



## SPECIAL MEETING OF THE BOARD AGENDA

**April 25, 2023 (10:00a – 12:30pm)**

### Join Zoom Meeting

<https://collegeofdietitians-org.zoom.us/j/87263340133?pwd=UUZGOFU1T1RGeGxzL2gwSldERDJ0QT09>

Webinar ID: 872 6334 0133

Passcode: 761702

Dial +1 647 558-0588

ITEM & DISCUSSION	DECISION NEEDED	TIME	OWNER	ATTACHMENT
<b>1.0 Call to Order and Land Acknowledgement</b>		10:00 – 10:05 (5 mins)	KL	
<b>2.0 Approval of Agenda</b>	Approval/ Motion	10:05 – 10:10 (5 mins)	KL	2.1 DRAFT Board Meeting Agenda – April 25, 2023
<b>3.0 Declaration of Conflict of Interest/Bias</b>			KL	
<b>POLICY, BY-LAW &amp; REGULATION</b>				
<b>4.0 Emergency Class of Registration – Consultation Feedback</b>	Approval/ Motion	10:10 – 11:00 (50 mins)	DC	4.1 Briefing Note – Emergency Class of Registration
<b>5.0 Honoraria Policy</b>	Approval/ Motion	11:00 – 11:45 (45 mins)		5.1 Briefing Note – Draft Honoraria Policy
<b>OVERSIGHT &amp; ACCOUNTABILITY</b>				
<b>6.0 Risk Monitoring Report (Q4)</b>	Information/ Discussion	11:45 – 12:00 (15 mins)		6.1 Briefing Note – Risk Monitoring Report (Q4)
<b>7.0 Review of the College Performance Measurement Framework Report</b>	Information/ Discussion	12:00 – 12:15 (15 min)		7.1 Briefing Note – College Performance Measurement Framework
<b>8.0 Adjournment</b>	Approval/ Motion	12:15		

[0.0 Reference - Land Acknowledgement](#)

[0.0 Reference - 2020-2025 Strategic Plan - One Pager](#)

[Board and Committee Members Completed Annual Acknowledgement Forms:](#)

- [Committee Appointees](#)
- [Elected Members](#)
- [Public Members](#)



College of  
Dietitians  
of Ontario

## Board Briefing Note

<b>Topic:</b>	Emergency Class of Registration
<b>Purpose:</b>	Decision
<b>Strategic Plan Relevance:</b>	Effective and Transparent Communication; Risk-Based and Right-Touch Regulation
<b>From:</b>	Registration Committee

### ISSUE

To review the feedback from the Registration Regulation consultation and approve the revisions to the Emergency Class of Registration as recommended by the Registration Committee.

### PUBLIC INTEREST RATIONALE

- To comply with statutory responsibilities under the *Regulated Health Professions Act, 1991* (RHPA).
- To ensure that the College of Dietitians of Ontario's (CDO) Registration Practices are transparent, objective, impartial, and fair and that there are no undue barriers for applicants from seeking registration with the College.
- To assist the Ontario health care system in responding to emergency situations in the most efficient way possible.

### BACKGROUND

At its meeting on February 15, 2023, the Board approved proposed amendments to the Registration Regulation to establish an Emergency Class of Registration, as required by section 5 of the [Registration Requirements Regulation](#) under the RHPA.

The proposed Emergency Class consultation [was circulated](#) to registrants and other system partners for feedback for the required 60-day period from February 16 – April 18, 2023. Alongside the circulation of the proposed Emergency Class, the 2019 proposed amendments to the Registration Regulation were also circulated for information.

