



# Governance Review Steering Committee (GRSC) Stakeholder Consultation Report

On Independence for CDAC

June 15, 2022





Dear Stakeholders:

This report presents recommendations to support the creation of the Commission on Dental Accreditation of Canada (“**CDAC**” or the “**Commission**”) as an independent organization. In 2016, the World Health Organization (“**WHO**”) and World Federation of Medical Educators (“**WFME**”) established guidelines for recognition of accreditors of health profession education programs. Foremost among those recommendations is the autonomy of the accreditation system. Today, CDAC operates as part of the Canadian Dental Association (the “**CDA**”). Over several years, work has been undertaken to establish CDAC as an organization that is independent of the professions, consistent with WHO and WFME guidelines.

In March 2021, CDAC formed the Governance Review Steering Committee (“**GRSC**”) to recommend a new governance structure for an independent CDAC. This report summarizes the recommendations of the GRSC, including:

- A governance and operating model for an independent CDAC
- A new funding model to help ensure financial sustainability for an independent CDAC
- A timeline of the process to form independent CDAC

Over the coming months, CDAC will present the recommendations in this report to various stakeholders and seek input. Please reach out if you want to receive a presentation. If you wish to submit your feedback in writing to CDAC, please do so by sending a letter **on or before September 23, 2022** to:

CDAC Governance Review Steering Committee  
Care of Frédéric Duguay, Director, CDAC  
[fduguay@cdac-cadc.ca](mailto:fduguay@cdac-cadc.ca)  
1 (866) 521-2322

Your letter will be kept confidential by CDAC and the GRSC. CDAC and the GRSC encourage the feedback of all stakeholders - your thoughts are important.

We look forward to hearing from you before September 23, 2022.

Yours truly,

A handwritten signature in black ink, appearing to read 'Arun Misra', is positioned above the printed name.

Arun Misra, Chair, GRSC  
June 15, 2022

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## ACRONYMS

<b>Association of Canadian Faculties of Dentistry</b>	<b>ACFD</b>
<b>Bachelor of Dental Surgery</b>	<b>BDS</b>
<b><i>Canada Not-for-profit Corporations Act</i></b>	<b>CNCA</b>
<b>Canadian Dental Assisting Regulatory Authorities</b>	<b>CDARA</b>
<b>Canadian Dental Association</b>	<b>CDA</b>
<b>Canadian Dental Regulatory Authorities Federation</b>	<b>CDRAF</b>
<b>Commission on Dental Accreditation of Canada</b>	<b>CDAC</b>
<b>Commission on Dental Accreditation of the American Dental Association</b>	<b>CODA</b>
<b>Dental Assisting Regulatory Authorities</b>	<b>DARAs</b>
<b>Dental Hygiene Regulatory Authorities</b>	<b>DHRAs</b>
<b>Dental Regulatory Authorities</b>	<b>DRAs</b>
<b>Doctor of Dental Surgery</b>	<b>DDS</b>
<b>Doctor of Medicine in Dentistry</b>	<b>DMD</b>
<b>Federation of Dental Hygiene Regulators of Canada</b>	<b>FDHRC</b>
<b>Governance Review Steering Committee</b>	<b>GRSC</b>
<b>Regulatory Authorities</b>	<b>RAs</b>
<b>National Dental Assisting Examining Board</b>	<b>NDAEB</b>
<b>National Dental Examining Board of Canada</b>	<b>NDEB</b>
<b>World Federation of Medical Educators</b>	<b>WFME</b>
<b>World Health Organization</b>	<b>WHO</b>



## STAKEHOLDER CONSULTATION REPORT

### EXECUTIVE SUMMARY

The GRSC has recommended the formation of CDAC as an independent entity under the *Canada Not-for-profit Corporations Act*. Key recommendations include:

- An 11-member board with representation across stakeholders, including designated representatives for ACFD, FDHRC, CDRAF, CDARA, NDEB and NDAEB and one member of the public
- Robust governance practices, including term limits, cooling off periods and a written Code of Conduct
- A new operating model, including a separate Standards Review Committee and four Accreditation Review Committees (for dentistry, dental hygiene, dental assisting and health facilities / internships)
- A committed change in practice to provide access to accreditation review reports to provincial regulatory authorities
- A new funding model, with committed / contracted funding over 5-year terms from regulatory authorities and national examining and certification boards, as well as increased cost recoupment from educational programs for the conduct of survey visits and related administrative costs

### WHAT DOES CDAC DO?

CDAC accredits oral health education programs in Canada, including programs for aspiring dentists, dental specialists, dental interns/residents, dental hygienists and dental assistants.

Accreditation in the health professions is the formal evaluation of an educational program, institution, or system against defined standards by an external body for the purposes of quality assurance and continuous enhancement.<sup>1</sup> Trained external peer reviewers evaluate the compliance of health care

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<sup>1</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Global Health; Global Forum on Innovation in Health Professional Education. (2017). Exploring the Role of Accreditation in Enhancing Quality and Innovation in Health Professions Education: Proceedings of a Workshop. Washington D.C.: The National Academies Press. Retrieved from [https://www.ncbi.nlm.nih.gov/books/NBK435965/pdf/Bookshelf\\_NBK435965.pdf](https://www.ncbi.nlm.nih.gov/books/NBK435965/pdf/Bookshelf_NBK435965.pdf)

educational programs and services against pre-established performance standards. This evaluation supports the interests of diverse stakeholders, including the public.

Today, CDAC brings together organizations representing oral health care professionals, educators, regulators, and examining and credentialing bodies. These organizations have common objectives of helping new graduates prepare to enter their professions and meeting expectations for licensure and continuing safe practice.

CDAC's review process for educational programs and dental services include structured survey visits following the program's self-evaluation. These processes involve collecting detailed information in a specified format in accordance with internationally accepted processes and procedures. Programs and services meeting or exceeding CDAC's accreditation standards are granted accredited status. Once a program receives accreditation, its ongoing accredited status is subject to annual reporting and is reviewed by CDAC on a pre-determined cycle.

CDAC has had reciprocal agreements with the Commission on Dental Accreditation of the American Dental Association ("CODA") since 1956. These agreements currently include pre-doctoral and specialty dentistry, dental hygiene and dental assisting programs. At the request of the dental regulatory authorities, CDAC established reciprocal agreements with the Australian Dental Council in 2010 (BDS and DDS only), the Dental Council of New Zealand in 2011 (BDS only) and the Dental Council of Ireland (BDS) in 2012. These agreements are renewable every 5 years.

## HISTORY OF ORAL HEALTH ACCREDITATION IN CANADA

In 1952, the first Doctor of Dental Surgery (DDS) program in Canada was accredited. Accreditation for dental hygiene programs commenced in 1963. Dental assisting programs began to receive accreditation status in 1972. That same year, orthodontics was the first specialty program to be accredited. Other programs followed and there are now ten recognized dental specialty programs in Canada:

Dental Public Health	Oral Radiology
Endodontics	Orthodontics
Oral and Maxillofacial Surgery	Pediatric Dentistry
Oral Medicine	Periodontics
Oral Pathology	Prosthodontics

The first health facility offering dental services was accredited in 1974. General Practice Residencies were first accredited in 1980.

