



College of
Dental Hygienists
of Ontario



Annual Report

2009

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College of Dental Hygienists of Ontario

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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 11,000 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.

Critical Success Factors

- CDHO is able to effectively regulate the profession
- CDHO contributes to improving the health and wellbeing of the public through dental hygiene care
- CDHO maintains effective communication and relationship with stakeholders



Linda Jamieson, RDH
President

The CDHO envisions a future where dental hygienists are the primary providers of preventive oral health care in Ontario

Message From the President

The year 2009 was a time of reflection and strategic planning for Council. We are proud of the CDHO's ability to regulate dental hygiene. As an organization we will continue to support the principles within the *Regulated Health Professions Act, 1991*, which include being accountable to public by ensuring quality dental hygiene and protecting the right for clients to access health care professionals of their choice. The CDHO envisions a future where dental hygienists are the primary providers of preventive oral health care in Ontario and as such are accepted as integral members of inter-professional health care teams, are both autonomous and collaborative and are the number one source of preventive oral health information and services.

The College has established a number of goals that will direct our efforts over the next three to five years. We will continue to raise our concerns regarding non-accredited dental hygiene programs. We will incorporate an evaluation process to measure the success of new programs and we will increase the public's awareness of CDHO and the dental hygiene profession. The College will be launching its Public Education Program in January 2010. We have a new look and a clear message that will inform the public of the connection between health and dental hygiene care, and identify the important role of CDHO.

As a Council Member and now the President, I have come to know CDHO in a much different way than most dental hygienists and the public. My experiences have deepened my appreciation for the previous Presidents and Council Members who are have accomplished so much for the public of Ontario.

The CDHO is a vital organization made of individuals who are committed to improving oral health care for every citizen. This commitment is demonstrated by each Council member through the thoughtful work they do at the committee and Council level. As well, a very competent and knowledgeable administrative staff supports Council. It has been my privilege to work with each and every person.

Linda Jamieson, RDH, BA, MHS
President

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



Adam Esse,
Public Member



Kathleen Feres Patry,
RDH



Diane Greenwood, RDH



Linda Jamieson, RDH,
E, President



Julia Johnson,
Public Member



Shori Katyal, Public
Member (as of May 2009)



Nancy Ktichen, RDH



Samuel Laldin,
Public Member



Cathie Mazal-Kuula,
RDH



Derrick McLennon,
Public Member



Inga McNamara, RDH,
Vice-President



Carol Ono, RDH



Tote Quizan, Public
Member (as of March 2009)



Susan Raynak, RDH, E
(to June 2009)



Salem Rifai,
Public Member



Jane Rowe, Public
Member (to March 2009)



Shirley Silverman, RDH



Ilga St. Onge, RDH



Anne Venton,
Public Member

DH = Dental Hygienist
P = Public Member
NC = Non-Council
E = DH Educator



Roula Anastasopoulos
RDH, NC



Jill Hicks, RDH, NC



Heather Murray, RDH,
NC



Lucy Pavao, RDH, NC



Varinder Singh, RDH,
NC

CDHO Staff



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



Evelyn Waters, BA, Deputy Registrar



Lisa Taylor, RDH, BA, BEd, Quality Assurance Coordinator/Practice Advisor



Elaine Powell, RDH, Practice Advisor/Patient Relations



Mimi Pichelli, Director of Finance



Margaret Stevenson, Director of Administrative Services



Tom Amsden, Information Technology Manager



Jane Cain, Executive Assistant



Heather Boucher, Administrative Assistant, Registration



Denise Lalande, Administrative Assistant, Quality Assurance



Spring Shen, Administrative Assistant, Investigations & Hearings



Vivian Ford, Receptionist

PHOTO NOT AVAILABLE:
Regina Sy, Administrative Assistant, Quality Assurance

Administrative Report

In 2009 the College underwent a major renovation of the office, including the acquisition of additional space. As the College continues to grow in numbers with both registrants and personnel, Administration realized that it was time to add the services of a full-time Information Technology Manger. In addition, two more Administrative Assistants were added – one with Quality Assurance and one with Investigations & Hearings. These additions were made to complement the changes that came into effect with the changes to the *Regulated Health Professions Act, 1991* on June 4, 2009.

Executive Committee



Linda Jamieson, RDH, President

Samuel Laldin, PM
Derrick McLennon, PM
Inga McNamara, RDH, Vice-President
Ilga St. Onge, RDH

2009 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.

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

- The Executive Committee met 11 times in 2009. 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.
- The year 2009 brought a considered response to the Health Professions Regulatory Advisory Committee (HPRAC) Report: *Critical Links: Transforming and Supporting Patient Care*. HPRAC recommended that dental hygienists, approved by the CDHO, be permitted to prescribe, dispense and compound certain drugs. However, HPRAC did not recommend that dental hygienists be authorized to “administer a substance by inhalation or injection.” A response was provided to the Standing Committee on Social Policy considering Bill 179 requesting the College be permitted to authorize dental hygienists who had the requisite training to be authorized to administer local anesthesia. Due to intense lobbying by organized dentistry, the request was denied.
- Several workshops were held in the area of governance and information gleaned by the Ad Hoc Committee on Strategic Planning was incorporated into new policies. These included a revamping of the Registrar’s job description, evaluation and preparation of a succession plan.
- In addition, the Executive Committee worked with the Patient Relations Committee to develop a public communications plan to meet one of the College’s critical success factors.
- Other initiatives included an agreement with the York Regional School Board and the College of Opticians of Ontario to continue with the Early Childhood Screening Project. A joint funding request to the Trillium Foundation was developed through PATHWAYS in Markham. The College also offered to partner with the Centre for Education & Research on Aging & Health (CERAH) in Thunder Bay and provided a research grant to the Fairview Mennonite Home in Cambridge for a study on the effects of oral health interventions by a dental hygienist in a long-term care facility. Another initiative included facilitating an educators’ workshop for the dental hygiene program heads in Ontario.