The Emergency Class, as circulated, included the following elements:

1. The Emergency Class will be opened when an emergency is declared by the Minister of Health (MOH) and/or CDO's Board.
2. Eligibility for registration in the Emergency Class includes completion of accredited academic and practical training (or equivalent) and demonstration of current knowledge and competence.
3. The duration and renewal of a certificate in the Emergency Class is 12 months.
4. An Emergency Class Certificate of Registration expires six months after the emergency is declared over by the MOH and/or CDO's Board.
5. A registrant in the Emergency Class can transfer to the Temporary Class and be issued a Temporary Certificate of Registration for 24 months (vs. the standard 16 months). The Canadian Dietetic Registration Examination (CDRE) would remain a non-exemptible registration requirement prior to moving into the General Class.

## **CONSULTATION RESULTS**

CDO received a total of 34 responses, 33 of which identified as Registered Dietitians, one as another CDO stakeholder (Appendix I). The CDO also received letters from the Alliance of Canadian Dietetic Regulatory Bodies (Alliance) and from the Competition Bureau (Appendix II).

The Ministry of Health concurrently circulated CDO's proposed Emergency Class on their provincial [Regulation Registry](#) for their required 45-day period. No comments were received. The CDO directly inquired with the Office of the Fairness Commissioner, who indicated they do not have any comments to add at this time.

Comments from CDO's consultation presented an even distribution of those who agreed/supported the proposed Emergency Class and those who disagreed. Comments from those who disagreed cited that they didn't feel it was necessary to have an Emergency Class of Registration for dietitians.

## CONSIDERATONS

### *Feedback from the Alliance*

The Registration Committee reviewed the Alliance's feedback and their concern that a registrant in CDO's proposed Emergency Class could be practising independently for several years prior to attempting the CDRE for the first time, which is significant given the importance of the CDRE as a measure of entry-level competence.

At their April 19, 2023, meeting, and in consultation with legal advice, the Registration Committee approved a recommendation to the Board to shorten the proposed Emergency Class timelines (Appendix III, changes highlighted in yellow).

The proposed revisions specify:

1. The duration and renewal of a certificate in the Emergency Class is six months (versus 12 months).
2. An Emergency Class Certificate of Registration expires 30 days (versus 6 months) after the emergency is declared over by the MOH and/or CDO's Board.
3. A registrant in the Emergency Class can transfer to the Temporary Class and be issued a Temporary Certificate of Registration for 16 months, the current duration of a Temporary Certificate (versus 24 months). The Canadian Dietetic Registration Examination (CDRE) would remain a non-exemptible registration requirement prior to moving into the General Class, and registrants would still have flexibility on determining their first writing of the exam.

The intention of proposing shorter timelines reduces the potential for registrants in the Emergency Class to be licensed for any excessive period beyond what is required to respond to the emergency circumstances and subsequently transfer to the Temporary Class. The shortened timelines will continue to balance public protection with the Ministry's legislative intentions of expediting registration, creating capacity, and ensuring continuity of licensure to assist the healthcare system during the emergency. Registrants in the Emergency Class would be able to practise at their full capacity, without supervision or any other practice restrictions in an emergency, without the pressure of devoting time and resources to preparing for the CDRE.

In response to the Alliance's feedback on why CDO's Temporary Class is not being used, CDO did consider this as a mechanism for the Emergency Class. In discussions with both Ministry staff and legal counsel, this was not a suitable solution because CDO's current Temporary Class is 16 months, which is above the one year maximum required in the Registration Requirements Regulation. In addition, the pressure of paying the fee and preparing for the CDRE may pose additional stress on an Emergency Class registrant's ability to respond to an emergency.

The Registration Committee noted that the Alliance's additional labour mobility concerns would likely not apply, given the eligibility rules around labour mobility and the necessity for substantial equivalence of the license being applied for.

A formal CDO response to the Alliance's feedback will be prepared to share the Board's decision.

#### *Feedback from the Competition Bureau*

The letter from the Competition Bureau, dated April 14, 2023, was received by the CDO on April 20, 2023, and was therefore not considered by the Registration Committee. The letter was received by Ontario health regulatory colleges and asks that Colleges create emergency class regulations that maximize the benefit of competition by increasing supply of qualified healthcare workers.