Until 1989, the CDA, through the CDA's Council on Education and Accreditation, was responsible for accrediting dental and dental related education programs. In 1989, the CDA's Council on Education and Accreditation was separated into two bodies: the Council on Education and the Council on Accreditation, both reporting to the CDA Board of Governors. In 1990, CDAC was established as a semi-autonomous commission operating within the CDA. Although there was a move to establish separate accreditation bodies for dental hygiene and dentistry in 2001, CDAC remained under the auspices of the CDA.



Through the 1990s and 2000s, CDAC continued to evolve. For example, in 2012, CDAC conducted a pilot survey visit of the 1 Dental Unit Detachment in Trenton, Ontario to determine if CDAC could be mandated to evaluate and accredit Canadian Armed Forces dental clinics.

Former Chairs of the Commission include Drs. Arthur Schwartz, Kevin Roach, Evelyn McNee, Claude Lamarche and Amarjit Rihal.

As of 2022, CDAC accredits 161 oral health education programs and facilities. This includes:



## IMPORTANCE OF INDEPENDENCE

In 2016, the World Health Organization (WHO) and the World Federation of Medical Educators (WFME) established guidelines for recognition of accreditors of health professional education programs. Foremost is the autonomy of the accreditation system to ensure the independence of its quality assessment from government, educational programs and the professions. In its current form, CDAC meets all WFME criteria, other than independence from the CDA.

A project was commenced by CDAC to become independent, and in so doing, fulfil all WFME criteria. As part of this effort, in March 2021 CDAC approved the Terms of Reference and membership for the Governance Review Steering Committee. The GRSC Terms of Reference are attached as Appendix 1.

The GRSC, consisting of Ms. Caroline Daoust (CDRAF), Mr. Frédéric Duguay (CDAC), Dr. Christopher Fennell (Public Member), Dr. Jim Lai (ACFD), Dr. Debora Matthews (CDAC), Dr. Arun Misra (Chair, CDARA), Dr. Amarjit Rihal (CDAC), Ms. Diane Thériault (FDHRC), and, Ms. Susan vander Heide (NDAEB), were charged with recommending a new governance structure to CDAC to achieve independence. The GRSC has developed recommendations for by-laws, board composition, operational structure, a funding model and related matters. The GRSC's recommendations are contained in this report.

Please note that while the GRSC includes representatives of certain stakeholder organizations, the GRSC's recommendations reflect a consensus of the committee and may not be identical to the views of those organizations.

## **GOVERNANCE MODEL FOR AN INDEPENDENT CDAC**

### ***Vision and Mission Statement***

An independent CDAC's proposed vision and mission statement is:

#### **Vision**

Excellence in professional oral  
health education through  
accreditation

#### **Mission Statement**

CDAC develops and implements  
accreditation standards that monitor  
quality assurance and promote  
innovation in oral health education  
programs and health facilities in the  
interest of its stakeholders, including  
the public



## Values

The GRSC has proposed core values for an independent CDAC:

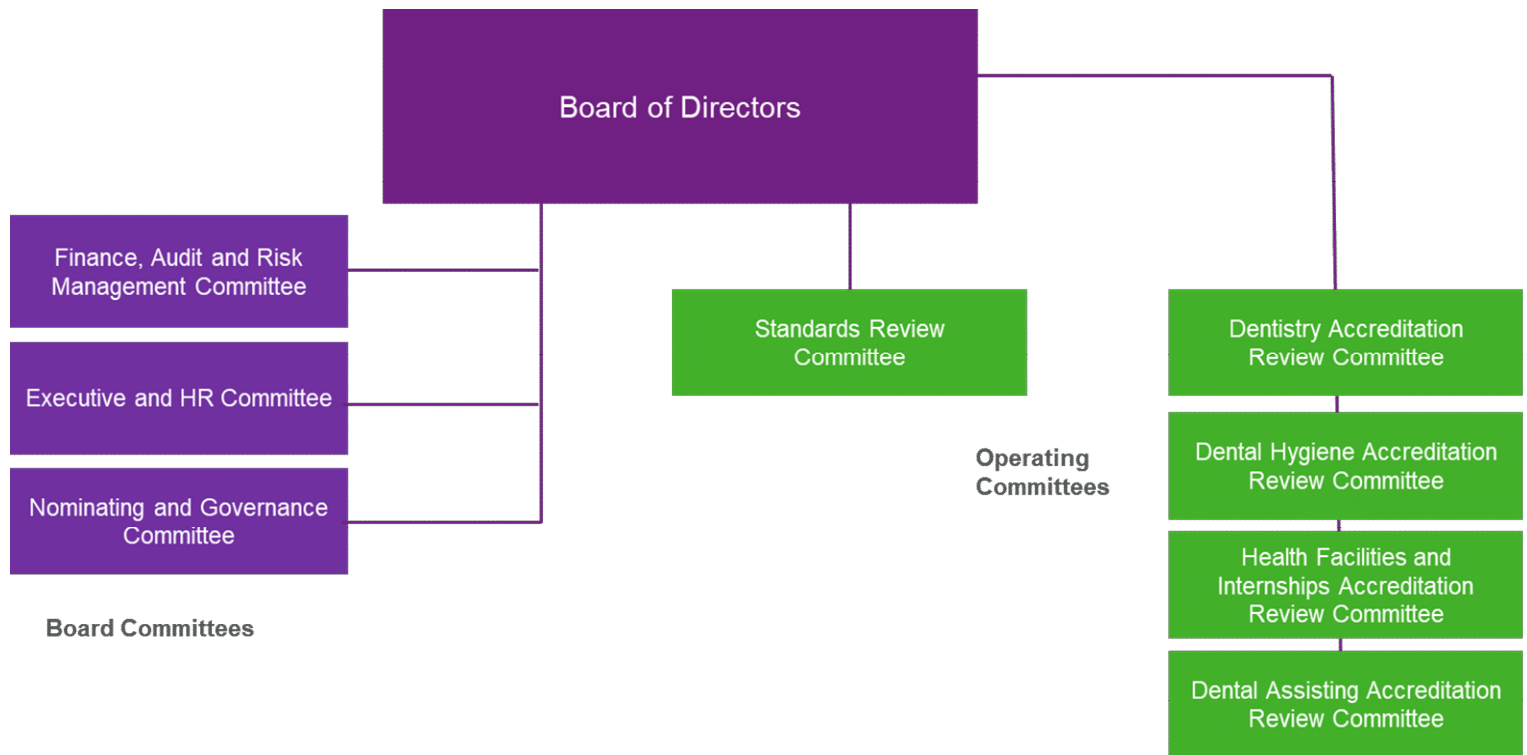


## Overall Structure

CDAC will be formed as a not-for-profit corporation under the *Canada Not-for-profit Corporations Act* (the “CNCA”).

The business and affairs of an independent CDAC will be managed and supervised by its CDAC's board of directors. The proposed overall organizational structure of an independent CDAC is illustrated below:

### Board / Operating Committee Structure:



The board of directors of CDAC will be responsible for strategy, governance, approving the annual budget and business plan of CDAC, ensuring the overall independence, quality and fairness of the accreditation process, and overseeing global reciprocity agreements, among other matters. The board will be required to approve any material change to CDAC's accreditation standards.

