Director of Finance (until May 2010)



Tom Amsden, Information Technology Manager



Jane Cain, Executive Assistant



Heather Boucher, Administrative Assistant, Registration



Denise Lalande, Administrative Assistant, Quality Assurance



Ledia Kurti, Administrative Assistant, Quality Assurance



Spring Shen, Administrative Assistant, Investigations



Vivian Ford, Receptionist



Rand Muhtam, Intern

Administration / Operational Support Report

The year 2010 saw a major change in administrative structure as the College continued to grow reaching a registrant base of over 12,000. With internal restructuring, the College deleted certain positions and created new ones. A new Director of Administration was hired and the human resources component of the College was re-evaluated. The position of Associate Registrar was created to oversee the practice side of the College while the Deputy Registrar's responsibilities continued to grow in the area of registration and regulation. With the renewed emphasis on governance and oversight by the Council, Administration continued to develop ways to meet the outcomes identified in the strategic plan.

Executive Committee



Linda Jamieson, RDH, E,
President

Inga McNamara, RDH,
Vice President
Sam Laldin, PM
Ilga St. Onge, RDH
Anne Venton, PM

The Executive Committee supports and facilitates the functions of the Council and Committees, and makes decisions between Council meetings.

The Executive Committee is charged with the responsibility of acting on behalf of Council between meetings of Council. The Executive Committee met seven times in 2010. The Executive Committee reviewed the finances of the College and presented the audited statements to Council in May for consideration and approval. They also presented the budget to Council in October for approval.

During 2010, the Executive Committee played the lead role in assisting the Council in fulfilling its strategic objectives. In addition, the Executive Committee completed its review of the Registrar's position and developed a succession plan for implementation when required. Bylaw #4 was reviewed for practicality and several amendments were proposed. The *Proposed Conflict of Interest Regulation* was revised and the *Proposed Regulation for Prescribing, Dispensing, Compounding and Selling of Drugs* was developed. Both were circulated for comment.

Projects undertaken by the Executive Committee in 2010 included:

- The development, in conjunction with Greyhead Associates, of a *Clinical Practice Advisory and Standard of Practice for the Use of Electronic Information*.
- An agreement to partner with Dr. Glen Randall from McMaster University, the Ontario Dental Hygienists' Association and Ontario Association of Public Health Dentistry in requesting a research grant for the project *Rebalancing Roles in the Provision of Preventive Dental Care in Ontario: Policy Implications for Consumers, Providers and Service Deliverers*.
- At the request of the Chief Dental Officer of Canada, the CDHO enquired into the possibility of providing Atraumatic Restorative Treatment (ART) to children participating in the Children's Oral Health Initiative which primarily provides preventive oral health care services to First Nations and Inuit children ages 0 to 7. Council subsequently agreed that ART was within the scope of practice of dental hygienists in Ontario and developed a guideline that will be reviewed in one year's time.
- A collaborative project between the CDHO and the College of Respiratory Therapists of Ontario for patients with ventilated airways was initiated to determine the best way to prevent aspiration of oral flora into the lungs. The plan is to develop a guideline.

The Executive Committee also dealt with one issue of illegal practice.

In early 2010 the College received information alleging that Kathryn Powell, a graduate of an accredited dental hygiene program in Ontario was practising

dental hygiene in Hamilton but was not registered with the CDHO. A subsequent investigation by the CDHO revealed that Kathryn Powell had successfully obtained a National Dental Hygiene Certification Board certificate but did not apply for registration with the CDHO as a dental hygienist. Ms. Powell worked as a full-time dental hygienist in Hamilton from March 12, 2009 until April 12, 2010. During the investigation the Registrar sent a letter to Kathryn Powell advising her of the evidence obtained from the investigation and regarding the illegality of a person holding herself out as a dental hygienist in Ontario when that person was not registered with the CDHO. Ms. Powell did not respond to the Registrar's correspondence and did not request a registration package.

On October 28, 2010 The Honourable Mr. Justice W.L. Whalen of the Ontario Superior Court of Justice, on the basis of the consent of the parties, ordered that Kathryn Powell, comply with sections 4 and 9 of the *Dental Hygiene Act, 1991* and section 27 of the *Regulated Health Professions Act, 1991* and, in particular, that Kathryn Powell refrain from:

- a. Using the title "dental hygienist" or a variation or abbreviation or equivalent in another language unless she is registered with and a member of the College of Dental Hygienists of Ontario,
- b. Holding herself out as a person who is qualified to practise in Ontario as a dental hygienist or in a specialty of dental hygiene unless she is registered with and a member of the College of Dental Hygienists of Ontario, and
- c. Performing any controlled acts including scaling teeth or root planing unless she is registered with and a member of the College of Dental Hygienists of Ontario.

The court also ordered Kathryn Powell to pay the CDHO the costs of the application fixed in the amount of \$10,000.

2010 Committees

Seven statutory committees support the regulatory process, and are made up of dental hygienists, non-Council dental hygienists, dental hygiene educators and public members.

Registration Committee



Carol Barr Overholt, RDH,
Chair

Adam Esse, PM (to April 2010)
Kathleen Feres Patry, RDH
Caroline Lotz, RDH, E
Salam Rifai, PM
Deborah Winick, RDH, NC
Anne Venton, PM (from May 2010)

The Registration Committee assesses applicants' qualifications to practise dental hygiene. The Committee also determines whether further study is needed to meet program, practice, examination and/or good character requirements. It also determines whether any terms, conditions or limitations would be imposed on an application for registration.

The Registration Committee is responsible for reviewing applications for registration referred to the Committee by the Registrar. The members of the Registration Committee met five times in 2010. The Registrar refers applications for registration if she:

- a. Has doubts, on reasonable grounds, about whether the applicant fulfills the registration requirements;
- b. Is of the opinion that terms, conditions or limitations should be imposed on a certificate of registration and the applicant does not consent to the conditions; or
- c. Proposes to refuse the application.

Applicants who are not satisfied with the decision of the Registration Committee may require the Health Professions Appeal and Review Board (HPARB) to hold a review or a hearing. The Board is appointed by the government and is completely independent of the College. In a review, the Board would review the application and supporting documentation in the absence of the parties. In a hearing, both the applicant and the Registration Committee would be given an opportunity to bring lawyers, call witnesses to give oral testimony and to make oral submissions. The Registration Committee is responsible for reviewing applications for registration referred to the Committee by the Registrar for reasons noted above.

Applicants Reviewed

A graduate of a non-accredited dental hygiene program in Ontario was unsuccessful on her fourth attempt at the CDHO clinical competency evaluation. The Registrar informed the applicant that according to the regulations she would now be required to complete another dental hygiene diploma acceptable to the Registration Committee prior to an application for registration. She subsequently appealed to the CDHO Registration Committee to permit her to make a fifth attempt. The Registration Committee denied the appeal and she subsequently appealed to HPARB. In June 2010 HPARB conducted a two-day hearing at which representatives of the CDHO and the applicant appeared. Testimony was heard from both sides. On November 3, 2010, HPARB released its decision upholding the decision of the Registration Committee.

This was the second appeal to HPARB by an applicant from a non-accredited dental hygiene program in Ontario who had proved unsuccessful four times on the CDHO clinical competency evaluation.

The complete decision can be found at: www.canlii.org/en/on/onhparb/doc/2010/2010canlii63569/2010canlii63569.html.

The Panel reviewed one case relating to an applicant who had been charged with a criminal offence. Having reviewed the applicant's submission and taking into consideration the length of time since the incident, the Panel determined that the charge did not affect the applicant's suitability to practise dental hygiene and approved her application for registration.

