

Terms of Reference (ToR)

Network for Canadian Oral Health Research (NCOHR)

November 13, 2025

1 Vision, Mission, Strategic Aims, and Administrative Structure

1.1 Vision

The vision of NCOHR is to be the primary resource of initiating, supporting, and sustaining innovative and collaborative oral health research designed to benefit the health of all people in Canada.

1.2 Mission

Our mission is to create an inclusive network that aligns academic, clinical, and research collaborations and infrastructures within the oral health research community in Canada.

1.3 Strategic Aims

NCOHR has created an integrative and innovative framework to generate oral health benefits through three strategic aims:

- Aim 1: To foster talent development and enhance training experience.
- Aim 2: To create and support collaborative research teams.
- Aim 3: To mobilize knowledge in emerging fields of science and promising technologies.

Aim 1: To foster talent development and enhance training experience

NCOHR is dedicated to promoting excellence in oral health research through a strong diversity, equity, and inclusion stewardship, and by offering innovative training platforms, support, and opportunities to advance the next generation of researchers, academics, clinicians, scientists, and other health professionals. In that context, the Network fosters and sustains the integration of a wider range of disciplines from biomedical, clinical, and health systems services and social/cultural/population health, as well as themes related to the fields of engineering, data science, and artificial intelligence, including research in knowledge mobilization.

Aim 2: To create and support collaborative research teams

NCOHR acts as a catalyst to promote a much stronger inter- and multidisciplinary approach to address oral health and oral health care problems that cannot be achieved in silo. We sustain existing collaborative research teams, in addition to fostering new ones by creating opportunities for the development of novel national and international collaborations that bring together researchers from a wide range of fields to address

complex oral health and health care issues, as well as promote the integration of oral and general health care.

Aim 3: To mobilize knowledge in emerging fields of science, and promising technologies to advance oral health and overall health

As oral health science advances, new specialized and interdisciplinary fields are emerging, leading to entirely new avenues of inquiry. Indeed, oral health is more than ever intersecting with the global health of Canadians. NCOHR strives to leverage its resources and expertise to pursue this bold mission through new and strategic partnerships. By fostering innovation in oral health research, NCOHR aims to generate meaningful impacts that align with the needs of Canada's diverse population and contribute to a more responsive and integrated healthcare system.

Equally important is the translation of knowledge into practice and policy. NCOHR is committed to ensuring that research reports are effectively communicated, accessible, and actionable for diverse audiences — including clinicians, policymakers, educators, and communities. This knowledge translation approach bridges the gap between discovery and implementation, enabling evidence-based solutions to inform oral health care delivery, public health strategies, and health equity initiatives.

This integrated approach challenges traditional medical and scientific silos, paving the way for more collaborative, inclusive, and effective solutions that not only generate new knowledge but also promote its uptake and impact across Canada's healthcare landscape.

1.4 Administrative Structure

The Executive Committee (EC) is formed to advise the Network Director with the mission of the NCOHR. The Network Director and a salaried National Network Coordinator manage daily operations of the Network. A part-time communications/administration assistant provides logistical support to the National Network Coordinator.

National Network Coordinator

The National Network Coordinator reports directly to the EC and is accountable to the Director. The roles and responsibilities are outlined in Table 1.

Table 1. National Network Coordinator - Roles and Responsibilities (including but not limited to)

Comprehensive management of the Network: The Coordinator will maintain a comprehensive overview of activities by attending and participating in meetings, and reading and managing all correspondence related to the Network.

Policies, Planning and Finance: The Coordinator will interpret and implement policies and procedures of the Network and associated funding agencies. The Coordinator will be responsible for managing all financial activities and ensuring effective utilization of the financial resources within the Network.

Communications: The Coordinator will organize all meetings and workshops related to the Network. The Coordinator will oversee the development and maintenance of the online registry of resources and the Network website. The Coordinator will prepare regular newsletters and annual reports and facilitate any other forms of communication as deemed necessary to fulfill the mandate of the Network.

Research: The Coordinator will facilitate administrative processes associated with research arising from the Network activities. This includes liaising with external and internal granting agencies and with the University and Faculty research offices to report on research activities within the Network.

Communications/Administrative Assistant

The role and responsibilities of the communications/administrative assistant is to provide logistical support to the National Network Coordinator, specifically related to communications via social media platforms, e-newsletters, website, and other knowledge disseminations activities.