The board of directors will be assisted in carrying out its functions by board committees. The three standing board committees will be: the Finance, Audit and Risk Management Committee (the "**Audit Committee**"), the Executive and Human Resources Committee (the "**Executive Committee**") and the Nominating and Governance Committee. Each board committee will be comprised solely of CDAC directors.

An independent CDAC's core operations will be carried out through a Standards Review Committee and four Accreditation Review Committees (the "**Operating Committees**"). These Operating Committees may include members of dental professions and the public, including persons involved in these functions with CDAC in its current form. The board of directors will ultimately determine the operating structure of an independent CDAC, so this structure will be fluid over time.

### Stakeholders and the Board of Directors

An independent CDAC's board of directors will be central to the governance of the overall organization. The GRSC's recommendations for the composition of the board are driven by a consideration of the stakeholders of an independent CDAC. Fundamentally, GRSC's philosophy in recommending a governance model for an independent CDAC is founded on identifying the stakeholders of the organization, and ensuring those stakeholders have a role and voice on the board.

The GRSC determined that the primary stakeholders of an independent CDAC are:

- **educational organizations** (comprising both educators and students),
- **regulatory authorities,**
- **examining and certification boards,**
- **health facilities and organizations that support internships,** and,
- **the public.**

**A stakeholder is a person or entity whose interests are affected by the decisions of the organization**

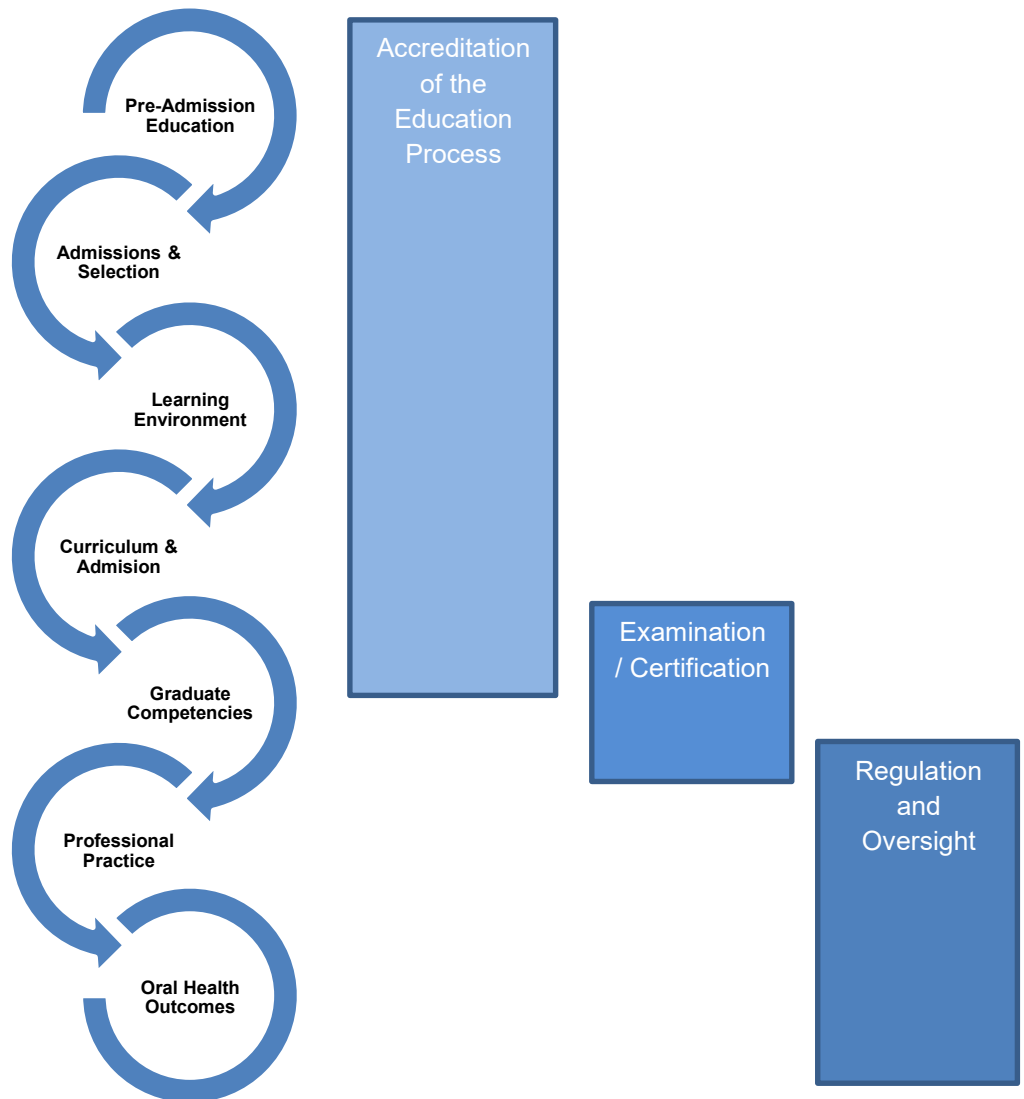
This is consistent with academic findings on ensuring quality health outcomes. The International Health Professions Accreditation Outcomes Consortium notes that educators, accreditation bodies, national examination and credentialing boards, and provincial regulatory authorities all play a role in ensuring optimal oral health of Canadians.<sup>2</sup> By ensuring minimum requirements are met, accreditation has been shown to decrease variation in education and practice and promote adoption of accepted innovations.<sup>3</sup> Through both quality assurance and continuous quality improvement, accreditation influences the quality of learner selection, curriculum content, teaching activities, learning environments, assessment systems, and ultimately the competence and practice of graduates. In Canada, national examinations act as a further measure of graduate competence prior to licensure and clinical practice. Regulators are the final gate keepers in this process to ensure Canadians received optimal and safe oral health care. All of these stakeholders play an important, but slightly different role along the 'quality health outcome chain'.

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<sup>2</sup> Frank, J. R., Taber, S., Van Zanten, M., Scheele, F., Blouin, D., & International Health Professions Accreditation Outcomes Consortium. (2020). The Role of Accreditation in 21st Century Health Professions Education: Report of an International Consensus Group. BMC Medical Education, (Suppl 1), 305. Retrieved from <https://rdcu.be/cPosn>

<sup>3</sup> Greenfield, D., & Braithwaite, J. (2008). Health sector accreditation research: a. International Journal for Quality in Health Care, 20(3), 172-183. Retrieved from [https://www.researchgate.net/publication/5512011\\_Health\\_sector\\_accreditation\\_research\\_A\\_systematic\\_review](https://www.researchgate.net/publication/5512011_Health_sector_accreditation_research_A_systematic_review)

Accreditation connects the links in the quality chain of the health professions.