In another case, the Panel dealt with an applicant who had practised dental hygiene when she was not registered with the College. Given the circumstances, the Panel was of the opinion that the matter could be dealt with by educational rather than punitive means. Therefore, the applicant was asked to sign an Undertaking that required her to successfully complete an Ethics and Jurisprudence course.

There was one application for a specialty certificate of registration from a registrant who graduated from a non-accredited restorative dental hygiene program. The Committee directed that an independent assessment be conducted of the applicant to determine her level of education in restorative dental hygiene. During the assessment the applicant realized that additional education was required and sought enrolment in a restorative program in Ontario.

The Panel agreed to grant an exemption to the requirement that an applicant, who had not practised dental hygiene within the previous three years, successfully complete an approved refresher course. The exemption was granted on the fact that the applicant had graduated from dental hygiene just a little over three years ago and had recently passed the CDHO Clinical Competency Evaluation. In another case, the Panel accepted an applicant's submission respecting her difficulty in obtaining a completed Form B-1, which related to her prior conduct as a dental hygienist, and agreed that she could be registered with a general certificate of registration upon receipt of the remainder of her application.

Other Business

Proposed amendments to the registration regulations are currently being reviewed by the Ministry of Health and Long-Term Care for consideration. It is anticipated that these amendments will be approved in 2011.

The CDHO, along with the other regulatory bodies, completed the *Fair Registration Practices Report (FRPR)*. A copy of the report is posted on the CDHO website at: www.cdho.org/otherdocuments/FairnessReport2010.pdf

Clinical evaluations to determine the clinical competency of graduates from non-accredited schools were held on four occasions for a total of nine evaluation days. There were 324 clinical attempts in 2010 with a pass rate of approximately 76%, an improvement over 2009. There were five appeals, none of which were successful. The Commission on Dental Accreditation of Canada agreed to share the results of the November 2010 meeting of the Commission with the Ministry of Training, Colleges and Universities Private Career College's Branch, with respect to schools who were denied accreditation or denied a site visit.

In January 2010, Council endorsed the *Entry-to-Practice Competencies & Standards for Canadian Dental Hygienists*. Subsequently, dental hygiene educators in the province were notified that the CDHO would expect that all programs offering dental hygiene would be incorporating the national competencies into their curricula as of September, 2011.

On December 9, 2009 the Ontario Government instituted the *Ontario Labour Mobility Act (OLMA), 2009* in response to the Federal/Provincial Agreement on Internal Trade. In 2010 there were seventeen (17) registrations under the *OLMA*.

Registration Statistics as of December 31, 2010	
General Certificate of Registration	10,801
Inactive Certificate of Registration	726
Specialty Certificate of Registration	524
Total	12,051
Authorized to Self-Initiate	3,279

Quality Assurance Committee



Nancy Kitchen, RDH, Chair

Heather Blondin, RDH, E
Denise Burdon, RDH, NC
Derrick McLennon, PM
Heather Murray, RDH, NC
Tote Quizan, PM
Shirley Silverman, RDH

The Quality Assurance Committee guides the development and implementation of the QA program. It is also responsible for monitoring participation and evaluating the program.

The Quality Assurance Committee is responsible for the implementation and administration of the Quality Assurance (QA) Program and for the collection, analysis, evaluation and dissemination of information related to the QA Program. The Quality Assurance Committee met eight times in 2010.

Each year the Quality Assurance Committee reviews its policies and procedures to ensure they are in keeping with the legislation. Key components of that review are registrant responses from quality assurance surveys and requests for stakeholder feedback on proposed amendments to the regulation. This important information ensures that the QA Program is relevant and meaningful to dental hygienists. As a result of the review done in 2009, the Quality Assurance Committee initiated some changes to the Professional Portfolio/Practice Review in 2010.

The first change saw an increase in the notice registrants are given that they are to participate in the Professional Portfolio/Practice Review. Registrants now receive a one-year notice that they are to submit their professional portfolio and participate in a peer review. This full year notice allows registrants more time to make sure that their portfolio is submission ready by the due date.

To address concerns that a one-year “snapshot” of learning activities does not always provide a true picture of continuing competency activities over time, the Committee asked that portfolio submissions contain learning goals and activities for the past three years. For example, those selected in January 2010 were asked to submit their professional portfolio by January 30, 2011 containing portfolio forms 6 and 7 for the years 2008, 2009 and 2010. The Committee agreed that this would provide a better opportunity to demonstrate competency over time and would accommodate high and low activity years.

More definitive guidelines for selecting Continuing Quality Improvement activities were published in January 2010. Included in the guidelines are criteria for selecting learning goals, acceptable learning activities and overall hours expected for activities used towards meeting learning goals. Many of the surveyed registrants expressed confusion over how much time should be spent on learning activities in a year, and did not feel comfortable self-determining the quality of learning activities required to demonstrate competence. While the guide does not have a number of mandatory activities or hours, it provides more guidance in the selection of appropriate goals and activities.

The QA Program

Peer Assessment – Professional Portfolio/Practice Review and Remediation

Each year, in accordance with the quality assurance regulation, the Quality Assurance Committee randomly selects 10% of registrants who hold general or specialty certificates of registration to submit their professional portfolios for review by a quality assurance assessor. In addition to the random selection process, the Quality Assurance Committee may request a registrant participate in the Professional Portfolio/Practice Review if they have received a concern-initiated referral from the Registrar, or the Health Professions Appeal and Review Board.

As a result of the increased notification period for the Professional Portfolio/Practice Review, the number of portfolios assessed in 2010 decreased dramatically from previous years. Of the 253 professional portfolios assessed in 2010, 194 were assessments that were deferred from the 2009 assessment period. The additional 59 were portfolios requested after the Committee considered two referrals from the Registrar of educators practising at specific non-accredited schools whose students had a high rate of failure in the National Dental Hygiene Certification Board examination and the CDHO clinical competency evaluation. On December 31, 2010 of the professional portfolios requested, 67% had met the assessment guidelines and 23% were still in progress.

On-site practice assessments occur for a number of reasons in the QA Program. If, in the review of a professional portfolio, the assessor determines that the registrant's dental hygiene practice may not be consistent with the CDHO *Dental Hygiene Standards of Practice*, the assessor may then be directed by the Committee to conduct an on-site practice review. If, as a result of the assessment deficiencies are found, the registrant is then given direction to correct the deficiencies. There may be a direction to further education and/or mentorship if the Committee feels that the registrant requires help in making change. A follow-up on-site assessment is completed to ensure that the appropriate changes have been made to the dental hygiene practice. In 2010, 159 on-site assessments were completed. On December 31, 2010, 58 registrants met the assessment guidelines, 39 were still in the assessment process and 62 were participating in directed learning and/or mentorships.

Continuing Quality Improvement Measures

Each year, in accordance with the quality assurance regulation, registrants are required to assure the College that they are maintaining a professional portfolio and that they are participating in continuing quality improvement activities sufficient to have the knowledge, skills and judgement to practise in a manner consistent with the CDHO *Dental Hygiene Standards of Practice*. There were no referrals from the Registrar for failing to maintain a professional portfolio in 2010.

Proposed Amendments to Regulation 607/98 Quality Assurance

The proposed amendment to the quality assurance regulation was submitted to the Ministry of Health and Long-Term Care in June 2009. By the end of 2010, the quality assurance regulation was still in draft format at the Ministry. The College participated in a number of revisions and teleconferences with the Ministry during 2010 and it is anticipated that the amended regulation will be passed by the Ontario Government in 2011.