Executive Committee Part II

Prior to June 2009, when changes to the *Regulated Health Professions Act, 1991* (RHPA) came into force and a new committee, the Inquiries, Complaints and Reports Committee (ICRC) was established to deal with all investigative matters, the Executive Committee, Part II, dealt with matters relating to professional misconduct issues which were not considered formal complaints.

In 2009, the Committee completed its investigation of eight cases. A summary of these cases is outlined below.

- The Committee reviewed two cases relating to applicants who had been charged with criminal offences. Based on the applicants' submissions, the Committee determined that the charges did not affect the applicants' suitability to practise dental hygiene and agreed to take no further action.
- There were three referrals from the Quality Assurance Committee for non-compliance. In two cases, as the registrants subsequently complied, the Committee agreed to take no further action. The other registrant did not renew her certificate of registration. Therefore, the Committee determined that no further action be taken and the matter would be dealt with if and when the registrant reapplied to the College.
- Another case dealt with allegations that a registrant had dated a client. An investigator was appointed to this matter. However, based on the investigator's report, the Committee determined that there was insufficient information available to support the concerns raised. Therefore, no further action was taken with respect to this matter.
- The Committee referred one case to the Discipline Committee. The matter dealt with allegations that the registrant had practised while her certificate of registration was suspended, failed to reply appropriately or within a reasonable time to an inquiry by the College, contravened the Act, and that her behaviour was disgraceful, dishonourable or unprofessional.
- The Committee also dealt with a matter referred from the Complaints Committee for incapacity proceedings. One option available to the Committee was to appoint a Board of Inquiry to investigate whether the registrant's condition may affect her fitness to practise dental hygiene. However, the Committee agreed to take no further action in this matter as the registrant signed an Undertaking with the College in which she agreed to appropriate monitoring of her condition and to take an approved course to address the Committee's concerns respecting her infection control.

Registration Committee



Carol Ono, RDH, Chair

Roula Anastasopoulos, RDH, NC
Carol Barr Overholt, RDH
S. Raynak, RDH, E (to June 30, 2009)
Salam Rifai, PM
Anne Venton, PM

The Registration Committee assesses applicants' qualifications to practice 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.

Applicants who are not satisfied with the decision of the Registration Committee may require the Health Professions Appeal and Review Board 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.

- The members of the Registration Committee met four times in 2009.

Assessments of Applicants

- In 2009 the Registrar refused to register an applicant from a non-accredited dental hygiene program who had been unsuccessful on the clinical evaluation four times, the maximum number permitted by the regulations. The applicant appealed to a Panel of the Registration Committee, which also denied the appeal. Subsequently, the applicant appealed to Health Professions Appeal and Review Board. The outcome is pending.
- The Panel reviewed four cases relating to applicants who had been charged with criminal offences. Having reviewed the applicants' submissions on these issues and taking into consideration the length of time since the incidents, the Panel determined that the charges did not affect the applicants' suitability to practise dental hygiene and approved their applications for registration.
- In another case, the Panel dealt with an applicant who had practiced 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.
- The Panel accepted the explanation from another applicant as to why there would be an undue delay in her submission of Form B (Certificate of Professional Conduct) from a jurisdiction in which she had practiced another regulated profession. Based on the submission of an alternative

document, the Panel approved her application for registration.

- There were three applications for a specialty certificate of registration from registrants who required an assessment of their equivalency. In one case the Committee determined that the education and training was equivalent and directed that a clinical evaluation be conducted. In another case, the Committee directed that an independent assessment be conducted of the applicant to determine her level of education in restorative dental hygiene. The Committee could not complete its assessment of the third application, as further information respecting his course of study was required.

Policy

- Proposed amendments to the registration regulations, approved by Council at its meeting in May 2009, were circulated to registrants and other stakeholders for comment and approved by Council in October 2009. The regulations were then submitted to the Ministry of Health and Long-Term Care for consideration. Imbedded in the proposed regulations are the provisions for registration for applicants under the Agreement on Internal Trade.
- The CDHO, along with the other regulatory bodies, completed the *Fair Registration Practices Report*. A copy of the report is posted on the CDHO website at www.cdho.org/Registration_FairnessReport.htm. In addition, an audit of the CDHO's registration practices was conducted in the fall of 2009 and the report was submitted on December 23, 2009.
- 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 326 clinical attempts in 2009 with a pass rate of approximately 70%. There were five appeals, two of which were successful. The Ministry of Training, Colleges and Universities (MTCU) Private Career College's Branch expressed concern about the failure of many of the non-accredited dental hygiene programs to seek accreditation status with the Commission on Dental Accreditation of Canada (CDAC) or when they did, to not attain accreditation status due to deficiencies in the programs. Several meetings were held between representatives of MTCU, CDAC, the National

Dental Hygiene Certification Board and the private career colleges to try to solve the problem. In October 2009, MTCU sent out a directive that indicated that all private career colleges offering dental hygiene in Ontario must apply for accreditation by August 1, 2010 and receive accreditation no later than 2013 or MTCU would rescind their license to operate.

- On December 9, 2009 the Ontario Government instituted the *Ontario Labour Mobility Act, 2009* in response to the Federal/Provincial Agreement on Internal Trade (AIT). All regulated health professions must register applicants who are currently registered in another Canadian jurisdiction. The CDHO was able to obtain an exemption via a legitimate objective for the Yukon as the Yukon currently registers graduates of non-accredited dental hygiene programs who have not successfully completed a clinical evaluation. An application form specific to AIT is on the CDHO website.

Registration Statistics as of December 31, 2009	
General Certificate of Registration	10,097
Inactive Certificate of Registration	788
Specialty Certificate of Registration	496
Total	11,381
Authorized to Self-Initiate	2,699

Complaints Committee (January-May 2009)



Cathie Mazal-Kuula, RDH, Chair

Kathleen Feres Patry, RDH
Jill Hicks, RDH, NC
Lucy Pavao, RDH
Tote Quizan, PM (as of March 2009)
Anne Venton, PM

In accordance with the *Health Systems Improvement Act*, the Complaints Committee was replaced with the Inquiries, Complaints and Reports Committee in June 2009.