#### **NEXT STEPS**

CDO has consulted with the Ministry to outline the proposed changes and to determine whether a recirculation of these proposed amendments would be required. Recirculation is not required if:

- a) the proposed changes do not fundamentally change the process for applicants;
- b) there are no material changes to transfer from the Emergency to Temporary Class, to minimize any disruptions to clients, registrants, and respective employers; and/or
- c) the Registration Committee and the Board do not have concerns with the proposed changes.

Given this information, it is not anticipated that a recirculation would be required.

Based on the Board's decision-making, CDO's final submission of the proposed Emergency Class of Registration and the 2019 proposed amendments to the Registration Regulation, will be submitted to the Ministry.

#### **EQUITY IMPACT ASSESSMENT**

The proposed amendments to the College's Registration Regulation to establish an Emergency Class of Registration help expedite registration, create capacity, and ensure continuity of licensure with the College to eligible applicants to assist the healthcare system during emergency circumstances. These amendments also provide a mechanism for transition to the Temporary Class before registrants are required to actively attempt the CDRE. Should the proposed Emergency Class of Registration be approved by the Ministry, CDO will monitor the impact of this new class of registration to ensure there are no unintended consequences for applicants, registrants, and other stakeholders.

## RECOMMENDATION

That the Board approves the recommended proposed amendments to the Registration Regulation to establish an Emergency Class of Registration for submission to the Ministry of Health.

## PROPOSED MOTIONS

THAT the Board approves the proposed revisions to the Registration Regulation to establish an Emergency Class of Registration, **as articulated** in Appendix III.

OR

THAT the Board approves the proposed revisions to the Registration Regulation to establish an Emergency Class of Registration, as articulated in Appendix III, **with the amendments as discussed.**

## ATTACHMENTS

Appendix I – Consultation Results: Emergency Class of Registration

Appendix II – Alliance & Competition Feedback Letters – Emergency Class of Registration

Appendix III – Proposed Revised Registration Regulation to Establish an Emergency Class of  
Registration

## APPENDIX I

Consultation: Emergency Class of Registration

4/16/2023 8:10 AM

---

### 1) Please identify yourself:

Respondents: 34

Choice	Percentage	Count
<b>I am a Registered Dietitian</b>	97.06%	33
<b>I am a member of the public</b>	0.00%	0
<b>I am another CDO stakeholder</b>	2.94%	1
<b>I prefer not to say</b>	0.00%	0
<b>Total</b>	100%	34

### 2) Please provide your feedback on the proposed amendments to the College's Registration Regulation to establish an Emergency Class of Registration:

Respondents: 32

- # 2) Please provide your feedback on the proposed amendments to the College's Registration Regulation to establish an Emergency Class of Registration:
- 1 I absolutely disagree. We're creating too many dietitians as it is already. I've known several who can't get dietitian jobs and need to work in food service. Totally underemployed. We do not need emergency dietitians. It will also lessen the quality of dietitian professionals and further alienate us from the professional respect we deserve but don't get.
  - 2 I am generally in support of the proposed amendments, as long as it's not used as a "short-cut" for new graduates to work as RDs for longer before writing the CDRE. Additionally, I am in support of these proposed changes ONLY if registrants in the Emergency Class are required to participate in the CDO's Quality Assurance program (e.g. complete the self-directed learning tool annually).
  - 3 I disagree with the proposed amendments. As health care professionals we should not be expediting the entry requirements. Entry requirements exist for a reason - to ensure competency and ensure patient safety.
  - 4 The emergency class of registration is not required
  - 5 Yes - in agreement
  - 6 I disagree with this idea. It's a bandaid solution to a health care system that is falling apart.