CDHO Knowledge Network

The Knowledge Network is a computer-based information infrastructure created and maintained by the CDHO as a tool that provides evidence-based information in an efficient and usable form to assist dental hygienists in weaving scientific medical knowledge into point-of-care decisions. It contains 53 advisories that address medical conditions that have important significance to treatment planning and dental hygiene interventions. A process is in place to ensure that advisories go through a quality assurance review every 18 to 24 months.

The CDHO was honoured to be invited to present a poster presentation of the Knowledge Network to delegates at the Eighteenth International Symposium of Dental Hygiene in Glasgow, Scotland July 1-3, 2010. The College hopes the Knowledge Network will provide an on-going platform for interprofessional collaboration and public assurance that dental hygienists are able to take into account all relevant medical knowledge and integrate it into client care. The Knowledge Network is available to all, without cost, through the College's website.

Inquiries, Complaints and Reports Committee



Kathleen Feres Patry, RDH,
Chair

Carol Barr Overholt, RDH
Shelli Jeffs, RDH, NC
Shori Katyal, PM
Audrey Kenny, RDH, NC
Caroline Lotz, RDH, E
Gail Marion, RDH, NC
Lucy Pavao, RDH
Tote Quizan, PM
Salam Rifai, PM

The Inquiries, Complaints and Reports Committee's mandate is to investigate complaints, inquiries, concerns or mandatory reports regarding the conduct and actions of registrants in a fair and equitable manner and to dispose of these according to the legislation.

The Inquiries, Complaints and Reports Committee (ICRC) was established to deal with all investigative issues, including formal complaints, referrals from the Quality Assurance Committee and Registrar reports arising from matters such as mandatory reports and concerns in which the appointment of an investigator was warranted.

Based on the outcome of its investigation, the Panel may do one or more of the following:

1. Require the registrant to appear before the ICRC to be cautioned;
2. Require the registrant to complete a specified continuing education or remediation program;
3. Refer the matter for incapacity proceedings if there are concerns suggesting that the registrant is suffering from a physical or mental incapacity;
4. Refer the matter to the Discipline Committee, which deals with allegations of professional misconduct or incompetence through a formal hearing;
5. Take other action it considers appropriate and which is not inconsistent with the *Regulated Health Professions Act, 1991*; or
6. Take no further action.

If the matter arose from a formal complaint, the complainant or the registrant who is the subject of the complaint, may request the Health Professions Appeal and Review Board (HPARB) to review the decision, unless the decision involved a referral to the Discipline Committee for professional misconduct or incompetence proceedings, or a referral for incapacity proceedings. In 2010, there were four requests for a review of an ICRC Panel's decision submitted to HPARB. In two cases, the complainants withdrew their request for a review. The decisions in the other matters are still outstanding. However, HPARB did complete its reviews of two outstanding matters from 2007 and 2008 in which it upheld the decision of the Complaints Committee (the Committee which dealt with complaints prior to June 2009).

In 2010, the ICRC reviewed 48 cases, including 29 formal complaints, nine referrals from the Quality Assurance Committee, three mandatory reports and seven Registrar-initiated matters.

Formal Complaints

Investigations were completed and decisions finalized in 16 of the 29 formal complaints received in 2010. In one case, concerns were raised that a registrant abandoned clients and disrupted continuity of care. Based on the information gathered, the Panel understood that there had been a breakdown in the

employment relationship between the parties. It appeared that the registrant was sufficiently upset at the time that she left the office and felt unable to treat clients. It was not her intention to cause any inconvenience. Therefore, the Panel directed that no further action be taken with respect to this matter.

Another matter dealt with allegations that a registrant caused permanent damage to the teeth of a client by grinding off substantial amounts of enamel when removing orthodontic braces. In reviewing the investigation report, the members of the Panel were unable to assign blame for the damage caused. The Panel understood that the damage could have occurred at other times during the client's treatment. As they could not establish conclusively when the damage occurred, the members of the Panel determined that no further action be taken with respect to this case.

The third case related to allegations that a registrant did not provide safe and effective dental hygiene care, including concerns respecting billing practices, recordkeeping, instrument sharpening and infection control. Although the members of the Panel could not substantiate all the concerns raised, they were very concerned that there was no evidence of the dental hygiene process of care being utilized or that a treatment plan had been developed and that the registrant's practice and recordkeeping were inconsistent with the CDHO *Standards of Practice*. As the members of the Panel felt that their concerns could be addressed by educational rather than punitive means, they directed that the registrant successfully complete an approved refresher course with emphasis on the dental hygiene process of care, recordkeeping and jurisprudence at her own expense.

In the fourth case, the complainant alleged that a registrant did not maintain appropriate professional boundaries, acted unprofessionally, falsified her oral health record and was not a competent dental hygienist. The Panel could not find information to substantiate the allegations. Based upon the information presented, the Panel was of the opinion that this case appeared to be the result of a misunderstanding rather than any intent by the registrant to cause discomfort to the complainant. Therefore, they directed that no further action be taken with respect to this matter.

There were three complaints lodged against one dental hygienist relating to allegations that she had acted unprofessionally in that she harassed the complainant,

made false statements to the police after a confrontation, breached privacy provisions and encouraged the release of confidential information. With the exception of breaching privacy provisions, the members of the Panel were unable to substantiate the allegations. Therefore, they agreed to take no further action with respect to two of the complaints. However, the Panel had concerns that the registrant had removed confidential material from her place of employment after she had resigned from her position. The Panel understood that the registrant felt that there were extenuating circumstances. In light of the circumstances surrounding this complaint and the nature of the documents kept by the registrant, the members of the Panel determined that this matter did not warrant disciplinary proceedings. However, they directed that a written caution be forwarded to her respecting her possession and removal of documentation from her place of employment subsequent to her resignation.

Another case dealt with allegations that a registrant had breached confidentiality, billed inappropriately and was incompetent. The Panel could find no information to support allegations of incompetence and breaching privacy. With respect to inappropriately billing for new client examinations, the registrant had previously self-disclosed this issue to the CDHO and the matter was dealt with by the Executive Committee. Therefore, they determined that no further action be taken with respect to this matter.

In the ninth case, it was alleged that the registrant poked the complainant's eye with an instrument and that this resulted in an infected cornea that affected her sight. The Panel noted that there was conflicting information on when or if the safety glasses had been used. However, infection control protocols indicate that safety glasses should have been placed on the complainant before the registrant picked up any instrument. The Panel determined that the follow-up care for the client was inadequate. The registrant should have acknowledged her limitations and referred the complainant for immediate medical follow-up. According to the CDHO *Standards of Practice*, each dental hygienist should have (or ensure that one is available) a policy manual that includes emergency care protocols (including after care), infection control protocols, and health and safety measures. There was no indication that the registrant had developed, used or had access to such a manual. The Panel was also concerned about the adequacy of the registrant's record keeping. Taking into consideration the remorse that the registrant appeared to

feel respecting this incident, and the fact that there were no previous complaints against her, the Panel felt that these issues could be addressed through remediation, rather than disciplinary proceedings. Therefore, the Panel directed that the registrant successfully complete an approved recordkeeping course with emphasis on the process of care, client follow-up and an approved emergency prevention and management course at her own expense.