*Illustration adapted from J. Frank et al. International Health Professions Accreditation Outcomes Consortium 2020.*



The GRSC's guiding principle in recommending a board structure for an independent CDAC is that **the board should reflect the interests, needs, priorities and aspirations of an independent CDAC's interlinked stakeholders**. Other factors considered by the GRSC in formulating the recommended composition of the board of directors include:



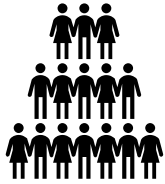
- Ensuring that the board includes a breadth and depth of relevant skills and experience
- Having a board that is an optimal size – not too large and not too small – to be efficient and encourage engaged decision-making

- Creating a board that reflects, not just the CDAC of today, but an organization that will continue to evolve in the future
- Representation of current principal sources of funding
- Diversity and inclusion

### ***Recommended Board Composition***

Based on this, the GRSC recommends an 11-person board consisting of the following nominees that will be reflected in the by-laws of an independent CDAC:

<b>Stakeholder</b>	<b>Board Nominees</b>
<b>Educational organizations</b> 	<p><b>Three board members</b>, consisting of:</p> <ul style="list-style-type: none"><li>• One representative of dental hygiene educators (the <b>“Dental Hygiene Educational Program Board Representative”</b>)</li><li>• One representative of dental assisting educators (the <b>“Dental Assisting Educational Program Board Representative”</b>)</li><li>• One representative of dental educators nominated by the Association of Canadian Faculties of Dentistry (<b>“ACFD”</b>)</li></ul> <p>Following an open call for nominations, the Dental Hygiene Educational Program Board Representative and Dental Assisting Educational Program Board Representative will be selected by the CDAC board, after receiving the recommendations of the Nominating and Governance Committee</p>
<b>Regulatory authorities</b> 	<p><b>Three board members</b>, consisting of:</p> <ul style="list-style-type: none"><li>• One representative of dental hygiene regulatory authorities nominated by the Federation of Dental Hygiene Regulators of Canada (<b>“FDHRC”</b>)</li><li>• One representative of dental regulatory authorities nominated by the Canadian Dental Regulatory Authorities Federation (<b>“CDRAF”</b>)</li><li>• One representative of dental assisting regulatory authorities nominated by the Canadian Dental Assisting Regulatory Authorities (<b>“CDARA”</b>)</li></ul>

Stakeholder	Board Nominees
<p><b>Examining and certification boards</b></p> 	<p>Persons serving as nominees will be selected by the named organizations, but must be independent of the organization (the nominee must not be an employee of the nominating organization)</p> <p><b>Three board members</b>, consisting of:</p> <ul style="list-style-type: none"> <li>• One nominee selected by the National Dental Examining Board of Canada (“<b>NDEB</b>”)</li> <li>• One nominee with examining / certification expertise selected by the FDHRC</li> <li>• One nominee selected by the National Dental Assisting Examining Board (“<b>NDAEB</b>”)</li> </ul> <p>Nomination rights of each of these organizations will be conditional on the organization’s recognition of CDAC’s accreditation process, and reciprocity for a CDAC representative on the organization’s board (or other reciprocity arrangements that are acceptable to CDAC’s board)</p> <p>Persons serving as nominees will be selected by the named organizations, but must be independent of the organization (the nominee must not be an employee of the nominating organization)</p>
<p><b>Health facilities and internships</b></p> 	<p><b>One board member</b> (the “<b>Health Facilities / Internships Board Representative</b>”) who must practice or have other relevant expertise in an area that encompasses health facilities or internships</p> <p>Following an open call for nominations, this board member will be selected by the CDAC board after receiving the recommendations of the Nominating and Governance Committee</p>
<p><b>The public</b></p> 	<p><b>One board member</b> (the “<b>Public Board Representative</b>”)</p> <p>Following an open call for nominations, this board member will be selected by the CDAC board after receiving the recommendations of the Nominating and Governance Committee. In order to help ensure a diversity of views, this</p>

## Stakeholder

## Board Nominees

	board member must not be associated with any of the nominating organizations listed above
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In addition, in order to fill knowledge or experience gaps on the board, it will be possible for a majority of the board to appoint a maximum of three “associate members” who will participate in board and/or board committee meetings in a non-voting capacity. These individuals will not be directors but will be expected to meaningfully contribute to the board’s activities.

There will be no so-called “ex officio” board members.

During a director’s term, the director may be removed by a vote of a majority of the members of CDAC, consistent with the provisions of the CNCA. The board will recommend and act to facilitate a vote of this nature if the director is determined by a majority of the board to have materially breached CDAC’s Code of Conduct. A director removed in this manner will no longer be qualified to act as a director of CDAC.

If a board position that is earmarked for a specific organization becomes absent (other than a result of the end of the director’s term), the organization will have the right to designate an individual to fill the absence, who will serve for the remainder of the original director’s term. If the board position for the Dental Hygiene Educational Program Board Representative, the Dental Assisting Educational Program Board Representative, the Health Facilities/Internships Board Representative or the Public Board Representative becomes absent (other than a result of the end of the director’s term), the board may act to fill that vacancy, after receiving the recommendations of the Nominating and Governance Committee, for the remainder of the original director’s term.

### ***Other Governance Features***

The GRSC has also recommended the following governance practices that will be reflected in the by-laws of an independent CDAC:

- **Chair and Vice-Chair:** Independent CDAC’s board of directors will have both a Chair and a Vice-Chair. Both the Chair and the Vice-Chair must be board members. The Chair and Vice-Chair will each be selected by the vote of at least a majority of the directors. The Chair and Vice-Chair will each serve for two-year terms, renewable once (so the maximum term for the Chair or Vice-Chair will be four consecutive years).
- **Director Term Limits:** Directors will have three-year terms, renewable once (so the maximum term for a director will be six consecutive years). An additional renewal term will be permitted for a director who is serving or who has then been elected Chair or Vice-Chair (so the maximum term for a person in this situation will be nine consecutive years).
- **Cooling-Off Period:** Where term limits apply to chair, board, board committee or Operating Committee roles, a member who has reached the maximum term limit will again become eligible to serve if they have not held the applicable role for a period of at least three years.

The GRSC has also recommended certain policies that, as is customary, would not be contained in an independent CDAC’s by-laws, but would be a matter of board policy. These further recommendations are:

- **Board Mandate:** The board of directors will operate under a written mandate or charter, which will be approved by the board in accordance with the CDAC's incorporating documents. This written mandate will set out the core organizational policies and processes for CDAC. The mandate will include a requirement that the board of directors must approve any significant change to CDAC's accreditation standards.
- **Code of Conduct:** All members of the board of directors, as well as members of any Operating Committee or peer review committee and CDAC staff, will be required to comply with a written Code of Conduct. The Code of Conduct will address conflicts of interest, confidentiality, and minimum attendance requirements for board members, among other matters. The Code of Conduct will provide that directors will abstain from involvement in decisions that relate to the accreditation of their organization, if applicable, and from decisions that relate to their organization's funding contract with CDAC, if any. The Code of Conduct will be created and approved by the board of directors of CDAC.
- **Board Orientation:** The board will adopt a formal orientation programs for all members, including familiarization with corporate governance policies as well as financial matters.
- **Board Compensation:** Subject to the articles, by-laws, and any unanimous member agreements, Board members will receive compensation for any services to CDAC that are performed in any other capacity and expense coverage that is consistent with that offered by similar non-profit organizations. Board members who are appointed by specific organizations may be required to contribute their board compensation to their organization or may elect to waive receipt of their compensation.

Since these approaches would be a matter of board policy, they can be expected to change and evolve over time.