7 Prefer to see transferable registration across all provinces, Territories  
Need more detail on changes before commenting

8 No feedback

9 In part 3(1)(1)(i) to (iii), it was not clear to me if you are referring to  
criminal matters and/or civil ones.  
The proposed amendments appear to help the public in an emergency  
10 situation though I feel the need for registered dietitians is probably  
very limited in such a situation.  
I absolutely disagree with this proposed class, we are already seeing  
11 new graduates coming into the profession that are far from  
competent, it's undermining the RD title  
1. It is not clear what the timeframe is for having practiced 500 hours.  
Or does this just mean the RD must have practiced 500 hours at some  
12 point? i.e. would a RD retired for 5 years be able to obtain an  
emergency registration? 2. The College should avoid using his/her  
pronouns and instead use they in 18.5 (2) 2. (Re: failing exam)  
13 I agree with the amendments to allow for emergency class of  
registration.

14 Great idea!!! I fully support this plan!  
The amendments will update the Registration regulations to mesh with  
major advances that have been put in place in the registration process  
in the past several years and will continue to ensure the public safety.  
15 The Emergency Class of Registration regulations are well thought out  
and will enable dietitians to continue to provide competent, safe and  
equitable services in the interest of the public during times of  
emergencies.  
I agree there are benefits to establishing an Emergency Class of  
16 Registration but feel may not be used by Dietitians as much as other  
health care providers like doctors and nurses.  
Perhaps some practices should be restricted for Emergency Class of  
17 Registration such as Enteral or Parenteral feeding prescriptions.  
I don't really see the point. It strikes me more as the Ont government's  
18 attempt to cover themselves for putting our healthcare system into  
such a state that this sort of thing seems appropriate or necessary. This  
is all about optics not actually helping the public.  
there is a contradiction, 18.1-4 states the applicant must not have  
19 failed the Registration exam on any attempts, then 18.5 (2) -2 states  
The member failed the Registration exams on his or her 1st attempt.  
I would be concerned if externally licensed RDs would be allowed to  
work in private practice in Ontario, and yet us RDs registered in  
20 Ontario would still be limited to seeing patients in Ontario only. I think  
this would be very unfair. In terms of clinical healthcare, there are  
already few RD positions to meet the needs of the eligible candidates  
in Ontario and so I think this would take away jobs from local RDs.  
Would it not make more sense to have the exams more available and  
21 timely? What happens if someone has been given emergency status  
and is practicing and after the emergency has been declared over they  
don't pass the CDRE? What happens to the candidate? Are they



allowed to keep their job? Do they then have to be supervised? How's my times can they write the CDRE and how is it protecting the public if they can practice with no exam completion.

22

I don't think the Emergency class needs more time in the Temporary class after the emergency is over. If the CDRE exam was taking place twice a year, there would be General class members faster.

23

I agree with the proposed amendments as long as the Emergency Class of Registration is issued when there is a shortage of dietitians or in the event of emergencies that do not have a set date to end, like it was the case of the Covid 19 pandemic. However, as a dietitian myself I believe there are not enough jobs for dietitians (at least not in Ontario), so I do not see the need of an emergency class registration.

24

Emergency class registration should be considered only after all the RDs who lost their jobs due to vaccine mandates are re-hired as many cannot work due to unjustified mandates.

25

I would like to know more about the need for this. There are many qualified Registered Dietitians and other health professionals that are not allowed to work in primary care or hospitals because they do not have the COVID 19 vaccine. Would it not make more sense to evaluate this and give our already qualified Dietitians access to these jobs and potentially alleviate the shortage?

26

I do not have any concerns with the proposed changes

27

I do not believe that a Temporary Registration should be extended for an individual who has failed the registration examinations on his or her first attempt as stated in Section 18.5, when determined that the examination was fair and just. This could be an indication that they are not fit for practice. I believe their Temporary/Emergency registration should be revoked until they successfully pass the examination.

28

I have concerns about rushing the applicants to be fully identified as RD while at the same time, not writing the CDRE within a reasonable time, but still not allowing them to supervise dietetic interns. we will have smaller institution hire RD while potentially not understanding the role and scope of RDs and maybe not even a 2nd RD employed who could provide some guidance to the new RD.