The tenth case dealt with allegations that a registrant misled the CDHO in her letter of complaint by submitting misleading statements about the complainant, and further, that she maintained improper client records. The Panel could not find information to support the allegation that the registrant intentionally submitted misleading statements and determined that it was the responsibility of the ICRC Panel who dealt with the previous complaint to determine whether there was any merit to the allegations. Although the members of the Panel noted some deficiencies respecting the registrant's recordkeeping practices, sufficient information had been recorded to demonstrate that she was utilizing the dental hygiene process of care. Therefore, they determined that no further action be taken with respect to this matter.

Another matter dealt with allegations that the complainant experienced excessive pain during a routine cleaning. Although the members of the Panel were not in a position to determine what exactly transpired during the appointment, it was clear that there was a breakdown in communication. The Panel noted that the complainant had checked off fear and pain on her medical history form in the section relating to emotional concerns so the registrant should have been sensitive to this issue. The Panel was concerned that the complainant brought up the issue of how painful the treatment was a number of times during the appointment and was not provided with or advised of the possibility of pain management. Therefore, they directed that a written caution be forwarded to the registrant addressing the above-noted concerns.

The twelfth case dealt with allegations of inadequate infection control in that there was no "spittoon", the registrant did not use a saliva ejector and used the same piece of gauze over and over to wipe the complainant's bleeding gums. Re-use of the same piece of gauze is not an unusual practice for dental hygienists, nor is it inconsistent with infection control protocols. Many dental offices do not have an automatic flushing cuspidor ("spittoon") set up

beside the dental chair. The use of a standalone sink in the operatory does not breach any infection control standards provided the sink is cleaned between appointments. The Panel noted that there was disagreement by both parties on whether a saliva ejector was used. However, not using a saliva ejector would not breach the standards of practice of dental hygiene. Therefore, the Panel determined that no further action be taken with respect to this matter.

In another case, a complainant alleged that a registrant made inaccurate claims respecting the cost of treatment and payments from insurance companies. The issue respecting whether the insurance company covered treatment appeared to be a misunderstanding. Although the members of the Panel understood that there were different versions of what was explained and/or understood with respect to the cost of treatment, the registrant stated that she had informed the client that she could not provide an estimate of costs without first seeing him. Therefore, it seemed reasonable to assume that once she had completed her assessment, she should have advised him of the cost of the remainder of the dental hygiene appointment. Therefore, they directed that a written caution be forwarded to the registrant respecting their concerns in this matter.

Another complaint alleged that a registrant opened a dental hygiene clinic one door down from his dental practice and solicited his clients by sending them letters using a client list that did not belong to her. As the members of the Panel could find no information to support the allegations, they determined that no further action be taken with respect to this matter.

In two other cases, the Panel agreed to the withdrawal of the complaints at the request of the complainants.

Mandatory Reports

Three mandatory reports were submitted by employers in 2010. In one case, it was alleged that a registrant had been involved in insurance fraud and forgery. As there was sufficient information gathered to support the allegations, the matter was referred to the Discipline Committee to hold a hearing into allegations that the registrant had falsified a record and/or signed or issued a document that she knew or ought to have known was false or misleading and/or submitted a false or misleading account or charge for services and/or that her conduct was disgraceful, dishonourable or unprofessional.

Another case dealt with allegations of professional misconduct. However, taking into consideration that the registrant signed an Acknowledgement and Undertaking in which she undertook to resign from the CDHO and never to re-apply for registration, the Panel agreed to take no further action with respect to this matter. The third case was still being investigated at the end of 2010.

Registrar's Reports and Inquiries

There were two Registrar-initiated reports and five initial inquiries. One case alleged that a registrant had engaged in professional misconduct in that she breached confidentially with respect to disclosure of evaluation results and may have been involved or known about the distribution of copies of multiple versions of the national examination being made available to students. The Panel was of the opinion that it was likely a misunderstanding respecting the allegation that she disclosed evaluation results. The Panel understood that as the registrant had not been involved with the assessment, she would not have been in a position to know the outcome without approaching the other evaluators involved. There was no information to support the allegation that she was involved in distributing copies of the national examination. Therefore, the Panel determined that no further action be taken.

Another case dealt with a registrant's failure to pay the late penalty fee. The members of the Panel were concerned that the registrant did not appear to take her responsibilities to the CDHO seriously and were disappointed in the manner in which she responded to the CDHO. The Panel was obliged to conduct an investigation that led to the Panel and CDHO administration spending time and resources on this issue, in addition to the expense of appointing an investigator. However, as the registrant eventually paid the fee, the members of the Panel agreed not to refer the matter to the Discipline Committee and directed that the registrant be required to attend before them for a caution.

In two cases, inquiries were made into whether a registrant may be incapacitated. Based on the reports received, no further action was taken with respect to these matters. In three other cases, registrants, who had practised dental hygiene while their certificate of registration was suspended, signed an Undertaking acknowledging their behaviour and agreeing to successfully complete an ethics course at their expense.

Referrals from the Quality Assurance Committee

The ICRC completed its investigation into three matters referred from the Quality Assurance Committee. One case dealt with concerns that a registrant practised dental hygiene after her certificate of registration had been suspended. As there was sufficient information to support the allegations, the matter was referred to the Discipline Committee to hold a hearing into allegations that she had contravened the *Dental Hygiene Act, 1991*, the *Regulated Health Professions Act, 1991* or the regulations thereunder and/or that her conduct was unbecoming, disgraceful, dishonourable or unprofessional.

Another case involved a registrant's failure to complete a remediation program. The Panel understood that the registrant was having difficulties in her personal life. However, as a regulated health professional, she had an obligation to her regulatory body. As the registrant subsequently completed the required remediation, the Panel agreed not to refer this matter to the Discipline Committee. However, as the Panel wanted to ensure that the registrant understood the seriousness of not cooperating with the Quality Assurance Committee, they directed that a written caution be forwarded to her. The other matters referred by the Quality Assurance Committee were still outstanding at the end of 2010.

In another case, the Panel agreed that it was not necessary to appoint an investigator in a matter dealing with non-compliance with the Quality Assurance Program as the registrant complied as soon as the matter was brought to her attention.

Discipline Committee



Shirley Silverman, RDH,
Chair

All Council Members
Heather Murray, RDH, NC
Deborah Winick, RDH, NC

The Discipline Committee holds hearings of RDHs who have been referred by the Inquiries, Complaints and Reports Committee or Executive Committee because of alleged incompetence or professional misconduct.

The Discipline Committee hears and determines allegations of professional misconduct or incompetence against registrants of the College. The Inquiries, Complaints and Reports Committee (ICRC) investigates all formal complaints and reports and may make referrals to the Discipline Committee. There were two discipline hearings in 2010. Summaries of the decisions and reasons for these cases are included in this report.

A Panel appointed by the Chair of the Discipline Committee conducts the hearing. The possible penalties that the Panel can impose on a registrant who is found guilty are defined in the *Regulated Health Professions Act, 1991*, and can include one or more of the following:

1. Directing the Registrar to revoke the registrant's certificate of registration;
2. Directing the Registrar to suspend the registrant's certificate of registration for a specified period of time;
3. Directing the Registrar to impose specified terms, conditions and limitations on the registrant's certificate of registration for a specified or indefinite period of time;
4. Requiring the registrant to appear before the panel to be reprimanded; and
5. Requiring the registrant to pay a fine of not more than \$35,000 to the Minister of Finance of Ontario.

The Panel can also require the registrant to pay all or part of the College's legal and/or investigation costs as well as costs incurred in conducting the hearing. If the professional misconduct is related to sexual abuse of a client, the Panel can require the registrant to reimburse the College for funding provided to that client for counselling.