### ***Composition of Board Committees***

The CDAC board of directors will be assisted by board committees. Board committees will recommend courses of action to the board, but the ultimate authority for decisions of a material nature will reside with the board. Each board committee will be comprised solely of board members. The permanent board committees of an independent CDAC will include the Audit Committee, the Executive Committee and the Nominating and Governance Committee.

Each board committee will operate under a written mandate that will be approved by the board of directors.

#### **Audit Committee**

The Audit Committee will consist of three CDAC directors. The Chair of the CDAC board of directors will also have the right to join any Audit Committee meeting in a non-voting capacity.

The chair of the Audit Committee will be selected by a majority of the voting members of the Audit Committee.



### **Executive Committee**

The Executive Committee will consist of the Chair of CDAC's board plus three additional directors. All four members of the Executive Committee will have the right to vote on committee business.

The Chair of the board of directors will also be the chair of the Executive Committee.

### **Nominating and Governance Committee**

The Nominating and Governance Committee will consist of the Chair and the Vice-Chair of the board of directors of CDAC and two other directors. All four members of this committee will have the right to vote on committee business.

The Vice-Chair of the board of directors will be the chair of the Nominating and Governance Committee.

All permanent board committees will have the right to engage outside experts at CDAC's expense.

Since committee composition would be a matter of board policy, CDAC's approach may change and evolve over time.

### **Members**

A non-share capital corporation under the CNCA does not have shareholders. Instead, under the CNCA, CDAC will be required to have members. The members of a corporation have certain rights and responsibilities under the CNCA. At least one class of members must have a right to vote, including on fundamental changes to the corporation and by-law amendments. Members have the right to make proposals, including a proposal to make, amend or repeal by-laws, and to requisition a meeting of members. Members have the right to receive the financial statements of CDAC and its accountants' report. Absent provisions of the by-laws that prescribe how directors are selected, members have the right to elect directors. As noted above, it is proposed that the by-laws would prescribe the selection of directors.

The members of an independent CDAC are proposed to include those organizations with board nomination rights, as follows:

- Association of Canadian Faculties of Dentistry (ACFD)
- Federation of Dental Hygiene Regulators of Canada (FDHRC)
- Canadian Dental Regulatory Authorities Federation (CDRAF)
- Canadian Dental Assisting Regulatory Authorities (CDARA)
- National Dental Examining Board of Canada (NDEB)
- National Dental Assisting Examining Board (NDAEB)

In addition, since there are identified stakeholders that do not have a representative organization, the following individuals elected to the board from time to time will also serve as members:

- The Dental Hygiene Educational Program Board Representative
- The Dental Assisting Educational Program Board Representative
- The Health Facilities / Internships Board Representative
- The Public Board Representative

### ***Future Changes***

It is important to note that any elements of the articles or by-laws of an independent CDAC may be changed by a vote of its members in compliance with the provisions of the CNCA. Accordingly, the recommendations described in this report would be reflected at inception of an independent CDAC only and may change over time.

### ***Operating Model***

The GRSC believes that the substantive operations of CDAC have historically been, and are currently, carried out efficiently and effectively, with a high degree of rigour and independence. The GRSC has crafted recommendations for CDAC operations that seek to maintain the quality standards that have historically been achieved by CDAC.

As currently envisioned, an independent CDAC's operations will be carried out by two separate "arms":

- **Standards Review Committee:** The mandate of the Standards Review Committee will be to establish, monitor and update accreditation processes; develop and update standards according to the relevant profession or health facility; establish the accreditation cycle; and monitor trends in accreditation standards and processes. Any significant change in accreditation standards that is recommended by the Standards Review Committee would be subject to the approval of CDAC's board of directors. The Standards Review Committee will be comprised of ten members appointed by CDAC's board of directors, including three members who are educators; three members drawn from regulatory authorities; three members drawn from examining or certification bodies; and one public member. To enhance communication, at least one of the members of the Standards Review Committee will be selected from among the members of CDAC's board of directors. The Standards Review Committee would work on a fixed annual cycle to review and update standards, including for seeking written comment on proposed changes and other input from stakeholders. The committee may have one or more sub-committees that will focus on discrete tasks or issues, including at inception a Documentation Sub-Committee but potentially in the future including a technology / innovation sub-committee.
- **Accreditation Review Committees:** Accreditation Review Committees are struck to provide accreditation reviews to specific organizations in order to maintain or attain CDAC accreditation. Accreditation Review Committees would be comprised of the following members:

<b>Dentistry Accreditation Review Committee (10 members)</b>	One public member sourced through a call for nominations and selected by the CDAC board of directors
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	<p>Five representatives selected by the Association of Canadian Faculties of Dentistry (ACFD):</p> <ul style="list-style-type: none"> <li>• One with Dean level experience</li> <li>• Two from an accredited DDS/DMD program</li> <li>• Two from an accredited specialty program</li> </ul> <p>Two representatives selected by the Canadian Dental Regulatory Authorities Federation (CDRAF)</p> <p>Two representatives selected by National Dental Examining/Credentialing bodies</p>
<b>Dental Hygiene Accreditation Review Committee (8 members)</b>	<p>One public member sourced through a call for nominations and selected by the CDAC board of directors</p> <p>Two representatives selected by the Federation of Dental Hygiene Regulators of Canada (FDHRC)</p> <p>Two representatives with examining / certification expertise selected by the FDHRC</p> <p>Three educators sourced through a call for nominations and selected by the CDAC board of directors</p>
<b>Dental Assisting Review Committee (8 members)</b>	<p>One public member sourced through a call for nominations and selected by the CDAC board of directors</p> <p>Two educators sourced through a call for nominations and selected by the CDAC board of directors</p> <p>Two representatives selected by the Canadian Dental Assisting Regulatory Authorities (CDARA)</p> <p>Two representatives selected by the National Dental Assisting Examining Board (NDAEB)</p>

	One dentist with dental assisting educational experience sourced through a call for nominations and selected by the CDAC board of directors
<b>Health Facilities / Internships Review Committee (6 members)</b>	<p>Two persons with experience / expertise in health facilities, sourced through a call for nominations and selected by the CDAC board of directors</p> <p>Two persons with experience / expertise in internships, sourced through a call for nominations and selected by the CDAC board of directors</p> <p>One dental hygienist sourced through a call for nominations and selected by the CDAC board of directors</p> <p>One public member sourced through a call for nominations and selected by the CDAC board of directors</p>

Each Accreditation Review Committee will select a chair from among its members. The term for each member of the Accreditation Review Committees will be three years, renewable once (so a member can serve for a maximum of six consecutive years). Where members of Accreditation Review Committees are selected by the CDAC board of directors, the selection process will follow a review and recommendations from the Executive Committee of the board.

All CDAC directors, members of any Accreditation Review Committee and Standards Review Committee will be required to agree to CDAC's Code of Conduct, which will prohibit the director or member from participating in any accreditation review for their own organization. **Specifically, members of the CDAC board of directors will not be eligible to sit on any Accreditation Review Committee. This is a shift from the current governance structure, but essential to ensure impartiality and independence of accreditation decisions.** Members of any peer review committee will also not be permitted to act on any accreditation process in relation to their own organization.

In the case of a manifest error of an Accreditation Review Committee, there will be a right to an appeal process designed by the CDAC board of directors.