2 Governance

The governance structure is designed to support NCOHR's vision, mission, and strategic aims and consists of the following groups:

- Network Director
- Executive Committee (EC)
- Steering Committee (SC)
- NCOHR Working Groups
- International Scientific Advisory Board (ISAB)
- The Citizen Advisory Board for Oral Health Advancement (CABOHA)
- NCOHR International College of Reviewers (NICoR)

2.1 Executive Committee

2.1.1 Composition

The EC consists of the Director of the Network who acts as Chair, and five voting members from Canadian Dental/Dental Hygiene Schools. The Director is the Nominated Principal Applicant of the CIHR-funded Network as indicated in the CIHR grant application. Additionally, the EC will appoint an Associate Director to assist in preparing a new CIHR application one year prior to the end of the current grant term.

2.1.2 Meetings

To be held at least four times per year, at the call of the Director.

2.1.3 Quorum

A quorum of the majority of the EC is required for the Committee to conduct official business or make decisions. This means that the majority of the total members must be present, either in person or virtually for any decisions or votes to be valid.

Additionally, if all EC members, or at least three out of five, have submitted their responses on a specific matter by email to the National Coordinator, and NCOHR is facing a deadline to finalize a decision, the Chair will compile the email responses and convene a meeting with the available members. The final decision will be based on both the input provided via email and the discussion held during the meeting.

2.1.4 Nomination

A call for applications and the associated selection criteria shall be published through official NCOHR communications and posted on the NCOHR website. Applicants will be required to submit the following documentation: Expression of Interest Letter and a recent Curriculum Vitae. All submitted materials shall be reviewed by the EC, ensuring that no member with a conflict of interest participates in the review process.

The selection process will be conducted in alignment with the Canadian Institutes of Health Research (CIHR) commitment to equity, diversity, and inclusion (EDI) by: Integrating EDI principles into the selection criteria seeking diversity across gender, race/ethnicity, geographic region, career stage (early-, mid-, and senior-career), with meaningful consideration of applicants from underrepresented groups (self-identification is voluntary and confidential).

The nomination process shall consist of the following steps:

1. Announcement of the call for applications to NCOHR members;
2. Review and assessment of submitted applications by the current members of the EC;
3. Meeting of EC members for the nomination of the EC member. A majority vote is needed to approve nominations. Any member with a conflict of interest must

disclose it and will abstain from voting on that specific candidate. For the evaluation, each EC member is required to use a scoring system and provide a written justification for each item scored. Scores and comments must be submitted individually to the National Coordinator. To ensure independence, EC members will not have access to the comments of other members during the evaluation.

4. Applications are evaluated by the nomination committee on the following basis:
 - Eligibility to be a voting Executive Committee member (i.e., the candidate must be a faculty member at a Canadian Dental/Dental Hygiene School)
 - Demonstrates an understanding of the importance of oral health research
 - Demonstrates an ability to work collaboratively with executive and steering committees
 - Describes experience serving on governance committees/boards/working groups
 - Describes relevant experience and expertise
 - Describes previous and/or current involvement with NCOHR
 - Demonstrates diversity of background
5. Presentation of the EC's recommendations to the Steering Committee (**SC**) for final confirmation by vote. Any member from SC with a conflict of interest must disclose it and will abstain from voting on that specific candidate.

Appointments shall be made in accordance with the established selection criteria, which will not be amended or reduced based on the number of applicants. Where qualified candidates are selected but fewer than the number of positions advertised, appointments may proceed. Should no applications be received, the call for applications will be extended. Any remaining vacancies shall be addressed through subsequent open recruitment.

2.1.5 Terms

Members will be invited to serve initial terms of three years, and may be re-appointed for a second term of two years with a maximum of five consecutive years.

The EC will evaluate whether a member should be reappointed based on the following criteria:

1. Maintain strong participation and integrity during their term.
2. Possess expertise still relevant to the network's mission.
3. Comply with network's ToR regarding term limits and conflicts of interest.

To ensure stability and continuity within the committee, member appointments will be staggered, meaning their terms will not all end at the same time. Instead, only a portion (no more than half) of the committee members will be up for reappointment in any given year. This approach helps maintain institutional memory, avoids disruptions in leadership, and ensures that experienced members are always part of the committee.

2.1.6 Performance of Director

The EC will review the Director's performance three years into the funding period. The Director may serve for the full duration of the CIHR funding cycle, unless an earlier transition is required due to resignation, incapacity, or a decision of the EC. For performance assessment, members of the SC shall complete a standardized evaluation form. Then, a report is compiled by a chair appointed by the SC and sent to the EC for assessment, final decision, and approval. A majority vote is needed to approve. If a transition in leadership is required, the EC shall initiate the appointment process. Calls for Director candidates shall be issued by the EC. Selection shall consider relevant experience and expertise, geographical and institutional affiliation, and previous participation in the Network. The EC will forward recommendations for new appointments to the SC for majority approval.