A party to these proceedings may appeal the decision of the Panel to the Divisional Court of Ontario.

Discipline Panel Decisions and Reasons

Hearing 1: Ms. Jacqueline Speight #008607

Allegations

In a hearing held on April 30, 2010, a Panel of the Discipline Committee found Ms. Jacqueline Speight guilty of professional misconduct in that she submitted a false or misleading account or charge for services and acted disgracefully, dishonourably or unprofessionally.

Agreed Statements of Facts

An Agreed Statement of Facts and Joint Submission on Finding was filed with

the Panel which included the facts that in or about March, April and May 2009, Ms. Speight submitted insurance claim forms for dental services for herself, her husband and her two sons, when those services were either not provided or were provided without charge by her employer. In the process of completing the claim forms, Ms. Speight used the personal office verification stamp of her employer without his permission. Prior to submitting the insurance claims, Ms. Speight had told her colleagues that her family no longer had insurance coverage, when that was not true. Ms. Speight had since reimbursed Blue Cross the monies it had paid her.

Submissions on Penalty

The parties filed a joint submission with respect to an appropriate penalty and costs order to be made in this case. The Panel carefully considered the Statement of Agreed Facts, the Joint Submission on Penalty and Costs, the case law cited, and the oral submissions made and concluded that the proposed Order met the needs of this case and the principles appropriate to setting the penalty. Accordingly, the Panel accepted the joint submission and made the following Order:

1. Ms. Speight was required to appear before a Panel of the Discipline Committee to be reprimanded, the fact of which shall be recorded on the register of the College of Dental Hygienists of Ontario;
2. The Registrar was directed to suspend the certificate of registration of Ms. Speight for a period of sixteen (16) weeks, to be served on dates to be set by the Registrar;
3. Six weeks of the suspension would themselves be suspended if Ms. Speight complied with the remainder of the order within the deadlines set out therein;
4. The Registrar was directed to impose on the certificate of registration of Ms. Speight a specified term, condition or limitation requiring her to provide proof of successful completion, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Speight's own expense, within six (6) months from the date the Discipline Panel's Order became final. Ms. Speight would be required to provide proof satisfactory to the Registrar, within three (3) months from the date the Discipline Panel's Order became final, that she had made arrangements to take the ethics and jurisprudence course.

5. Ms. Speight was required to pay to the College costs in the amount of \$2,500, to be paid in 35 monthly instalments of \$69.44, and one last instalment of \$69.60, to be paid in full within 36 months of the fifteenth day of June, 2010. Ms. Speight provided post-dated cheques for the costs at the time of the hearing. No interest would accrue on the outstanding amounts so long as they were paid on time. At all times, Ms. Speight shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

Penalty

The Panel considered that the Order addressed the principles of public protection, general deterrence and specific deterrence which must be considered in determining the penalty on a finding of professional misconduct.

Firstly, Ms. Speight engaged in dishonest conduct which was serious and unacceptable. This compromised public trust and the dignity of the profession of dental hygiene. The profession must maintain the respect and trust of both the public who seek dental hygiene services and insurance companies who reimburse dental costs.

Secondly, this penalty served as a general deterrent to the dental hygiene profession to underline the fact that this conduct was inappropriate. The four month suspension indicated the gravity of the offence.

Thirdly, the penalty also served as a specific deterrent as it was sufficient to prevent a recurrence of the conduct and to assist Ms. Speight in making more professional decisions in the future. It also served to rehabilitate Ms. Speight as she was required to take a course in ethics and jurisprudence at her own expense.

The Panel accepted the penalty order as fair in light of the mitigating factors in this case. This was the first time Ms. Speight had appeared before the Discipline Committee and she had been cooperative with the College from the onset of the discipline process. Ms. Speight pled guilty which saved the College time and expense and expressed remorse and made no excuses for her actions. The Committee also noted that Ms. Speight lost her job as a result of her actions.

At the conclusion of the hearing, Ms. Speight waived her right of appeal and the reprimand was administered by the Panel.

Hearing 2: Ms. Margaret Fulford #007224

Allegations

In a hearing held on November 16, 2010, a Panel of the Discipline Committee found Ms. Margaret Fulford guilty of professional misconduct in that she contravened the *Dental Hygiene Act, 1991*, the *Regulated Health Professions Act, 1991*, or the regulations thereunder and engaged in conduct that was disgraceful, dishonourable or unprofessional.

Agreed Statement of Facts

An Agreed Statement of Facts was filed with the Panel which included the facts that on or about March 20, 2009, Ms. Fulford's certificate of registration was suspended for non-payment of fees. Correspondence was sent twice from the College informing Ms. Fulford of her suspension. However, she continued to practise dental hygiene. Further, despite specifically being told by the Deputy Registrar of the College that her certificate of registration was suspended and that she could not practise dental hygiene until it was reinstated, Ms. Fulford practised dental hygiene prior to her reinstatement.

Submissions on Penalty

There was no joint submission on penalty. The College proposed what it felt was an appropriate penalty and Ms. Fulford submitted that the proposed suspension should be shortened to two weeks and that, as she had already taken a Jurisprudence course, she should not be required to take another one. After careful consideration, the Panel concluded that the terms of the order proposed by the College met the needs of this case and the principles appropriate to setting the penalty.

Accordingly, the Panel made the following order with respect to penalty and costs:

1. Ms. Fulford was required to appear before a Panel of the Discipline Committee to be reprimanded, the fact of which shall be recorded on the register of the College of Dental Hygienists of Ontario (the "College");
2. The Registrar was directed to suspend the certificate of registration of Ms. Fulford for a period of five (5) weeks, to be served on a date to be set by the Registrar;
3. One week of the suspension shall be suspended if Ms. Fulford prepares an apology/acknowledgement of her conduct acceptable to the Deputy Registrar which will be published in the College newsletter. This apology/

acknowledgement shall be provided to the Deputy Registrar within 30 days from the date the Discipline Panel's Order becomes final.

4. The Registrar was directed to impose on the certificate of registration of Ms. Fulford a specified term, condition or limitation requiring her to provide proof of successful completion, in the opinion of the Deputy Registrar, an ethics and jurisprudence course acceptable to the Deputy Registrar, at Ms. Fulford's own expense, within six (6) months from the date the Discipline Panel's Order becomes final. Ms. Fulford was required to provide proof satisfactory to the Deputy Registrar, within three (3) months from the date the Discipline Panel's Order becomes final, that she has commenced the ethics and jurisprudence course.
5. The Registrar was directed to impose a specified term, condition and limitation on the certificate of registration of Ms. Fulford, lasting for a period of three years, requiring her to respond appropriately and within 30 days to any written enquiry of the College that requests a response.
6. Ms. Fulford shall be required to pay to the College costs in the amount of \$2,500, to be paid in 23 monthly instalments of \$104 and one last instalment of \$108, the first payment to be made by the 15th day of the first month after the completion of the suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Fulford shall be at liberty to increase the amount of her monthly payment, solely at her discretion.

Penalty

The Panel was of the opinion that the penalty imposed appropriately addressed the principles of public protection, general and specific deterrence.

The suspension, reprimand and mandated course should act to ensure that such conduct would not be repeated and accomplished the objective of protection of the public. By way of general and specific deterrence, the seriousness of the penalty communicated to the profession and the registrant that such misconduct would not be tolerated. Finally, the requirement to take the ethics and jurisprudence course would serve to rehabilitate the registrant.