In the course of its investigation, a Panel of the Complaints Committee considered submissions by the registrant and the complainant as well as any relevant records and documentation. In some cases, the Panel appointed an investigator to interview the relevant parties to the complaint.

Unless the decision involved a referral to the Discipline Committee for professional misconduct or incompetence proceedings or to the Executive Committee for incapacity proceedings, the complainant or the registrant who was the subject of the complaint could request the Health Professions Appeal and Review Board (HPARB) to review the decision.

- In 2009, there were five requests for a review of complaints decisions pending before HPARB, two of which dealt with decisions handed down prior to 2009. HPARB completed its review of one matter relating to a 2007 complaint and determined that the investigation was adequate and the decision reasonable.
- In 2009, the Committee completed its investigation of 10 formal complaints.
 - In one case, as there were concerns that a registrant may have a condition which could affect her ability to practice dental hygiene, the matter was referred to the Executive Committee for incapacity proceedings.
 - Three cases dealt with allegations by one complainant against three registrants alleging that they had not informed the complainant of his deteriorating periodontal condition and had failed to recognize the development of an abscess in his mouth. In reviewing all the material gathered, the members of the Panel determined that two of the registrants were not at fault in this case and determined that no further action be taken. However, the Panel had concerns that the other registrant may have failed to maintain the standards of practice in that she neglected to perform periodontal probing or following up on a previous PSR (Periodontal Screening Record) which indicated the complainant's decreasing periodontal health. In addition, her records did not provide evidence that her practice included the dental hygiene process of care or that she had ever done a complete periodontal assessment or treatment plan for the complainant. The Panel was hopeful that their concerns could be addressed through educational rather than punitive measures. Therefore, as the registrant agreed to undertake to successfully complete an approved refresher course at

her own expense with an emphasis on the dental hygiene process of care and recordkeeping, the Panel agreed to take no further action.

- Another case dealt with allegations that a registrant provided and charged for two units of scaling when the client had not consented to the second unit of scaling. The Panel was of the opinion that this was a miscommunication or misunderstanding and that the registrant had followed the usual standards of practice in her treatment of the client. Although the members of the Panel were sympathetic to the client's concerns and understood that any treatment that would not be covered by insurance would be a financial hardship, they were of the opinion that the fault lay in the lack of communication within the office and lack of documentation in the chart on this issue. Therefore, the Panel determined that no further action be taken with respect to this matter.
- Another case dealt with allegations that a registrant conducted herself unprofessionally in that she questioned a client respecting the number of prescribed drugs he had taken while he was in the waiting room prior to his dental appointment. Both parties had different versions of how this questioning was handled. The Panel was concerned that it would be inappropriate for a registrant to question a client about his personal information if the conversation had taken place in the presence of other clients. However, five clients, who would have been in the waiting room around the time of the client's appointment, were interviewed and did not recall any unusual event. Therefore, the Panel determined that if the conversation had taken place in the presence of others, it was conducted in a manner that it was not heard by other clients and agreed to take no further action.
- Another case related to allegations that a registrant had acted unprofessionally in that she did not cooperate with an investigation into allegations of cheating on the National Dental Hygiene Certification Examination (NDHCE). The Panel understood that the registrant was afraid of repercussions if she cooperated with the investigation. However, they had concerns

that her lack of cooperation may have hampered the investigation. The members of the Panel were of the opinion that its concerns could be addressed through educational rather than punitive measures. Therefore, as the registrant undertook to successfully complete an approved Ethics and Jurisprudence Course at her own expense, they agreed to take no further action with respect to this matter.

- The remaining three cases dealt with one complainant alleging that three registrants did not provide adequate dental hygiene treatment. The Panel understood that the client was disappointed in the treatment she received from the three registrants. However, in reviewing the client record, the Panel could not determine that the three registrants fell below the standard of practice in their provision of treatment of the client. Therefore, the Panel determined that no further action be taken with respect to these matters.

Quality Assurance Committee



Nancy Kitchen, RDH, Chair

Julia Johnson, PM
Cathie Mazal-Kuula, RDH
Heather Murray, RDH, NC
Tote Quizan, PM (as of March 2009)
Susan Raynak, RDH, E (to June 2009)
Varinder Singh, RDH, NC (to August 2009)

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 met eight times in 2009 face to face and through teleconference.

Peer Assessment – Professional Portfolio/ Practice Review and Remediation

- Each year, in accordance with the QA Regulation, the QA 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 QA 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. In 2009, 978 of those registrants holding a general or a specialty certificate of registration were requested to submit their professional portfolios for the 2009 Peer Assessment Professional Portfolio/Practice Review. On December 31, 2009, of the 978 professional portfolios requested:
 - 90% had met the assessment guidelines
 - 10% were 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 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 2009, 146 on-site assessments were completed.

Continuing Quality Improvement Measures

- Each year, in accordance with the QA 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*.

In the year 2009, there were no referrals from the Registrar for non-compliance with the Quality Assurance Regulation.

Continuing Competency Requirements for Dental Hygienists

- In 2008 and 2009, registrants participated in a number of surveys and focus groups commissioned by the QA Committee. The data obtained indicated that registrants were generally satisfied with the QA Program. However, three common issues were reported by the registrants. First, they did not like the 30-day notice they were given to produce their portfolios when selected through the stratified random selection. Secondly, they would like to see more direction on the type and amount of learning required each year to meet the QA Committee's expectations. Thirdly, a number of registrants suggested that limiting the assessment to a one-year period did not provide an adequate picture of their continuous quality improvement activities. More specifically, the one-year snapshot did not allow for high and low years of activity. In response to this information the Committee changed the notice period for those selected through the stratified random selection from 30 days to one year and are now requesting that registrants submit their learning goals and continuous quality improvement activities for the previous three years. Further to this, the Committee created new guidelines for the selection of continuing quality assurance activities. Registrants were advised of these changes in the December 2009 edition of *Milestones*. Proposed Amendments to Regulation 607/98 Quality Assurance
- The proposed amendment to the QA regulation was approved by Council for submission to the Ministry of Health and Long-Term Care, on January 30, 2009. The College met with the Ministry on one occasion to discuss the proposed amendments.