29

I'm concerned that the emergency class is an unfair entry point for those applicants who would not normally be able to obtain registration with the college, especially to international RDs. There is no plan for oversight of these RDs, perhaps if there were a plan for these patients to be mentored or supervised by a fully credentialed RD I would feel more comfortable. It's that the emergency class can transfer to a temp that is also concerning.

30

I am not sure what this means...but there is already a an overflow of dietitian looking for employment...do we really need this? The main concern is "incompetence" and/or lack of proper experience. We already have a problem with employers firing experienced dietitians and retaining "green" ones because they are cheaper...these new dietitians lack experience and pose a danger to the public...shouldn't

31

that be more of a concern?

32

I support the establishment of an emergency class of registration, which include minimal bureaucratic and financial hoops for registrants to go through to ensure principles of equity, diversity, and inclusion are upheld, even in times of crisis.

*Alliance of*  
**Canadian Dietetic  
Regulatory Bodies**



**British Columbia**  
College of Dietitians of  
British Columbia (CDBC)

April 4, 2023

**VIA ELECTRONIC MAIL**

**Alberta**  
College of Dietitians of  
Alberta (CDA)

Melanie Woodbeck  
Registrar and Executive Director  
College of Dietitians of Ontario

**Saskatchewan**  
Saskatchewan Dietitians  
Association (SDA)

Dear Melanie,

**Manitoba**  
College of Dietitians of  
Manitoba (CDM)

Thank you for providing the Alliance and individual dietetic regulatory bodies an opportunity to provide feedback on the proposed amendments to the Registration Regulation, including the introduction of an Emergency Class of Registration.

**Ontario**  
College of Dietitians of  
Ontario (CDO)

If our understanding of the proposed amendments is correct, the Alliance is concerned about the following potential scenario that could arise:

**Québec**  
Ordre des  
Diététistes-nutritionniste du  
Québec (ODNQ)

- an applicant seeks emergency class but technically qualifies as temporary registrant and
- during their time in the emergency registration class, they are not required to write to Canadian Dietetic Registration Examination (CDRE),
- the registrant can renew their emergency registration, for an additional year,
- the registration can then be converted to temporary registration and the member would still have 24 months to write the CDRE.
- the registrant fails their first attempt at the CDRE and are now required to be supervised, yet they may have been practicing for 4 years independently at that point.

**New Brunswick**  
New Brunswick Association  
of Dietitians (NBAD/ADNB)

**Prince Edward Island**  
College of Dietitians of PEI  
(CDPEI)

Although we understand this scenario may be unlikely, it can set a precedent on what is considered an important registration requirement to practice safely in Canada. We also want to note that Canadian dietetic education programs are currently going through a transition of accreditation service provider, for the purpose of program approval and registration eligibility. Previous gaps in oversight have been identified, including accreditation cycle of almost 10 years for certain programs. The Alliance relies on the CDRE during this transition to ensure that candidates are practice ready and can deliver competent and safe dietetic care.

**Nova Scotia**  
Nova Scotia College of  
Dietitians and Nutritionists  
(NSCDN)

**Newfoundland &  
Labrador**  
Newfoundland & Labrador  
College of Dietitians (NLCD)

Policy #4 of the Canadian Dietetic Registration Examination Policies, indicates that “regulatory bodies in each province will set an application deadline for candidates **to take the next sitting of the CDRE.**” In other jurisdictions that have both temporary and emergency registration, temporary registrants are not eligible for emergency registration because of that requirement.