2.1.7 Mandate

The EC provides leadership to, support for and oversight of the development and ongoing operations and financial performance of the Network. All members of the EC should uphold their fiduciary responsibility with respect to the network.

All financial decisions and accountabilities are the responsibility of the EC. The EC is also the Network's final decision-making authority to address any conflictual situations arising from our peer-reviewed process for research applications and other initiatives led by the Network.

2.1.8 Roles & Responsibilities

A. Network Operations

- Support and oversee the Director and Network Coordinator in their roles.
- Ensure accountability of Network funds, including monitoring the budget against the operational plan and receiving regular budget reports from the Network Coordinator.
- Establish and periodically review governance, committee memberships, meeting and decision-making processes.
- Establish committees, advisory boards, and working groups, as required, to support the strategic goals and priorities of the Network.
- Review reports and recommendations from committees, advisory boards and working groups and communicate to SC.
- Monitor ongoing activities of the Network.

B. Communications

- Develop and monitor a communications strategy for the Network.

C. Strategic Planning

- Provide direction on:
 - Strategic research foci
 - Activities designed to match research priorities
 - Sustainability plan for the Network

D. Reporting

- The EC Chair will report at each meeting of the SC on all of its proceedings since the last meeting of the SC.

E. Compensation

- Members will be reimbursed for expenses incurred to attend in-person meetings but will not receive honoraria or other financial compensation. Reimbursement will in accordance with CIHR guidelines.

F. Terms of Reference

- Approved at NCOHR EC meeting November 13, 2025
- The EC will review the Terms of Reference.
- Any member of the EC or SC may submit, at any time, a petition for modification of the Terms of Reference to the Network Director for their consideration. The Network Director may revise the Terms of Reference and circulate to the SC for comment. The amended Terms of Reference should be submitted to the EC for majority approval.

The Terms of Reference is to be reviewed as part of the funding application process with CIHR and at a mid-term point during the funded cycle.

2.2 Steering Committee

2.2.1 Composition

The SC consists of the Director, who acts as the Chair, and

- the current scientific director of CIHR-IMHA as a non-voting member,
- the Vice/Associate Dean/Director of Research or equivalent of each dental/dental hygiene school in Canada,
- two student representatives (one with clinical training and one with non-clinical training) from a dental/dental hygiene school in Canada,
- one representative from each partnering organization including funding partners (Association of Canadian Faculties of Dentistry, Canadian Dental Association, the Canadian Association for Dental Research), dental organizations (The Canadian Dental Hygienists Association, Canadian Dental Assistants Association, Office of the Chief Dental Officer of Canada, Canadian Society for Disability and Oral Health) and research networks (Quebec Pain Research Network Scleroderma Patient-centered Intervention Network, Long Covid Web, Quebec Network for Intersectoral Research in Sustainable Oral and Bone Health, MEDTEQ+, Skin Investigation Network of Canada, Canadian Open Parkinson Network),
- the Chairs of each working group, and
- the Chair of the Citizen Advisory Board for Oral Health Advancement (CABOHA).

2.2.2 Meetings

To be held three to four times per year, at the call of the Director.

2.2.3 Quorum

At the start of each calendar year, the Director will inform the quorum requirement for the SC based on its current membership. A quorum of the majority of the SC is required for the Committee to conduct official business or make decisions. This means that the majority of the total members must be present, either in person or virtually for any decisions or votes to be valid.

2.2.4 Voting

A majority (50% +1) of the quorate SC is required to make any decision.

2.2.5 Nomination

Nomination, renewal, reappointment, and membership changes to the SC are proposed and approved by the EC. These decisions are then presented to the SC for confirmation. A majority vote of the full SC is required to confirm nominations, renewal, reappointment, and membership changes. Any member with a conflict of interest must declare it to the Director and abstain from voting on the affected candidate.

2.2.5.1 Student Representatives Selection Process

The Executive Committee launches a call for two students (one undertaking clinical training; one not undertaking clinical training) to serve on the Steering Committee (SC). To apply, students are required to complete and submit their application to the Dean of Research and/or Research Development Officer for the Dental School/Dental Hygiene School with which they are affiliated. From submitted applications, each Canadian Dental School/Dental Hygiene School nominates a maximum of two nominees (1 undertaking clinical training; 1 not undertaking clinical training).