Standard of Practice for Dental Hygiene Educators

- The *Standard of Practice for Dental Hygiene Educators*, adopted by Council May 29, 2009, was created after extensive research and with the consultation of educators inside and outside the dental hygiene community. Research determined that while some health professions have created standards for teaching

and supervising students, they are not evident in the dental hygiene profession nationally or internationally. The CDHO has taken on a leadership role by establishing what may be the first standards of practice for dental hygiene educators.

CDHO Knowledge Network

- On February 24, 2009 the College, after a year of careful planning, launched the Knowledge Network on the CDHO website. 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 weave scientific medical knowledge into point-of-care decisions.

The creation of the Knowledge Network is a good example of, and continues to be a good avenue for inter-professional collaboration. It should be noted that the medical expertise used in the advisories was a collaborative effort between the health professions. The CDHO is grateful to Dr. Gordon Atherley, and the physicians, pharmacists, dental hygienists, registered nurses, societies and associations who participated in our consultation process.

Feedback for the Knowledge Network from dental hygienists and dental hygiene students was so positive in Ontario, that the CDHO extended an open invitation to the national and international dental hygiene communities and to all regulatory colleges in Ontario to permit their members to access the Knowledge Network. Statistics on portal use indicate that the Knowledge Network is being used by dental hygienists, dental hygiene students and other health professionals, provincially, nationally and internationally, and there is every indication that use of the network is increasing significantly by all groups.

The CDHO is proud to have created the instrument that connects the mouth with the rest of the body in a way in which no other has done before. The Knowledge Network is available to health professionals and the public, and encourages them to consult with dental hygienists in matters concerning oral healthcare. The College hopes the Knowledge Network will provide an on-going platform for inter-professional collaboration and public assurance that dental hygienists are able to take into account all relevant medical knowledge and integrate it into client care.

Discipline Committee (January-May 2009)



Carol Ono, RDH, Chair

Roula Anastasopoulos, RDH, NC
Carol Barr Overholt, RDH
Adam Esse, PM
Kathleen Feres Patry, RDH
Diane Greenwood, RDH
Linda Jamieson, RDH, E
Julia Johnson, PM
Shori Katyal, PM (as of May 2009)
Nancy Kitchen, RDH
Sam Laldin, PM
Cathie Mazal-Kuula, RDH
Derrick McLennon, PM
Inga McNamara, RDH
Heather Murray, RDH, NC
Tote Quizan, PM (as of March 2009)
Sue Raynak, RDH, E (to June 2009)
Salam Rifai, PM
Jane Rowe, PM (to March 2009)
Shirley Silverman, RDH
Ilga St. Onge, RDH
Anne Venton, PM

The Discipline Committee hears and determines allegations of professional misconduct or incompetence against registrants of the College. Prior to June 2009, the Complaints Committee or the Executive Committee could make referrals to the Discipline Committee. Since June 2009, it is the Inquiries, Complaints and Reports Committee (ICRC) that investigates all formal complaints and reports and can refer matters to the Discipline Committee.

There were two discipline hearings in 2009. Summaries of the decisions and reasons for these cases are included in this report. A party to these proceedings may appeal the decision of the Panel to the Divisional Court of Ontario.

Hearing 1: Ms. Emily Forbes

Allegations

In a hearing held on February 20, 2009, a Panel of the Discipline Committee found Ms. Forbes guilty of professional misconduct for contravening a condition imposed on her certificate of registration, failing to reply appropriately or within a reasonable time to a written enquiry by the College, contravening the legislation, and disgraceful, dishonourable or unprofessional conduct.

Agreed Statement of Facts

On or about December 17, 2007, Ms. Forbes was disciplined by a Panel of the Discipline Committee for conduct which involved engaging in the practise of dental hygiene while not being registered with the College, engaging in the practise of dental hygiene without liability insurance and for falsifying documents relating to her liability insurance. The penalty ordered by the Discipline Panel at that time included:

- a. A reprimand;
- b. A suspension of her certificate of registration for five weeks;
- c. The imposition of a term, condition and limitation on her certificate of registration requiring her to successfully complete, within six months of the Panel's order becoming final, an ethics and jurisprudence course;
- d. The imposition of a term, condition and limitation on her certificate of registration requiring her to provide to the Registrar, within 30 days of the Panel's order becoming final, an apology/acknowledgement of her conduct acceptable to the Registrar for publication in the College newsletter;
- e. The imposition of a term, condition and limitation on her certificate of registration requiring her to provide to the Registrar, at the time of annual renewal of her certificate of registration for the next five years, documentary proof of her liability insurance; and

- f. Costs to be paid to the College in the amount of \$2500.00 payable at a rate of approximately \$139.00 per month for 18 months beginning the month after the completion of her suspension.

It was alleged that Ms. Forbes failed to meet the deadlines relating to the following components of the Discipline Panel's Order:

- i. the preparation of the apology;
- ii. the completion of the ethics and jurisprudence course; and
- iii. the payment of costs.

On or about March 27, 2008, the College wrote to Ms. Forbes asking her if the wording of the apology, which had been slightly revised by the College, was acceptable to her. Ms. Forbes failed to respond to that letter.

On or about April 22, 2008, the College again wrote to Ms. Forbes asking her to confirm whether the wording of the apology was acceptable to her and also asking for an account of the criminal offence with which Ms. Forbes indicated on her annual renewal form she had been charged. Ms. Forbes failed to respond to that letter.

On or about May 14, 2008, Ms. Forbes was advised in writing that she had been selected to submit her professional portfolio to the College for the year 2007. The deadline given to submit her professional portfolio was June 18, 2008. Ms. Forbes failed to meet the June 18, 2008, deadline for submission of her professional portfolio.

On or about July 4, 2008, the College wrote to Ms. Forbes again requesting her professional portfolio and asking her to submit it to the College by July 18, 2008, failing which the matter would be brought to the Registrar's attention. Ms. Forbes failed to meet the July 18, 2008, deadline given to her.