# Alliance of Canadian Dietetic Regulatory Bodies



Page 2  
April 4, 2023

**TO:** Melanie Woodbeck  
**FROM:** Joanie Bouchard

---

**British Columbia**  
College of Dietitians of  
British Columbia (CDBC)

**Alberta**  
College of Dietitians of  
Alberta (CDA)

**Saskatchewan**  
Saskatchewan Dietitians  
Association (SDA)

**Manitoba**  
College of Dietitians of  
Manitoba (CDM)

**Ontario**  
College of Dietitians of  
Ontario (CDO)

**Québec**  
Ordre des  
Diététistes-nutritionniste du  
Québec (ODNQ)

**New Brunswick**  
New Brunswick Association  
of Dietitians (NBAD/ADNB)

**Prince Edward Island**  
College of Dietitians of PEI  
(CDPEI)

**Nova Scotia**  
Nova Scotia College of  
Dietitians and Nutritionists  
(NSCDN)

**Newfoundland &  
Labrador**  
Newfoundland & Labrador  
College of Dietitians (NLCD)

This can also affect labor mobility. Labour Mobility provisions of the Canadian Free Trade Agreement state that certified workers have to be recognized as qualified to work by a regulatory body in another province which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment. The Alliance is concerned about being forced to register applicants under the agreement that are not meeting the policy mentioned above.

An emergency is usually defined as an imminent or present event or disaster caused by accident, human actions or the forces of nature that requires prompt coordination of action to protect or manage the health, safety or welfare of the public or to limit damage to property. We understand from CDO's communication that the intent of the new emergency class is to reduce barriers and expedite the registration of applicants. We do not see how removing the requirement of writing the first CDRE sitting will expedite the registration process, given this requirement comes after the license is granted. Additionally, there is already a class of registration available for registrants who do not meet the requirement of having successfully completed the CDRE. If a circumstance arises that prevents the CDRE from being held, it will not present a barrier to practice for active temporary registrants.

We hope that our concerns and comments will be taken into consideration to further refine the proposed amendments. We also trust that the College will share the Alliance's comments with the relevant staff within government so the national impacts can be well understood.

Sincerely,

Joanie Bouchard, M.Sc. RD  
Chair, on behalf of  
ALLIANCE OF CANADIAN DIETETIC REGULATORY BODIES



April 14, 2023

## **Competition Bureau comments on the Creation of Emergency Class Certificate of Registration**

Thank you for the invitation to comment on the creation of emergency classes of registration as required by Ontario Regulation 508/22 under the *Regulated Health Professions Act, 1991* (Amendments).

The Competition Bureau (Bureau), as an independent law enforcement agency, ensures that Canadians prosper in a competitive and innovative marketplace. As part of its mandate, the Bureau promotes and advocates for the benefits of competition.

### *Why competition matters*

Ontario's health regulatory Colleges (Colleges) play a critical role in protecting the public by making sure healthcare professionals are safe, ethical and competent.<sup>1</sup> Pro-competitive policies can help to advance these goals, as described in our market study: [Empowering health care providers in the digital era](#). The study explained how policymakers can leverage technology to gain the benefits of competition including improved quality of care, access to care and fostering innovation and its adoption. Pro-competitive policies can have other benefits in healthcare, including contributing to the resilience of the workforce by lowering barriers to entry. As made evident by the COVID-19 pandemic, this is particularly important during emergencies, which can create additional shortages and pressures on healthcare workers.

The Bureau recommends that the Colleges create these emergency classes of registration to maximize the benefits of competition, such as increasing the supply of qualified healthcare workers, and advance their goal of protecting the public. Further, the lessons learned in the process may also be used to benefit competition and public safety during times of non-emergency.

### *Competition assessment in policymaking*

The Bureau's [Competition Assessment Toolkit](#) was designed to assist policymakers in identifying competition issues and tailoring policies to maximize the benefits of competition. Once a policy is identified for assessment, the policymaker should consider whether it has the potential to restrict competition. This may be the case if it makes it difficult for businesses to emerge or compete, or for consumers to make informed choices or switch products or services.