The Panel wanted to send a strong message that compliance with the regulatory body and renewal of registration were fundamental requirements to the practice of dental hygiene. The obligation to maintain a current certificate

of registration is one of many regulations that are in place to ensure that the public receives safe and effective dental hygiene care. Ms. Fulford's continued practice as a dental hygienist after failure to renew her certificate of registration demonstrated a serious disregard for the laws that regulate the practice of dental hygiene. This was further aggravated by Ms. Fulford's continuing to practise after being told by the College that she could not.

The Panel considered the mitigating factors in this case. Ms. Fulford expressed remorse and pled guilty which saved time and expense for the College. Further, Ms. Fulford had no prior record of professional misconduct.

At the conclusion of the hearing, Ms. Fulford waived her right of appeal and the reprimand was administered by the Panel.

Fitness to Practise Committee



Tote Quizan, PM, Chair

All Council Members

The Fitness to Practise Committee determines if the registrant is suffering from a physical or mental condition or disorder that is, or could adversely affect her or his ability to practise safely.

The Fitness to Practise Committee hears and determines allegations relating to registrants who may be incapacitated and thus, may be suspended from practise or have terms, conditions or limitations imposed on their Certificate of Registration.

A Panel of the Inquiries, Complaints and Reports Committee (ICRC) makes inquiries into whether a registrant is incapacitated if it receives a report from the Registrar or a referral from another ICRC Panel. If a Panel has reasonable and probable grounds to believe that a registrant may be incapacitated, it may require her or him to submit to physical or mental examinations conducted or ordered by a healthcare professional specified by the Panel and may make an order directing the Registrar to suspend the registrant's certificate of registration until she/he submits to the examinations.

The ICRC may refer the matter to the Fitness to Practise Committee and/or may impose an interim order directing the Registrar to suspend or impose terms, conditions or limitation on the registrant's certificate of registration if it has referred the matter to the Fitness to Practise Committee and is of the opinion that the physical or mental state of the registrant exposes or is likely to expose her or his clients to harm or injury.

If a Panel of the Fitness to Practise Committee holds a hearing and determines that a registrant is incapacitated, the Panel shall make an order directing the Registrar to do any one or more of the following:

- Revoke the registrant's certificate of registration;
- Suspend the registrant's certificate of registration; and/or
- Impose specified terms, conditions and limitations on the registrant's certificate of registration for a specified or indefinite period of time.

A party to these proceedings may appeal the decision of the Panel to the Divisional Court of Ontario.

There were no referrals to the Fitness to Practise Committee in 2010.

Patient Relations Committee



Diane Greenwood, RDH,
Chair

Shelli Jeffs, RDH, NC
Julia Johnson, PM
Derrick McLennon, PM
Lucy Pavao, RDH
Ben Shayan, PM

The Patient Relations Committee advises Council on matters related to abuse prevention. The Committee also leads College public outreach programs.

The mandate of the Patient Relations Committee is to develop and implement a program that includes two distinct components: 1) measures for preventing or dealing with sexual abuse of clients/patients, and 2) to inform the public about the importance of oral health and the dental hygienists' responsibilities within healthcare. The members of the Patient Relations Committee met three times in 2010.

Sexual Abuse Prevention Plan

The CDHO is required to administer a Patient Relations Program under the *Regulated Health Professions Act, 1991 (RHPA)*. The Patient Relations Program must include measures for preventing and/or dealing with the sexual abuse of clients. This plan was developed to make dental hygienists aware of their obligations under the *RHPA* with respect to sexual abuse as well as outlining guidelines for professional behaviour. The philosophy of the College is that sexual abuse/impropriety by dental hygienists while providing oral health care to the public will not be tolerated under any circumstances.

Components of the Sexual Abuse Prevention Plan

1. Educational Requirements for Students

An Instructor's Guide to the Prevention of Sexual Abuse of Clients, was developed in 1996 and updated in 2008. The 2008 version was mailed in March 2008 to the dental hygiene educational institutions in Ontario to be incorporated into their ethics and jurisprudence course. The guide is available at no cost to dental hygiene educational institutions.

Prior to registering, applicants successfully complete an online Jurisprudence Education Module (JEM), launched in March 2010, that includes reference to the CDHO sexual abuse prevention plan, guidelines for professional behaviour and clarification of a registrant's obligations under the *RHPA* with respect to sexual abuse. There are two quiz questions included in the module pertaining to professional boundaries and the mandatory reporting obligation for sexual abuse. The final exam for the course also includes two questions that test knowledge on professional boundaries and sexual abuse. A 100% pass rate is a requirement for the quiz and final exam. This module is provided free of cost, but users must register for an application number that will permit them to complete the final exam. As of December 31, 2010, 727 applicants successfully completed the final exam.

2. Education and Guidelines for the Conduct of Registrants

The second component of the sexual abuse prevention plan addresses on-going education and guidance for registrants.

- All registrants have been provided an electronic copy of the *Registrants' Handbook* as updated in 2010. There are two chapters that are relevant to the prevention of sexual abuse. Chapter Two discusses ways to avoid sexual abuse and includes a practice-based self-test on mandatory reporting obligations. Chapter Eight discusses sexual abuse boundaries and lists touching principles for dental hygienists. The *Registrants' Handbook* has been produced in English and French. Both language versions are available on the website and are contained within the Registrants' Resource – a UBS stick that all registrants receive.
- In March 2010 the JEM was made available at no cost to all registrants through the CDHO website. As of December 31, 2010, 712 registrants had successfully completed the module and final exam.
- *Professional Boundaries for Dental Hygienists in Ontario*, available on the CDHO website in both English and French, was revised in August 2010. Prior to December 2010 these guidelines were distributed with the *Registrants' Handbook* to all registrants. In December 2010, the Registrants' Resource was sent out to all dental hygienists in Ontario and included an updated version of the handbook and the revised version of the guidelines. All new registrants to the College will be provided with the Registrants' Resource containing the guidelines for maintaining professional boundaries.
- A brochure entitled *Prevention of Sexual Abuse of Clients* (available on the CDHO website in both English and French), was updated August 2010. This brochure was developed at the same time as the professional boundaries guidelines and was distributed in the same manner. It is also contained in the Registrants' Resource that was distributed to all registrants in December 2010.
- College staff have incorporated information on the CDHO's sexual abuse prevention plan into presentations at society meetings since the plan's inception. These presentations provided registrants with an opportunity to seek clarification on the definition of sexual abuse for healthcare professionals, the guidelines for professional

boundaries and the professional obligations to making a mandatory report.

- Part of the College's sexual abuse prevention plan includes regular articles in *Milestones*, the College's registrant magazine, which covers topics aimed at the prevention of sexual abuse and informing mandatory reporting obligations. The November 2010 issue of *Milestones* included a feature article entitled *Treating a Spouse is No Longer Acceptable* that clarified the issue of treating a spouse.
- In March 2005, the CDHO hired its first Practice Advisor who was available by phone on a daily basis to registrants seeking advice on practice matters. A second fulltime Practice Advisor was hired in September 2008. It is estimated that each practice advisor answers one call a day that relates to professional boundaries.

Calls to the Practice Advisors increased in the spring and summer of 2010 prompted by discussions within dental offices about the Leering case and advisories put out by the dental and dental hygiene associations and regulatory bodies. In the appeal court decision *Leering vs the College of Chiropractors*, the court clarified its position that it was unacceptable for any healthcare professional to treat a spouse. In July 2010, the College sent out an advisory to all registrants informing them that it was no longer acceptable to treat spouses.