Applications are reviewed and evaluated by the Executive Committee on the following basis:

- written statement of intent to serve as a student representative on the NCOHR Steering Committee (20%);
- oral health research experience and achievements and interest in discovery (30%);
- personal characteristics and interpersonal skills to represent the oral health research student population (30%); and
- previous experience and/or current involvement with NCOHR (20%).

2.2.6 Terms

The terms of appointment for the SC are outlined in Table 2.

Table 2. Steering Committee Membership Terms	
Member	Term
Director of the Network	Permanent
CIHR-IMHA Scientific Director	Permanent
Vice/Associate Dean/Director of Research or equivalent at each Canadian dental/dental hygiene school	Duration of appointment in that position within home institution

Table 2. Steering Committee Membership Terms	
Two student representatives (one with clinical training and one with non-clinical training) from a Canadian dental/dental hygiene school	Two (2) years
One representative from each partnering organization	Per agreement with the partnering organization
Chairs of each working group	Three (3) years, with the possibility of extension upon review and approval by the EC and confirmation by the SC.
CABOHA chair	Two (2) years, with the possibility of renewal for an additional two years.

2.2.7 Mandate

The SC provides guidance to the EC on key issues such as priorities and goals, resource allocation, sub-committees and decisions involving large expenditures. All members of the SC should uphold their fiduciary responsibility with respect to the network.

2.2.8 Roles & Responsibilities

A. Network Operations:

- Support and guide the Director and Network Coordinator in their roles.
- Establish subcommittees, councils and working groups, as required, to support the strategic goals and priorities of the Network.
- Establish guidance for committees and working groups to organize workshops, conferences, meetings and overall knowledge transfer among the units of the network.
- Monitor ongoing activities of the subcommittees, councils and working groups of the Network.

B. Communications:

- Develop and monitor a communications strategy for the Network.

C. Strategic planning:

- Provide direction on:
 - o Strategic research foci
 - o Activities designed to match research priorities
 - o Sustainability plan for the Network.

2.2.9 Reporting

The SC will report to the EC through the Director or National Network Coordinator. In addition, every 6 months, the SC will post in the network website an operation update report. The minutes of the SC are to be shared with the EC for information only.

2.2.10 Compensation

Members will be reimbursed for expenses incurred to attend in-person meetings but will not receive honoraria or other financial compensation. Reimbursement will in accordance with CIHR guidelines.

2.3 NCOHR Working Groups

2.3.1 Composition

A Working Group consists of a Chair, an optional Vice-Chair, institution-affiliated members, and at least one patient/patient representative. All members will demonstrate an interest in the specific Working Group activities and be registered members of NCOHR.

2.3.2 Meetings

The frequency of the meetings is established by the Working Group. The recommended frequency of meetings is at least three per year.

2.3.3 Quorum

The chair will decide the quorum requirement for their individual Working Group based on its current membership. A quorum of the majority of the Working Group is required for the Committee to conduct official business or make decisions. This means that the majority of the total members must be present, either in person or virtually for any decisions or votes to be valid.

2.3.4 Nomination – Working Group Chair and Vice Chair

The EC initiates a call for applications for the Working Group Chair position or requests nominations from Research Deans. All applications are reviewed by the EC and then the EC presents their nominations to the SC for their final confirmation by vote. Any members with a conflict of interest must disclose it to the Director and will abstain from voting on that specific candidate.

The selection process will adhere to the Canadian Institutes of Health Research's commitment to achieving a more equitable, diverse and inclusive Canadian research community.

Appointments shall be made in accordance with the established selection criteria. If the position is not filled through this call, a subsequent open recruitment will be undertaken. The EC assess and evaluate the applications based on selection criteria as follows:

- Letter of Expression of Interest outlining their motivation, vision for the working group, and leadership approach;
- Description of prior experience and/or current involvement with NCOHR highlighting any contributions to NCOHR initiatives, committees, or events; and
- Curriculum Vitae.

The Vice-Chair is nominated by the Chair from experienced and actively engaged members of the Working Group. Candidates should demonstrate relevant research expertise within the Working Group's area. Nominations are endorsed by the Executive Committee and formally approved by the NCOHR Director.

2.3.5 Terms

The term is described in Table 2.

2.3.6 Mandate

Working Group mandate is to support the strategic goals and priorities of the Network within their specific focus. The working groups provides guidance to the EC on key issues such as priorities and goals involving their working groups. Additionally, another aim of the working group is to promote research, training, knowledge dissemination. All members of the Working Group should uphold their fiduciary responsibility with respect to the network and their specific Working Group.