It was alleged that Ms. Forbes was ungovernable and that the above conduct constituted professional misconduct pursuant to paragraph 1 (contravening a term, condition or limitation imposed on the member's certificate of registration); and/or paragraph 30 (failing to reply appropriately or within a reasonable time to a written enquiry by the College); and/or paragraph 42 (contravening the Act, the *Regulated Health Professions Act* or the regulations made under either of those acts); and/or

paragraph 47 (disgraceful, dishonourable or unprofessional conduct) of section 15 of Ontario Regulation 218/94, as amended, under the *Dental Hygiene Act, 1991*.

Ms. Forbes did not attend the hearing and the Panel proceeded in her absence. A plea of "not guilty" was entered, given Ms. Forbes' failure to attend the hearing. When a registrant refuses or fails to appear at a discipline hearing, when duly served, the Panel has jurisdiction to proceed with the hearing in her/his absence. A registrant cannot avoid the discipline process by failing to respond to the Notice of Hearing.

Penalty

The Panel considered the documentary evidence and oral testimony and found that the allegations were supported by the information presented and by the testimony of the witnesses. The Panel found that Ms. Forbes exhibited disgraceful, dishonest and unprofessional conduct, by her breach of the terms, conditions and limitations on her certificate of registration, by failing to respond reasonably and appropriately to College correspondence and for her failure to comply with her obligations under the Quality Assurance Regulation. Additionally, she failed to pay costs as ordered by the Discipline Panel on December 18, 2007 and did not provide any explanation for that failure.

The Panel considered the continued failure to respond to the numerous communications from the College, conduct that clearly indicated that Ms. Forbes was ungovernable, her absence from the hearing and her failure to respond to the Notice of Hearing, and made the following order on penalty and costs:

1. Ms. Forbes shall be required to appear, on a date to be set by the Registrar, before a Panel of the Discipline Committee to be reprimanded, the fact of which shall be recorded on the register.
2. The Registrar shall suspend the certificate of registration of Ms. Forbes until such time as she has provided proof, acceptable to the Registrar, that she has complied with the original order of the Discipline Committee made December 18, 2007 and that Ms. Forbes has complied with the requirements of the Quality Assurance Program.
3. Ms. Forbes shall pay to the College the amount of \$5,000.00 in costs, payable in accordance with a schedule agreed to in writing between the College and

Ms. Forbes, or failing such agreement being reached, within 60 days of the date of this Order.

The Panel was satisfied that the Order made upheld the principles for public protection, general deterrence, and specific deterrence.

The penalty satisfies the principle of general deterrence as it sends a message to the profession that such acts of professional misconduct by a registrant will not be tolerated. The principle of specific deterrence is satisfied. A suspension is a serious penalty. It will deter Ms. Forbes from similar misconduct and allow her sufficient time to reflect upon her actions during the period of suspension, which continues until compliance is achieved.

The Panel heard evidence that the cost of the Hearing was approximately \$14,000.00. Ms. Forbes was ordered to pay costs of \$5,000.00 to the College. The Panel believed that the payment of this amount was fair and reasonable. Ms. Forbes failed to comply with the original costs order made at the December 18, 2007 hearing and put the College and therefore the registrants, to the cost of prosecuting her in this matter. A higher cost penalty might have been ordered, but Ms. Forbes' personal circumstances were taken into account.

Hearing 2: Ms. Sarah Clifford

Allegations

In a hearing held on August 21, 2009, a Panel of the Discipline Committee found that Ms. Sarah Clifford had committed acts of professional misconduct in that she failed to reply appropriately or within a reasonable time to an inquiry by the College, she contravened the legislation and that her conduct was disgraceful, dishonorable or unprofessional.

Agreed Statement of Facts

An Agreed Statement of Facts and Joint Submission on Finding was filed with the Panel which included the facts that a representative of the College wrote to Ms. Clifford advising her that she had not renewed her certificate of registration for 2008 and that failure to renew would result in her certificate of registration being suspended as of March 21, 2008. As Ms. Clifford did not renew her certificate of registration by the deadline, her certificate of registration was suspended. A registered letter to that effect was sent to Ms. Clifford but returned to the College

unclaimed. In May, 2008, Ms. Clifford spoke with a College representative and confirmed that she had engaged in the practice of dental hygiene while her certificate of registration had been suspended. On May 6, 2008, Ms. Clifford reinstated her certificate of registration with the College. Ms. Clifford was advised that the Executive Committee was concerned that she had practised dental hygiene while suspended but believed their concerns could be addressed if she were to sign an undertaking whereby she agreed, among other things, to successfully complete an Ethics and Jurisprudence Course. Ms. Clifford was asked for a response to the proposed undertaking by June 2, 2008. From September 2008 to March 2009, numerous telephone messages were left for Ms. Clifford and were followed up by mail and e-mail. Ms. Clifford did not respond.

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. Clifford shall receive a reprimand, the fact of which shall be recorded on the register.
2. The Registrar shall suspend Ms. Clifford's certificate of registration for three (3) months, on a date to be set by the Registrar.
3. The Registrar shall suspend one (1) month of the suspension ordered in paragraph 2 herein and Ms. Clifford shall be required to serve that remaining one (1) month if she fails to comply with the remainder of this Order. If any dispute shall arise between Ms. Clifford and the College as to whether she is in breach of a provision of this Order, the dispute shall be referred to a Panel of the Discipline Committee for further adjudication. The parties shall have the opportunity to make full submissions to that Panel before it renders a decision. If thereafter, the Panel determines that Ms. Clifford has breached a provision of this Order, then and only then shall she be required to serve the remaining one month of the suspension, to commence on a date to be fixed by the Registrar.

4. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms. Clifford requiring her to successfully complete, in the opinion of the Registrar, an Ethics and Jurisprudence course acceptable to the Registrar, at Ms. Clifford's own expense, within six (6) months from the date the Discipline Panel's Order becomes final. Ms. Clifford will be required to provide proof satisfactory to the Registrar, within three (3) months from the date the Discipline Panel's Order becomes final, that she has made arrangements to take the Ethics and Jurisprudence Course.
5. The Registrar shall impose a specified term, condition and limitation on the certificate of registration of Ms. Clifford, lasting for a period of two (2) years, requiring her to respond appropriately and within 30 days to any written enquiry of the College that requests a response.
6. Ms. Clifford shall pay to the College the amount of \$2,000.00 in costs at the rate of \$166.00 per month for 11 months and one final payment of \$166.74, starting on the 15th day of the first month after the completion of her two month suspension, to be paid in full within 12 months after the completion of her two month suspension. No interest will accrue on the outstanding amounts so long as they are paid on time. At all times, Ms. Clifford 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 that must be considered in determining the penalty on a finding of professional misconduct.

Firstly, it served the objective of public protection. Failure to comply with the regulations, which were enacted for the protection of the public, was a serious matter, and the suspension ordered was a serious penalty. The Panel wanted to assure the public that the behaviour Ms. Clifford engaged in would not be tolerated. Rehabilitation also served the objective of public protection. The Panel ordered Ms. Clifford to take an Ethics and Jurisprudence Course at her own expense. Secondly the penalty acted as a general deterrent to other registrants of the profession, who would see the consequences of such misconduct, and thirdly it acted as a specific deterrent to Ms. Clifford to ensure the conduct was not repeated.

As a regulated health professional an individual has a responsibility to comply with the regulations. Personal or health issues may arise, however this must not detract from these professional responsibilities.

The Panel took into account that there were no aggravating factors. The mitigating factors were that this was Ms. Clifford's first appearance in front of a Discipline Panel, she accepted responsibility for her misconduct by her guilty plea and she was cooperative with the College after the referral of the allegations to the Discipline Committee. Legal counsel for the College indicated that Ms. Clifford was dealing with personal issues and that her conduct was not due to disrespect or disregard for the College. In addition Ms Clifford apologized to the Panel for her conduct and gave assurance that she was taking appropriate steps so that this conduct would not reoccur.

The Panel believed that the imposed penalty and costs would help to restore the reputation of the profession to the public, which is damaged when a registrant engages in acts of professional misconduct.

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

Inquiries, Complaints and Reports Committee (June-December 2009)



Cathie Mazal-Kuula, RDH, Chair

Carol Barr Overholt, RDH
Kathleen Feres Patry, RDH
Jill Hicks, RDH, NC
Gail Marion, RDH, NC
Lucy Pavao, RDH, NC
Tote Quizan, PM (as of March 2009)
Shirley Silverman, RDH
Salam Rifai, PM
Anne Venton, 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.

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 2009, there were two requests for a review of an ICRC Panel's decision submitted to HPARB. The decisions in these matters are still outstanding.
- In 2009, the ICRC began a review of 28 cases, which included 16 formal complaints, eight referrals from the Quality Assurance Committee, and four Registrar's reports. Investigators were appointed in 23 of these cases. Eleven of these investigations were completed in 2009.
 - In one case, it was alleged that a registrant had been soliciting clients from a dental office to move to her own dental hygiene practice. Based on the information gathered, it appeared that only one client felt that she had been contacted inappropriately. However, based on letters submitted from former clients who related their recollection of the registrant's conversation with them, it would appear that the client may have misunderstood the registrant's intention. Even if the client's recollection was correct, it appeared that it was an isolated incident and not consistent with the recollection of the other clients. Therefore, the Panel agreed to take no further action with respect to this matter.
 - Two separate complaints were made against the same registrant alleging that her advertisement was false, misleading, distasteful, unprofessional and offensive to the dental community. A Panel of the ICRC determined that there was no issue with the text of the advertisement. However, the Panel understood that the graphic in the advertisement might have been seen as being in poor taste. The Panel was of the opinion that the registrant did not mean to cause offence. She withdrew the advertisement, which ran for one issue only, once the concerns were raised. The Panel hoped that the registrant learned from this experience. As the members of the Panel understood that the registrant would provide the College with an opportunity to comment on any future advertisements prior to publication, they agreed to take no further action.

- Another case dealt with allegations that a registrant, in an educational setting, showed a lack of professionalism by making inappropriate remarks and gestures of a sexual nature and did not allow time for the client's questions or concerns. The Panel understood that the client felt that there was insufficient discussion relating to his treatment. However, the chart indicated that there was discussion respecting oral issues with him. The Panel felt that perhaps the client's expectations of the appointment were different from what actually took place. It is standard in an educational setting that the instructor would leave most of the discussion to the student. As well, the process is different in an educational setting from that in a regular dental hygiene setting. With respect to the registrant making inappropriate remarks and gestures, the Panel felt that the client might have misunderstood or misinterpreted something that happened during the appointment. Two instructors, who were in the clinic that day, stated that they had not seen or heard anything unusual on that day. It appeared from the schedule that the clinic was busy that day and the chair the client was treated in was near the area where the instructors tended to gather. In addition, the Panel noted that there were no previous complaints against the registrant. Therefore, the Panel agreed to take no further action with respect to this matter.
- The fifth case related to allegations that a registrant billed a client inappropriately and charged for services not performed. The client stated that he was billed for two units of scaling and one-half unit of polishing when the appointment had only lasted 23 minutes. The Panel was not in a position to determine exactly how long the dental hygiene appointment took. However, the members of the Panel understood that, subsequent to the complainant's wife contacting the dental office respecting this matter, the billing was not just reduced to accommodate the client's insurance benefits, but the polishing was increased from a half unit to a full unit. They were very concerned that the registrant, who insisted throughout her submissions that she had provided two units of scaling and one-half unit of polishing, would agree to or condone amending the billing to something other than treatment performed. The perception was that the office wanted to augment the billing to compensate for the removal of the one unit of scaling. The Panel realized that ultimately the dentist was responsible for the billing in the dental office. However, once the registrant, or any regulated health professional, became aware of troubling billing practices, she/he should address the situation immediately and if it was not resolved, report it to the appropriate regulatory college. Therefore, the Panel directed that the registrant successfully complete an approved Ethics and Jurisprudence Course, at her own expense, within six months of the date of the decision.
- The next case related to allegations that a registrant did not fulfill her professional responsibilities in that she did not provide sufficient notice upon leaving her employment. The Panel was concerned that the registrant did not complete her two weeks notice, leaving after only working one week's notice. The Panel understood that the situation possibly happened in part because of the lack of direct or clear communication between both parties when discussing the offer of an additional week's notice. The Panel hoped that the registrant had learned from this incident about the importance of clear communication. Therefore, they agreed to take no further action on this matter.
- The seventh case dealt with allegations that a registrant provided duplicate dental hygiene services to the complainant's children shortly after they had attended at another dental office. The Panel was of the opinion that this matter related to a domestic matter between the children's parents. The registrant had spoken with the mother prior to treatment respecting the children's medical histories. This would imply that she had consent from a parent to treat the children. Therefore, the Panel agreed to take no further action with respect to this matter.
- Another case dealt with allegations that a registrant did not complete or reschedule periodontal charting. The Panel understood that some probing was performed at the appointment in question to