3. Training for College Administration

It has been recognized that due to the relatively low number of complaints/mandatory reports received by the CDHO with respect to sexual abuse, expertise will be contracted to conduct investigations relating to sexual abuse. Administration utilizes legal counsel and investigators with expertise in this area, to assist with investigations and to prosecute discipline cases. This is reflected in the CDHO's *Policy on the Investigation of Sexual Abuse*.

4. Provision of Information to the Public

The College continued to provide information respecting the philosophy and role of the CDHO in the prevention of sexual abuse. This includes the brochure *Prevention of Sexual Abuse of Clients* and the guidelines *Professional Boundaries for Dental Hygienists in Ontario*. They can be accessed by the public through the CDHO website.

In addition, the CDHO website contains information in English and French that provides the public with information on the complaints process and who to contact to make a complaint.

The College is a member of the Federation of Health Regulatory Colleges of Ontario and took part in an ongoing combined effort to educate the public on the role of the regulatory body.

5. Funding for Therapy and Counseling

A fund is in place with sufficient money to supply a successful applicant with the necessary funds for therapy and counseling. Ten thousand dollars was included in the 2010 budget for this fund. The regulation for funding of therapy and counseling for persons who have been sexually abused by a registrant was passed in March 2006 and policies and procedures for reviewing applications for funding are in place. To date the College has not received any requests for funds. There has only been one finding of sexual abuse by the College.

6. Evaluation

Staff completed an internal audit of the sexual abuse plan in November 2010. Based on recommendations from the report, the Committee decided to publish at least two articles aimed at sexual abuse prevention per year, to create a telephone protocol for first responders to calls from survivors of sexual abuse and to include boundary crossing and sexual abuse prevention polling questions in the 2011 “Setting the Record Straight” presentations.

Communication Projects

Patient Education Program

The College hired an outside communications firm to increase the public’s awareness of the College’s role in protecting the oral health of Ontarians by communicating the importance of oral health, the role of dental hygienists and the scope of care that supports good oral health, and the role of the CDHO as a regulator.

The Patient Education Program was created based on the strategy of promoting regular public education messages that progress in content and complexity. The first wave of the program was based upon three foundational messages:

1. Oral health comprises more than just teeth and gum care, and is key to a person’s overall health;
2. The dental hygienist is the expert for preventive oral healthcare, and;
3. The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

Creative English and French radio ads were created as the primary tool to promote the College’s messages to the public. The ads ran in six geographically chosen communities to reach the widest audience of Ontarians, and were accompanied by a series of print initiatives. Pre and post Ipsos-Reid polls were conducted as part of the project evaluation process. Post polling indicated some increased public awareness.

Registrants’ Handbook

First developed by the 2004/2005 Patient Relations Committee in collaboration with primary author Richard Steinecke, BA, LLB, the *Registrants’ Handbook* provides a practical resource for CDHO registrants and dental hygiene educators that can be used to inform and guide dental hygiene practice. The handbook went through a major revision in 2010 and a decision was made to make the new version available in an electronic format only. The electronic version is housed on the CDHO website and contains links to referenced documents. In December 2010, all registrants received a copy of the *Registrants’ Handbook* when they received the Registrants’ Resource USB stick.

Registrants’ Resource

In December 2010, all registrants received a USB memory stick named the “Registrants’ Resource” that contains the *Registrants’ Handbook* and other documents that are relevant to the practice of dental hygiene in Ontario. The Registrants’ Resource has been programmed to update the documents contained within it when it is plugged into a computer with Internet access. This enables registrants to ensure that they practise with the most current information at all times.

Sensitive Practice Workshop for Educators

On November 26, 2010 the College hosted a dental hygiene educators’ workshop facilitated by Candace Schachter, co-author of the *Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse*. The goal of the workshop was to bring sensitive practice to the dental hygiene curriculum.

The workshop reviewed the effects of childhood abuse on health, oral health and oral health care, major findings of the Sensitive Practice Project in the context of oral health and facilitated educators' self-reflection. It provided a forum to exchange of ideas regarding the implications of the material for clinical practice and generate and share oral health examples of sensitive practice. The workshop discussed methods of presentation of sensitive practice in the classroom that would facilitate self-reflection and ongoing consideration by students.

Evaluation Tool Project

In 2009, the Committee drafted an evaluation tool that could be used by each Committee to evaluate Committee initiatives. In the past year the Patient Relations Committee has been pilot testing the tool using the Sensitive Practice Project. On December 31, 2010, the testing was still ongoing.



College of Dental Hygienists of Ontario Financial Statements

December 31, 2010

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INDEPENDENT AUDITORS' REPORT

To the College of Dental Hygienists of Ontario

We have audited the accompanying financial statements of the College of Dental Hygienists of Ontario, which comprise the statement of financial position as at December 31, 2010 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of College of Dental Hygienists of Ontario as at December 31, 2010, and results of operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Soberman LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Canada
June 14, 2011

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COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

STATEMENT OF FINANCIAL POSITION

At December 31

2010

2009

ASSETS

Current

Cash	\$ 2,068,910	\$ 1,809,172
Short-term investments (cost - \$1,748,417; 2009 - \$7,372,166)	2,037,577	7,781,502
Accounts receivable	257,893	134,525
Prepaid expenses	79,424	51,882

4,443,804 9,777,081

Long-term investments (Note 4)

7,464,082 1,967,281

Equipment and leaseholds (Note 5)

385,481 391,234

\$ 12,293,367 \$ 12,135,596

LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 105,059	\$ 109,114
Registration fees received in advance	2,565,700	2,211,700

2,670,759 2,320,814

Commitments (Note 9)

NET ASSETS

Net assets invested in equipment and leaseholds	385,481	391,234
Unrestricted net assets	9,237,127	9,423,548

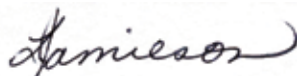
9,622,608 9,814,782

\$ 12,293,367 \$ 12,135,596

The accompanying notes are an integral part of the financial statements

On behalf of the College

Member



Member



COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
STATEMENT OF CHANGES IN NET ASSETS
Year ended December 31

		Net assets invested in equipment and leaseholds	Unrestricted net assets	Total 2010	Total 2009
Balance, beginning of year	\$	391,234	\$ 9,423,548	\$ 9,814,782	\$ 9,427,960
Excess (deficiency) of revenues over expenses		(76,474)	(115,700)	(192,174)	386,822
Interfund transfer - invested in equipment		70,721	(70,721)	-	-
Balance, end of year	\$	385,481	\$ 9,237,127	\$ 9,622,608	\$ 9,814,782

The accompanying notes are an integral part of the financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

STATEMENT OF OPERATIONS

Year ended December 31

2010

2009

Revenue

Registration and examination fees	\$ 3,165,908	\$ 2,958,345
Labour mobility funding	-	3,624

3,165,908 2,961,969

Expenses

Salaries and benefits	1,271,344	1,003,992
Consulting	686,858	629,523
Stationary, postage and printing	310,333	227,050
Premises rent	196,433	189,678
Professional member fees and expenses	161,610	135,182
Legal fees	146,274	88,120
Quality assurance	136,073	175,672
Examination fees and expenses	122,003	122,040
Commission on dental accreditation	106,603	41,215
General and administrative	91,169	76,324
Equipment rental, maintenance and computer software	63,450	46,871
Audit	39,583	33,600
Telephone	35,782	25,208
Insurance	4,287	12,104
Grant	-	10,000
Labour mobility expenses	-	3,624
Amortization - equipment and leaseholds	76,474	63,327