Working Groups have been formed to support the strategic goals and priorities of the Network. NCOHR has created ten working groups, namely:

- Aging & Well-being
- Biomaterials
- CADR-NCOHR Trainee Development
- Disability & Oral Health
- Indigenous Peoples' Health
- Innovation Exchange
- Knowledge Exchange & Mobilization
- Oral Cancer
- Orofacial Pain
- Pediatrics & Growing Healthy

2.3.7 Roles and Responsibilities

The appointed Chair is responsible to:

- Provide strategic leadership within the network by organizing and directing the Working Group's activities to enhance collaborative research, advance training opportunities, and promote the dissemination of knowledge.
- Raise awareness of the Working Group and its initiatives within the oral health research community.

3 International Scientific Advisory Board (ISAB)

3.1 Composition, Nominations, Terms and Meetings

The International Scientific Advisory Board consists of five committee members from international institutions and are appointed by the EC. Members serve a 3 to 4-year term, renewable once. Meetings are held at the call of the Director.

3.2 Mandate

The ISAB is mandated to review the performance of NCOHR and its commitment to excellence, advise on scientific orientations and strategic developments, recommend emerging areas of basic, translational, and clinical research in oral health, and counsel on performance indicators to measure the contribution of oral health research to improving care, education, and the evaluation of technologies.

4 The Citizen Advisory Board for Oral Health Advancement (CABOHA)

4.1 Composition, Nominations, Terms and Meetings

Citizen Advisory Board for Oral Health Advancement members are volunteers recognized by their experience as patients, citizens, and/or clinicians. The members are appointed for a 3 to 4-year term, renewable once. To select a chair, the EC initiates a call for expressions of interest among CABOHA members. If no CABOHA member applies, the call is opened to all NCOHR members. The EC review the applications and put forward nominations to SC for their confirmation by vote. A majority vote by the SC is needed to approve nominations. Any members with a conflict of interest must disclose it to the Director and will abstain from voting on that specific candidate.

Interested candidates are invited to submit an EOI letter and a recent Curriculum Vitae. The EC assess and evaluate the applications based on selection criteria as follows:

- Letter outlining their motivation, vision for the advisory board, and leadership approach;
- Letter describing prior experience and/or current involvement with NCOHR highlighting any contributions to NCOHR initiatives, committees, or events; and
- Curriculum Vitae.

The Chair is responsible for presiding over CABOHA meetings, providing leadership to ensure productive discussion and decision-making, and representing CABOHA at SC meetings.

CABOHA meets three to four times per year at the call of the NCOHR Director. The Director attends all CABOHA meetings and, in collaboration with the Chair, sets the meeting agenda and provides strategic guidance to align discussions with NCOHR's mission and priorities. The CABOHA can meet at their discretion on a more frequent and independent basis. The NCOHR Director and National Network Coordinator will not attend these discretionary meetings. Access to a Zoom account will be provided to the CABOHA Chair.

4.2 Mandate

The CABOHA serves as a unique platform for citizens and patient representatives to highlight and provide guidance on high-priority oral health issues. Its mandate is to promote direct dialogue between citizens and researchers with the view to advance oral health and patient advocacy.

This engagement enables CABOHA to:

- **Identify Priority Issues:** Highlight and address critical oral health-related challenges that are most relevant to patients and the broader community.
- **Advocate for Patients:** Act as a patient-centered forum to ensure that the values, needs, and experiences of citizens are at the forefront of oral health research and policy.
- **Provide Insights:** Offer NCOHR members valuable perspectives on gaps and issues in oral health care and inspire solutions that align with the lived experiences of citizens.
- **Collaborate:** Engage with NCOHR's EC and SC through meetings.

All members of the CABOHA should uphold their fiduciary responsibility with respect to the network.

5 NCOHR International College of Reviewers (NiCoR)

NCOHR developed an independent peer-review process, with the participation of over 150 international reviewers from various countries. The list of peer reviewers is available on the Network's website (<https://www.ncohr-rcrsb.ca/awards-grants/ncohr-programs/>) and is limited to those individuals who confirmed their interest in being publicly acknowledged.

The creation of the NiCoR contributes to the promotion of scientific excellence and the integrity of our review process. The group provides valuable comments and feedback to Canadian researchers. All members of the NiCoR are requested to follow the CIHR guidelines on the peer review process.