determine the periodontal condition. However, this was not recorded on the chart as a full periodontal probing was scheduled for the next appointment. This was outlined in the treatment plan. The registrant did not see the client at her next appointment. The Panel agreed that generalized probing would be sufficient to make a periodontal assessment and that it would be appropriate and not unusual to schedule a full periodontal probing for the next dental hygiene appointment. Based on their review of the record, they were satisfied that the registrant had provided comprehensive dental hygiene care and determined that no further action be taken.

- Three other cases related to referrals from the Quality Assurance Committee respecting non-compliance with the quality assurance program. In two cases, the Panel did not accept the registrants' submissions as adequate explanations for not adhering to their responsibilities as a regulated health professional. As the registrants subsequently complied, the Panel agreed that these matters did not warrant referrals to the Discipline Committee. However, they directed that both registrants be required to appear before them to be cautioned. In the other case, the registrant resigned from the CDHO. Therefore, the Panel took no further action.

Fitness to Practice Committee



Nancy Kitchen, RDH, Chair

Roula Anastasopoulos, RDH, NC
Carol Barr Overholt, RDH
Adam Esse, PM
Kathleen Feres Patry, RDH
Diane Greenwood, RDH
Linda Jamieson, RDH, E
Julia Johnson, PM
Shori Katyal, PM (as of May 2009)
Sam Laldin, PM
Cathie Mazal-Kuula, RDH
Derrick McLennon, PM
Inga McNamara, RDH
Heather Murray, RDH, NC
Carol Ono, RDH
Tote Quizan, PM (as of March 2009)
Sue Raynak, RDH, E (to June 2009)
Salam Rifai, PM
Jane Rowe, PM (to March 2009)
Shirley Silverman, RDH
Ilga St. Onge, RDH
Anne Venton, PM

The Fitness to Practice 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 practice safely.

Prior to June 2009, if the Registrar believed a registrant may be incapacitated, she would make appropriate inquiries and report the results to the Executive Committee, Part II. On June 04, 2009, changes to the *Regulated Health Professions Act, 1991* (RHPA) came into force and a new committee, the Inquiries, Complaints and Reports Committee (ICRC) was established to deal with all investigative matters, including incapacity proceedings.

The ICRC Committee may refer the matter to the Fitness to Practice 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.

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 Practice Committee in 2009.

Patient Relations Committee



Diane Greenwood, RDH, Chair

Adam Esse, PM
Julia Johnson, PM
Shori Katyal, PM (as of May 2009)
Lucy Pavao, RDH
Shirley Silvermann, RDH

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

- The members of the Patient Relations Committee met four times in 2009

Sexual Abuse Prevention Plan

- The CDHO Sexual Abuse prevention plan was reviewed and the committee recommended that the *Handbook on Sensitive Practice for Health Care Practitioners* be introduced to Registrants, Educators and Dental Hygiene Students. A workshop has been arranged for Council on January 28th 2010 that will include an evaluative component.

Cultural Differences

- Dr. L. Laroche provided an in-house workshop on cultural differences for Council and Administration on January 29 2009. This was to assist both Council and Administration in working with members of various cultures who choose to reside in Ontario.

Evaluation Template

- The Committee revised a template developed by the Ad Hoc Committee to evaluate Council/Committee projects. The template will be piloted in 2010.

Public Outreach

The College commissioned public polling research with Ipsos Reid. The survey was conducted to establish a baseline of current public awareness levels of oral health, the role of the dental hygienist and awareness of the CDHO and its mandate. The results showed that the public is receptive to messages about oral health and the additional roles in the RDH's professional scope.

- Council saw a significant need to enhance the Ontario public's understanding of the role of the CDHO to both inform them how to participate in College processes and programs, and, to build overall public awareness of the full range of services and professionalism that they should expect from their RDH. To fulfill these ambitious and long-term goals, Council approved a Public Education Plan at the October Council meeting to launch in January 2010. Three foundational messages were identified for the plan:
 1. Oral health comprises more than just teeth and gum care, and is key to your overall health.
 2. Your dental hygienist is the expert for preventive oral health care.
 3. The CDHO regulates the professional practice of dental hygienists to ensure all Ontarians receive high quality care.

- A new visual identity – a new logo and tagline – along with the redesign of the December issue of *Milestones* were the most visible indication of how the College is strategically redefining itself as an organization. Further outreach to Registrants will continue in 2010.

Pandemic Plan

- The CDHO put in place a pandemic plan that addresses both registrants and staff. The CDHO website was updated continually throughout the year with information about dealing with H1N1 flu virus.

Registrants Handbook

The Committee reviewed the *Registrants Handbook* in order to update prior to it appearing in electronic format in 2010.