**A further important change in process will involve the transparency of accreditation review reports. These reports will be made available, on the request of the regulatory authority in any province, to that regulatory authority.** The regulator's provincial jurisdiction will not play a role in its ability to obtain access to complete reports. Full disclosure will allow regulators to enhance their relationships with Fairness Commissioners and respond to any issues raised regarding registration practices. It will be a best practice, but not mandatory, for the regulator to request a meeting with CDAC to help understand the report.

The Accreditation Review Committees and the Standards Committee will be co-ordinated and supported by CDAC staff, including CDAC's executive director. CDAC's executive director will be appointed from time to time by the CDAC board of directors. The Executive Committee of the board of directors will be the primary interface between the board of directors and CDAC's executive director.

Because operational matters are in the discretion of the board of directors, the board of directors of an independent CDAC may change these approaches over time.

## **FUNDING MODEL**

### ***History of CDAC's Funding Model and Funding Sources***

Today, CDAC's revenue stream is derived from three major funding sources: regulatory authorities, national examining boards, and educational programs. Since CDAC began operations as the Commission on Dental Accreditation of Canada in the 1990s, the funding model has remained mostly unchanged. Prior to 1992, Dental regulatory authorities ("**DRAs**") were contributing funds to the Canadian Dental Association to support certain services offered by CDA, which included accreditation of educational programs. In 1992, these contributions were directed to CDAC solely to support the accreditation process. Contributions from DRAs, both to the CDA (prior to 1992) and to CDAC were, and still are, calculated based on an amount per registrant. Funding is then received from each DRA based on the numbers of registrants in its province.

In 1993, dental hygiene regulatory authorities ("**DHRAs**") started contributing to CDAC to support accreditation. Dental assisting regulatory authorities ("**DARAs**") followed in 1996. As with DRA contributions, contributions from DHRAs and DARAs are calculated using an amount per registrant.

In the late 1990s through the early 2000s, CDAC started receiving contributions from the national examining organizations for dentistry (NDEB), dental specialties (RCDC), dental hygiene (NDHCB) and dental assisting (NDAEB).

In establishing its yearly expense and revenue budgets, CDAC has used the following approach:

1. Establish the financial needs of CDAC for the year, based on:
  - a. Survey visits (per discipline)
  - b. Attendance at meetings (per discipline)
  - c. Administrative costs (salaries, benefits, support services, etc.)
2. Determine revenue (contributions) from examining boards and program fees (per discipline)
3. Calculate the deficit between financial needs, on the one hand, and revenue from examining board contributions plus program fees, on the other hand
4. Establish the percentage of administrative costs for each discipline (based mainly on the number of programs for each discipline)
5. Determine the contributions required from DRAs, DHRAs and DARAs

The process for determining CDAC's budget has evolved over the years based on a variety of factors. There is no rationale stating that the methodology above is the only way or the best way of funding the organization.

### ***Challenges Created by the Current Funding Model***

The number and the cost of CDAC activities (survey visits, meetings, conferences, etc.) can vary greatly from year to year and has led to budgets which vary annually. This degree of variability presents difficulties for our stakeholders, particularly regulators, with their own financial planning.

In addition, developing a budget based solely on activities for the upcoming year presents challenges for CDAC's middle and longer-term planning. It limits CDAC's ability to improve processes and services, evolve and modernize its activities, ensure adequate human resources are in place to support increased accreditation activity, or promote CDAC's accreditation services.

### ***Looking Forward***

The GRSC was mandated with developing a stable and sustainable financial base for an independent CDAC. The proposed model was developed with the following principles in mind:

- **Stability.** It was determined that a model of committed / contracted funding over five-year terms would allow for consistent revenues for CDAC and facilitate budget planning for CDAC's sources of funding and revenue.
- **Accountability and Transparency.** CDAC's accreditation processes provide regulatory authorities with important insights into various educational programs. In view of this, confidential accreditation survey reports should be available upon request to regulatory authorities.

### ***Expenses***

CDAC developed the expense side of its financial model using the services of an independent financial consultant with experience in the non-profit sector. The financial needs of an independent CDAC include administrative costs (including human resources costs such as salaries and benefits; accounting and financial services; HR management; IT support, development, and maintenance of a website; rental of space, equipment, and furniture; supplies, software licenses, etc.) and governance costs.

The costs for a new governance model are primarily related to an increase in the number and frequency of meetings of an independent CDAC's board and its committees and to ensure adequate human resources are in place. CDAC has traditionally held only one meeting per year for the Commission and each of the four accreditation review committees. To ensure an independent CDAC operates effectively, it is anticipated the following annual meetings will be required.

- Board of Directors (2 in-person, 2 virtual)
- Board Committees
  - Finance, Audit and Risk Management Committee (1 in-person, 3 virtual)
  - Executive and Human Resources Committee (1 in-person, 5 virtual)
  - Nominating and Governance Committee (1 in-person, 3 virtual)
- Operating Committees
  - 4 Accreditation Review Committees (1 in-person, 1 virtual per committee)

- Standards Review Committee (1 in-person, 1 virtual)

For year 1 2023, the total additional cost to establish an independent CDAC is estimated at approximately \$450,000; this is a 34% increase over the most recent pre-COVID-19 pandemic budget.

In early 2022, a CDAC working group explored the feasibility of developing and implementing a “Hybrid Model of Accreditation” survey visits as a means of reducing expenses moving forward. The working group determined there are some components of the virtual model that could be maintained; however, the expense of additional human resources required to manage virtual visits off-set any cost savings related to travel and accommodation for virtual or hybrid models.

Therefore, expense calculations for the proposed financial model for an independent CDAC assumes accreditation survey visits will be conducted in-person, with minor modifications drawn from the virtual model used in 2021 and 2022.

### ***Revenue Streams***

Revenue models from other regulated accredited professions were explored. There is no specific model which mirrors that of CDAC; nor is there a Canadian equivalent that involves three professions (dentistry, dental hygiene, and dental assisting). The revenue streams vary between professions, but none present with novel or unexpected sources of revenue. Canadian accreditation bodies for Pharmacy, for Audiology and Speech Pathology and for Dietetics are all funded by regulatory authorities, associations, and educational programs. Accreditation of law programs is funded entirely by the profession’s national regulator, the Federation of Law Societies of Canada. Engineering programs are funded by their regulator (Engineers Canada) and affinity programs. Medical programs are funded by educational programs and by the Canadian Medical Association. Our American equivalent, the Commission on Dental Accreditation, is a federally mandated organization and funded entirely by educational programs.

Alternate funding sources were explored, each with its own set of challenges:

- Changing to a model where educational programs are the only funder is unrealistic, as college and university budgets have simply not kept pace with the cost of running current programs. In some jurisdictions, any proposed increase in fees for programs could be passed on to students as a separate “accreditation fee” or an increase in tuition. However, there are often limitations imposed by provincial regulation and/or university policies that prevent this outcome.
- Provincial regulators contribute based on their numbers of registrants; CDAC could decide to directly bill Canadian dentists, dental hygienists, and assistants in lieu of billing regulators. However, as there is currently no mechanism for this, significant resources would be required for a change in practice of this magnitude.
- Accreditation of international programs is another potential source of revenue. Again, this would require significant upfront investment and would need to be explored over time by the new board of directors of independent CDAC.