3,448,276 2,883,530

Excess (deficiency) of revenue over expenses before investment income (282,368) 78,439

Investment income (Note 6) 90,194 308,383

Excess (deficiency) of revenue over expenses \$ (192,174) \$ 386,822

The accompanying notes are an integral part of the financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
STATEMENT OF CASH FLOWS

Year ended December 31

2010

2009

SOURCES (USES) OF CASH

Operating activities

Excess of revenues over expenses \$ (192,174) \$ 386,822

Items not involving cash

Unrealized loss on bonds classified as held-for-trading 176,492 34,516

Amortization - equipment and leaseholds 76,474 63,327

60,792 484,665

Changes in non-cash working capital items

Accounts receivable (123,368) (56,671)

Prepaid expenses (27,542) 83,236

Accounts payable and accrued liabilities (4,055) 56,742

Registration fees received in advance 354,000 220,900

Labour mobility funding - (40,473)

Cash provided by operating activities 259,827 748,399

Investing activities

Short-term investments matured 11,863,691 3,697,181

Purchase of short-term investments (4,643,059) (4,139,732)

Purchase of long-term investments (7,150,000) -

Acquisition of equipment and leaseholds (70,721) (401,827)

Cash used in investing activities (89) (844,378)

Net increase (decrease) in cash 259,738 (95,979)

Cash, beginning of year 1,809,172 1,905,151

Cash, end of year \$ 2,068,910 \$ 1,809,172

Other cash flow information:

Long-term investments transferred to short-term \$ 1,540,424 \$ 3,612,615

The accompanying notes are an integral part of the financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

1. Inception

The College of Dental Hygienists of Ontario ("the College") was created on December 31, 1993 pursuant to the proclamation of the Regulated Health Professions Act, 1991 and the Dental Hygiene Act, 1991. The legislation, generally, defines the practice of the Profession of Dental Hygiene in Ontario and provides for the election and appointment of individuals to the governing Council.

2. Description of organization and income tax status

The College is a not-for-profit organization whose stated objective is to regulate the practice of dental hygiene in the interest of the overall health and safety of the public of Ontario. The College is exempt from income tax under section 149(1)(1) of the Income Tax Act. Registration remains valid so long as the College continues to fulfill the requirement of the Act and regulations in respect of non-profit organizations.

3. Significant accounting policies

Use of estimates

The preparation of financial statements in accordance with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the balance sheet date and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Revenue recognition

The College follows the deferral method of accounting for registration and examination fees. Certificate of registration fees are recorded as revenue in the fiscal year to which they relate.

Financial instruments

The College has chosen the option to not apply the measurement requirements to contracts for non-financial items and embedded derivatives as allowed by Section 3855 - Financial Instruments - Recognition and Measurement. has chosen to apply Section 3861 Financial Instruments - Disclosure and Presentation, in place of Section 3862, Financial Instruments - Disclosure, and Section 3863, Financial Instruments - Presentation.

Investments

Investments consisting of fixed income instruments and term deposits are designated on initial recognition as held-for-trading and recorded at fair value. Fair values are estimated using quoted market prices. The purchase and sale of investments are accounted for using trade-date accounting. Transaction costs associated with the acquisition and disposal of investments are expensed in the period incurred. Investment income includes interest income and realized and unrealized gains and losses. Bonds and term deposits with maturity dates within twelve months are classified as short-term investments.

3. Significant accounting policies (*continued*)

Equipment and leaseholds

Equipment and leaseholds are recorded at cost less accumulated amortization. Amortization is provided annually on a straight line basis designed to amortize the assets over their estimated useful lives of 10 years for equipment, furniture and leasehold improvements. Computer equipment and software will be amortized over three years.

Future changes in accounting policies

Accounting Standards for Not-for-Profit Organizations

In November 2010, the Accounting Standards Board (AcSB) issued a set of standards for Not-for-Profit Organizations (Part III). The framework retains the current approach of the private enterprise standards (Part II of the CICA Handbook issued December 2009) supplemented with specific standards for areas of concern to not-for-profit organizations and closely resembles the current standards with few changes. The standard is effective for fiscal years commencing on or after January 1, 2012, with early adoption permitted. Not-for-Profit organizations have the option of adopting International Financial Reporting Standards.

The College plans to adopt the new Not-for-profit standards effective January 1, 2012.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

4. Long-term investments

		Market value 2010	Market value 2009
CPN Province of British Columbia	\$406,260, 4.60% due August 23, 2012	\$ 392,082	\$ 380,544
RBC Royal Bank - GIC	\$700,000, 2.15% due December 10, 2012	700,907	-
Bank of Nova Scotia - GIC	\$700,000, 2.45% due December 23, 2013	700,376	-
Bank of Nova Scotia - GIC	\$700,000, 2.80% due December 21, 2014	700,537	-
Bank of Nova Scotia - GIC	\$750,000, 2.95% due November 19, 2015	752,546	-
CPN CIBC	\$874,573, 3.40% due July 7, 2016	697,997	-
CPN Province of Quebec	\$916,656, 3.44% due December 1, 2017	708,392	-
CPN Province of Ontario	\$965,472, 3.60% due December 2, 2018	708,753	-
CPN Province of British Columbia	\$1,017,352, 3.81% due December 9, 2019	706,449	-
CPN Province of Ontario	\$1,056,050, 4.02% due June 2, 2020	709,771	-
RES Ontario Hydro	\$1,107,070, 4.40% due August 6, 2021	686,272	-
Reclassified to short-term investments, total face value \$1,332,465, interest range 4% to 4.5%, due 2011		-	1,586,737
		\$ 7,464,082	\$ 1,967,281

The investments are managed by a third party and subject to an investment policy set by the Board of Directors which has as its main objective the preservation of capital while earning a reasonable rate of return.

5. Equipment and leaseholds

	2010 Net Carrying Amount	2009 Net Carrying Amount
Equipment	\$ 16,096	\$ 6,965
Furniture	117,949	24,229
Computer equipment	102,539	70,242
Computer software	31,102	10,367
Leasehold improvements	289,766	60,168
	\$ 557,452	\$ 171,971
	\$ 385,481	\$ 391,234

Amortization expense for the year amounted to \$76,474 (2009 - \$63,327).

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

6. Investment income

	2010	2009
Interest on bonds and GIC's	\$ 266,686	\$ 342,899
Unrealized loss on bonds classified as held-for-trading	(176,492)	(34,516)
	\$ 90,194	\$ 308,383

7. Capital management

The College defines capital as its net assets. The College's objective when managing its capital is to hold sufficient unrestricted net assets to enable it to fund its major activities while maintaining a solid financial position.

The overall strategy with respect to capital remains unchanged from the year ended 2009.

8. Financial instruments

Fair value

The carrying amounts of College's financial instruments, consisting of cash, short-term investments, accounts receivable, and accounts payable and accrued liabilities, approximate their fair values due to their short-term nature.

9. Lease commitments

Premises

The College is committed under a lease for premises located at 69 Bloor Street East, Toronto, Ontario, expiring on February 2019. Minimum annual rental (exclusive of requirement to pay taxes, insurance and maintenance costs) for each of the next five years are approximately as follows:

Year ending December 31, 2011	\$ 82,600
2012	82,600
2013	84,100
2014	88,500
2015	88,500
Thereafter	290,575

Equipment

The College is committed under leases for equipment expiring up to October 31, 2013. Annual rental payments are as follows:

Year ending December 31, 2011	\$ 27,400
2012	22,500
2013	12,500