Financial Statements

December 31, 2009

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2009

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2009

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AUDITORS' REPORT

To the College of Dental Hygienists of Ontario

We have audited the statement of financial position of the College of Dental Hygienists of Ontario as at December 31, 2009 and the statements of operations, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the College's management. 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 plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants
Licensed Public Accountants

Toronto, Canada
February 18, 2010

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
STATEMENT OF FINANCIAL POSITION

At December 31

2009

2008

ASSETS

Current

Cash	\$ 1,809,172	\$ 1,905,151
Short-term investments (cost - \$7,372,166; 2008 - \$3,426,114)	7,781,502	3,704,576
Accounts receivable	134,525	77,854
Prepaid expenses	51,882	135,118
	9,777,081	5,822,699
Long-term investments (Note 4)	1,967,281	5,636,172
Equipment and leaseholds (Note 5)	391,234	52,734
	\$ 12,135,596	\$ 11,511,605

LIABILITIES

Current

Accounts payable and accrued liabilities	\$ 109,114	\$ 52,372
Registration fees received in advance	2,211,700	1,990,800
Deferred labour mobility funding	-	40,473
	2,320,814	2,083,645

Commitments (Note 9)

NET ASSETS

Net assets invested in equipment and leaseholds	391,234	64,842
Unrestricted net assets	9,423,548	9,363,118
	9,814,782	9,427,960
	\$ 12,135,596	\$ 11,511,605

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 2009	Total 2008
Balance, beginning of year	\$ 52,734	\$ 9,375,226	\$ 9,427,960	\$ 8,802,738
Excess (deficiency) of revenues over expenses	(63,327)	450,149	386,822	625,222
Interfund transfer - invested in equipment	401,827	(401,827)	-	-
Balance, end of year	\$ 391,234	\$ 9,423,548	\$ 9,814,782	\$ 9,427,960

The accompanying notes are an integral part of the financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
STATEMENT OF OPERATIONS

Year ended December 31	2009	2008
Revenue		
Registration and examination fees	\$ 2,958,345	\$ 2,772,930
Labour mobility funding	3,624	27,289
	2,961,969	2,800,219
Expenses		
Salaries and benefits	1,003,992	980,504
Consulting	629,523	406,140
Stationary, postage and printing	227,050	228,660
Premises rent	189,678	148,991
Quality assurance	175,672	206,351
Professional member fees and expenses	135,182	183,190
Examination fees and expenses	122,040	114,112
Legal fees	88,120	185,895
General and administrative	76,324	69,111
Equipment rental, maintenance and computer software	46,871	51,306
Commission on dental accreditation	41,215	40,078
Audit	33,600	15,488
Telephone	25,208	28,526
Insurance	12,104	14,329
Grant	10,000	-
Labour mobility expenses	3,624	27,289
Amortization - equipment and leaseholds	63,327	20,338
	2,883,530	2,720,308
Excess of revenue over expenses before investment income	78,439	79,911
Investment income (Note 6)	308,383	545,311
Excess of revenue over expenses	\$ 386,822	\$ 625,222

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 **2009** **2008**

SOURCES (USES) OF CASH

Operating activities

Excess of revenues over expenses **\$ 386,822** **\$ 625,222**

Items not involving cash

Unrealized (gain) loss on bonds classified as held-for-trading **34,516** (131,053)

Amortization - equipment and leaseholds **63,327** 20,338

484,665 514,507

Changes in non-cash working capital items

Accounts receivable **(56,671)** (72,791)

Prepaid expenses **83,236** (30,408)

Accounts payable and accrued liabilities **56,742** 2,503

Registration fees received in advance **220,900** 344,175

Labour mobility funding **(40,473)** 40,473

Cash provided by operating activities **748,399** 798,459

Investing activities

Short-term investments matured **3,697,181** 3,300,985

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

Purchase of long-term investments **-** (2,413,948)

Acquisition of equipment and leaseholds **(401,827)** (8,230)

Cash provided by (used in) investing activities **(844,378)** 878,807

Net increase (decrease) in cash **(95,979)** 1,677,266

Cash, beginning of year **1,905,151** 227,885

Cash, end of year **\$ 1,809,172** \$ 1,905,151

Other cash flow information:

Long-term investments transferred to short-term **\$ 3,612,615** \$ 3,697,180

The accompanying notes are an integral part of the financial statements

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

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.

Labour mobility funding is recognized as revenue in the year in which the related expenses are incurred.

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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

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 will now be amortized over three years.

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. College 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.

4. Long-term investments

		Market value 2009	Market value 2008
This consists of Bonds and GICs as follows:			
Bank of Nova Scotia - GIC	\$300,000, 4.10% due December 9, 2011	\$ 300,741	\$ 300,741
Bank of Nova Scotia - GIC	\$328,466, 4.60% due June 21, 2011	385,005	368,073
CPN Province of Manitoba	\$521,963, 4.00% due September 5, 2011	507,818	488,349
CPN Province of Ontario	\$406,338, 4.40% due December 22, 2011	393,173	376,878
CPN Province of British Columbia	\$406,260, 4.60% due August 23, 2012	380,544	365,674
Reclassified to short-term investments, total face value \$3,769,613, interest range 3.72% to 4.5%, due 2010		-	3,736,457
		\$ 1,967,281	\$ 5,636,172

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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

5. Equipment and leaseholds

			2009	2008
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Equipment	\$ 16,096	\$ 5,356	\$ 10,740	\$ 8,740
Furniture	117,949	12,434	105,515	27,759
Computer equipment	62,920	46,516	16,404	14,020
Leasehold improvements	289,766	31,191	258,575	2,215
	\$ 486,731	\$ 95,497	\$ 391,234	\$ 52,734

Amortization expense for the year amounted to \$63,327 (2008 - \$20,338).

6. Investment income

	2009	2008
Interest on bonds and GIC's	\$ 342,899	\$ 414,258
Unrealized gain (loss) on bonds classified as held-for-trading	(34,516)	131,053
	\$ 308,383	\$ 545,311

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 2008.

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.

COLLEGE OF DENTAL HYGIENISTS OF ONTARIO
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

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, 2010	\$	77,600
2011		82,600
2012		82,600
2013		84,100
2014		88,500

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, 2010	\$	32,300
2011		27,400
2012		22,500
2013		12,500