## ***Proposed Financial Model***

The proposed financial model for an independent CDAC is developed on the understanding that the current funding partners (regulatory authorities, examining boards, and educational programs) remain unchanged. There are changes to the determination of stakeholders' contributions as outlined below.

### **Examining Boards (NDEB, FDHRC (formerly NDHCB) and NDAEB)**

- The formula that is used currently by the NDAEB to calculate contributions to CDAC will now be used to calculate contributions from all national examining boards. This formula is based on a percentage of examination fees and the number of candidates.

Historically, national examining boards have contributed to CDAC using different calculation methods, depending upon the profession. The contributions from the NDEB and the NDHCB are fixed contributions and have not increased since the first year of contribution. The contribution from the NDAEB are calculated based on a fee per examination candidate. With the regular increase in candidates over the years, the NDAEB contribution has increased significantly over the last 15 years. It is recommended that the contributions received by all examining boards should be based on the same calculation formula using a percentage of examination fees per the number of candidates. This will reflect a principle of 'equity', which has not previously existed.

### **Educational Programs**

- The fee schedule will reflect survey costs plus administrative fees, based on the type of program and accreditation cycle.
- Health facilities (dental services) without an educational program, and dental assisting programs in non-regulated jurisdictions, will be billed on a cost recovery basis.

To account for program fees that more accurately reflect true costs, program fees will be increased. These fees will depend on the type of program (DDS/DMD, dental specialty, dental hygiene, dental assisting, internships/residencies), the program's previous contribution to administrative costs, and the number of years in the accreditation cycle for that particular program. This will be balanced with the need to avoid significant and/or unrealistic cost increases.

### **Dental Services in Health Facilities**

For those dental services provided in hospital settings, where there is no educational component (internship, residency), CDAC will establish the accreditation fee on a cost-recovery basis.

### **Regulatory Authorities**

- A fee per registrant will be set for five years with annual increases for inflation.
- Costs for health facilities (dental services) without educational programs will not be included in the calculation.

A five-year contracted funding model will facilitate budget planning for regulators and is seen as a more stable, sustainable model. Over the intermediate term, a funding gap between the cost of conducting independent CDAC operations and the level of funding covered by program fees charged to educational institutions will likely persist. The GRSC expects this gap will continue to be covered by practicing



members of each discipline, through the fees they pay to regulatory authorities, who in turn provide funding today to CDAC. The GRSC recommends that the funding provided by regulatory authorities be committed by contractual arrangements between each provincial regulatory authority and independent CDAC. However, the precise details of the funding arrangements will remain to be settled between independent CDAC, under the governance of its first board of directors, and each regulatory authority. CDAC will strive for uniformity of contracting arrangements with various regulatory authorities to the extent possible.

Until now, provincial regulatory authorities have contributed approximately 77%-78% of CDAC's funding for dental hygiene and dentistry; and 52% for dental assisting. With the increased cost for independence, maintaining the same per-registrant contributions from regulatory authorities would lower their contribution percentage. However, it would also create a significant revenue shortfall of more than \$250,000 annually. This shortfall would occur even after reflecting the impact of a proposed general increase in program fees of 35% to 125%. One way to compensate for lost revenue from regulatory authorities would be to increase program fees even more, resulting in a general increase of program fees of 250% to 400%. Given current financial constraints and legislative restrictions, this model is unfeasible. Further, with such a significant increase in program fees, programs located in jurisdictions where accreditation is not mandatory may choose not to maintain or renew their accreditation with CDAC. It could also be a deterrent for new programs interested in seeking CDAC accreditation.

The following scenarios describe the impact of changing the percentage of regulatory authority contribution on program fee increases.

Regulatory authorities' ("RA") contributions for dentistry (calculated on an average over five years)

1. DRAs: \$28.05 (75.07%)

Example 1:

Total program fees for University X in 2022: \$5,990

If we apply a small reduction in RAs' contribution percentage (from 77-78% to 75%), the fee for 2023 would be \$10,125, an increase of \$4,135 or 70%

2. DRAs: \$22.46 (60.09%)

Example 2:

Total program fees for University X in 2022: \$5,990

If we apply a significant reduction in RAs' contribution percentage (from 77-78% to 60%), the annual fee for 2023 would be \$17,193, an increase of \$12,361 or 256%

Over a 7-year accreditation cycle, University X would pay an increase of more than \$86,000

Regulatory authorities' contributions for dental hygiene (calculated on an average over five years)

1. DHRAs: \$11.69 (75.25%)

Example 1:

Publicly-funded dental hygiene program annual fee in 2022: \$1,308

If we apply a small reduction in RAs' contribution percentage (from 77-78% to 75%), the fee for 2023 would be \$1,800, an increase of \$492 or 37.6%

2. DHRAs: \$9.35 (60.19%)

Example 2:

Publicly-funded dental hygiene program annual fee in 2022: \$1,308

If we apply a significant reduction in RAs' contribution percentage (from 77-78% to 60%), the fee for 2023 would be \$3,345, an increase of \$2,037 or 255.7%

Regulatory authorities' contributions for dental assisting (calculated on an average over five years)

Dental assisting programs already contribute a higher percentage of dental assisting contributions to CDAC's funding. However, just by maintaining the percentage contribution of DARAs to 51-52%, the impact is significant on program fees:

1. DARAs: \$11.99 (51.31%)

Example:

Publicly-funded dental assisting program annual fee in 2022: \$1,308

Even by maintaining a contribution percentage of 51-52% for DARAs, program fees would increase by \$1,199 or 91.6%

This is mostly the result of the smaller number of registrants contributing to CDAC's funding through the DARAs contributions.

Finally, an independent CDAC board of directors could also explore the possibility of finding new funding partners. The GRSC believes that the recommended composition of CDAC's board of directors, which draws representation from CDAC's key stakeholders and will include members with a range of competencies, will facilitate and support this exploration. However, any new funding sources would have to be developed over time and may require related investments.

## TIMELINE AND PROCESS TO FORM INDEPENDENT CDAC

The work of the GRSC has been carried out in phases. Currently, we are in the stakeholder consultation phase.

Phase	Objectives	Target Timing
A. Determine basic governance structure - identify stakeholders, and determine members and board composition	Minimum requirement in order to create by-laws and form an independent entity	GRSC work through 2021 to April 2022
B. Consider remaining elements of governance framework, including funding model and related matters	Establish conditions for success for independent CDAC	GRSC meetings in April – June 2022
C. Stakeholder consultation	An equal opportunity to comment for all stakeholders	June 22 – September 23, 2022
D. Consider results of stakeholder consultation and make adjustments if needed; make recommendation to CDA	Final decision of GRSC to enable incorporation of independent entity	September 2022
E. Incorporate CDAC and appoint board to settle funding arrangements	Prepare for “go -live” of independent CDAC; day -to-day operations continue within CDA during this phase	Second half of 2022
F. Funding arrangements settled and “go live” for independent CDAC	CDAC is an independent entity with stable funding	TB

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Following the conclusion of the stakeholder consultation phase, the GRSC will synthesize the results of consultation and may adjust the recommendations in this report. The GRSC will then present final recommendations to the CDA and CDAC (as it is currently constituted). If the CDA accepts these recommendations, an independent CDAC will be incorporated and existing CDAC operations will be transitioned to the new entity.

If you have any questions about the content of this report, please contact:

Frédéric Duguay, Director, CDAC

[fduguay@cdac-cadc.ca](mailto:fduguay@cdac-cadc.ca)

1 (866) 521-2322

## APPENDIX 1 – TERMS OF REFERENCE OF THE GOVERNANCE REVIEW STEERING COMMITTEE



### **Terms of Reference Governance Review Steering Committee (the Committee)**

CDAC assesses oral health educational programs and facilities to determine accreditation status.

#### **Purpose**

This special committee of the Commission on Dental Accreditation of Canada (CDAC) makes reports and recommendations to the Commission regarding the process for CDAC to become an independent legal entity under the *Canada Not-for-profit Corporations Act (NFP Act)*. Ultimately the Committee will recommend the board composition, member competencies, bylaws, funding model and all related matters to the Commission for approval in accordance to CDAC's Strategic Plan (2019).

#### **Objectives**

The Committee will:

1. Draft a proposed Governance framework which is compliant with Federal laws regarding incorporated not-for-profit organizations.
2. Make recommendations to the Commission on various requirements for incorporation.
3. Map out and follow a consultation process with stakeholders (i.e., regulatory authorities, educational programs, health facilities and certification bodies) to agree upon a framework for the draft CDAC By-laws and consider the feedback prior to making a recommendation to the Commission.
4. Manage any conflicts which may arise between any vested parties during CDAC's transition to organizational independence.
5. Identify suitable and sustainable funding models for CDAC to effectively conduct program accreditation.
6. Recommend draft CDAC Governance Policies to the Commission.
7. Provide the legal team with agreed upon decisions to assist in the drafting of CDAC By-laws and the registration of CDAC as an incorporated organization. Seek approval by the Commission.
8. Perform other duties and responsibilities consistent with the CDAC Strategic Initiative #1 or as delegated by the Commission.

## **Accountability**

The Committee is accountable to the Commission.

## **Composition and Appointment of Committee**

The Committee will be a balanced and diverse group, representing multiple CDAC stakeholders. Voting members of the Committee will include:

- 1 representative appointed by the Association of Canadian Faculties of Dentistry
- 1 representative appointed by the Canadian Dental Assisting Regulatory Authorities
- 1 representative appointed by the Canadian Dental Regulatory Authorities Federation
- 1 representative appointed by the Federation of Dental Hygiene Regulators of Canada
- 1 representative appointed by the National Dental Assisting Examining Board
- 1 representative appointed by the National Dental Hygiene Certification Board
- 1 public member appointed by the Commission Chair

CDAC will ask for one representative who meets the Qualifications for Committee Participation described below to be recommended from each of the above organizations. It is anticipated that recommendations will be received within a reasonable timeframe. Existing Commission members are eligible for recommendation.

The Committee Chair will be appointed by the Commission Chair from amongst the voting members of the Committee.

The Commission Chair and a CDAC senior staff person will serve on the Committee as ex officio and be non-voting participants.

## **Term of Membership**

A member of the Committee continues to hold membership until the Objectives of the Committee are met or the Committee is dissolved by the Commission.

## **Qualifications for Committee Participation**

The Committee members possess the skills, understanding and motivation necessary for the work of the Committee. Members should be collegial and work towards an optimal outcome for CDAC. Committee members understand CDAC's role in quality assurance. Experience in the accreditation process will be considered an asset. Experience in developing effective, responsible governance models for health and/or education organizations is an asset.

## **Responsibilities of Committee Members**

Committee members are expected to:

- Participate in all discussions and votes of the Committee.
- Undertake a fair share of reasonable tasks and responsibilities as is appropriate for the functioning and progress of the Committee.
- Make decisions in the best interest of CDAC.
- Consider all views and options for the best possible achievement of the Committee's responsibilities.
- Declare a conflict of interest if one exists.
- Understand the requirements of the *NFP Act*.
- Respect the decisions of the Commission on recommendations from the Committee.

### **Responsibilities of the Committee Chair**

The Committee Chair is expected to:

- Preside over the Committee meetings. In the absence of the Chair an alternate meeting chair may be decided from within the Committee members present at the meeting.
- Be a strong leader, ensuring robust and fair discussion and decision-making.
- Serve as the primary point of contact between the Committee and the Commission.

### **Protocol/Decision-Making**

To carry on business, a quorum of at least 51% of the voting members of the Committee must be at the meeting or involved in the discussion (including email discussions or virtual meetings).

Committee members will endeavour to resolve any differences resulting and strive for consensus. Consensus is reached when all Committee members agree with the decision or agree to support it.

While consensus building is the best way to decide, voting may be appropriate where consensus cannot be reached. When a vote is required, a motion is "Carried" if at least 60% of the eligible votes are recorded as in favour. The Chair will vote only in the event of a tie vote.

### **Facilitator Role**

The Facilitator is an independent, neutral third party. The Facilitator will facilitate meetings, manage consensus decision making, prepare meeting agendas, collect minutes, circulate minutes, and create methods for collecting data from within and outside the Committee including surveys, virtual meetings, and written correspondence. The Facilitator will not take part in voting.

### **Meetings**

Meetings will be held bi-weekly at a time that is convenient for all members.

Email and virtual communication tools will be the primary form of communication and distribution of information.

### **Finances**

No member of the Committee shall receive remuneration for participating on the Committee. Any expenditure of funds necessary to the function of the Committee shall be paid by CDAC.

### **Conflict of Interest Reporting**

All Committee members shall declare at the start of a discussion, to the Committee, any conflict of interest. This includes any situation in which he or she has competing professional or personal interests that make it difficult to fulfill his or her duty impartially. Even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety that can undermine confidence in that person and the entire organization.

### **Confidentiality**

The Committee members shall respect the confidentiality of any confidential information or materials to which they have access. Any disclosure shall be limited to those who have a need to know. All Committee members are required to use a private email account for all Committee correspondence.

### **Ownership of Work**

Unless otherwise agreed in advance, all material created by members of the Committee or the Committee as a whole will automatically become copyrighted property of CDAC without any remuneration or acknowledgement for the Committee members.

### **Minutes and Records**

Minutes will be taken on discussions, details, results, decisions made, and actions recommended by the Committee. The minutes of the meeting will be circulated to Committee members by email within one week of the meeting.

The Committee shall maintain suitable records of concerns, complaints, findings, recommendations, decisions, and actions that shall then be accessible to Committee members and the individuals to whom these records apply.

Electronic means are suitable for the maintenance of minutes and record.

### **Authority and Reporting**

The Committee is accountable to the Commission and will report to the Commission on a timely basis.

The Committee reports and makes recommendations to the Commission on matters relating to its purpose and responsibility.

The Committee has the authority to solicit external expertise, as necessary.

**Effective**

These terms of reference become effective upon the approval of the Commission.

**Termination**

These terms of reference expire at the next CDAC annual meeting scheduled for November 2021 but may be formally extended and or amended by the Commission.

**Commission Approved**

March 1, 2021