The policymaker should then consider whether a feature in the policy that could restrict competition is necessary, narrowly cast and proportionate. If there is an alternative that

---

<sup>1</sup> Health Profession Regulators of Ontario (2023). [Professions and their Regulatory Bodies](#).



achieves their policy goal in a more competition friendly manner, they should implement it accordingly and monitor its effects moving forward for any unintended consequences.

### *Restrictions and alternatives*

The various registration requirements set out by the Colleges for healthcare workers to practice are barriers to entry for future workers. Such barriers are intended to keep the public safe by ensuring that healthcare workers are ethical and competent to practice. During an emergency though, increased demand for healthcare services and strains on healthcare workers can result in labor shortages that may present their own risk to public safety.<sup>2</sup> Temporarily easing these registration requirements with an emergency class of registration (and thereby increasing or speeding up the entry of healthcare workers) can balance these risks.

By setting up the emergency class of registration to only be as restrictive as necessary during times of emergency, the Colleges can maximize the benefits of competition (i.e. a more resilient healthcare workforce and patient safety). The Amendments require the Colleges to establish registration requirements for individuals joining the emergency class. These requirements can be used to lower barriers to enter the profession. For example, by allowing for competent healthcare students, recent graduates or accredited workers from other jurisdictions to register and by exempting certain requirements for emergency class registrants to move to another class. To strike the right balance between the risks and benefits associated with temporarily lowering these barriers requires the medical expertise of the Colleges. The Bureau hopes that the framework of a competition analysis presented in the Competition Assessment Toolkit may be helpful in doing so.

The Bureau also encourages the Colleges to consider how pro-competitive policies can benefit patients and healthcare workers outside of times of emergency as well. The Amendments require the Colleges to specify a path for healthcare workers in the emergency class to move into other classes of practice and to be exempted from certain registration requirements in doing so. Such exemptions will lower barriers to entry for those workers on a more permanent basis. These lowered barriers are likely to result in faster entry and more licensed healthcare providers, and as a result, a more resilient workforce. As such, the competitive benefits of the emergency class certification extend outside of times of emergency. We encourage the Colleges to use their expertise to make these exemptions as broad as possible to maximize the benefits of competition, while still meeting the central health and safety objectives of registration requirements.

In making these decisions, as in performing any competition assessment, the Colleges should base their decision to the greatest extent possible on objective empirical evidence.<sup>3</sup> To the extent data on the effects of similar exemptions in other jurisdictions or during the COVID-19 pandemic are available, this could inform their decision. It may also be beneficial to track data on worker entry and patient safety for healthcare workers operating under the emergency class provisions going forward. This data could be used to make future adjustments to the exemptions provided for under the emergency class, relaxing or

---

<sup>2</sup> Canadian Institute for Health Information (November 2022). [Health workforce in Canada: In focus \(including nurses and physicians\)](#).

<sup>3</sup> Competition Bureau (2020). [Strengthening Canada's economy through pro-competitive policies](#). See Step 3: Identify alternatives to address policy goals, if necessary.



tightening them as needed.<sup>4</sup> Perhaps more importantly, this same data could also be used to determine whether the regular registration requirements are as necessary, narrowly cast and proportionate as can be. Having identified how much these barriers to entry can be safely lowered to offset the risk of worker shortages during times of emergency, those lessons may be used to maximize the benefits of competition in ordinary times.

*We're here to help*

The Bureau's goal is to promote the benefits of competition across the Canadian economy. On the other end, policymakers, as subject matter experts and authorities, are in a unique and critical position to seize upon these benefits. By incorporating competition analysis into your policy assessment, you can maximize the benefits of competition while still achieving your policy goals.

Such competition analysis can be complex, but is worthwhile and the Bureau can help. If you would like to discuss the Competition Assessment Toolkit, or have questions about particular policy proposals or the suggestions above, please contact our Competition Promotion Branch.

Yours Truly,

Bradley Callaghan  
Associate Deputy Commissioner  
Competition Promotion Branch  
Competition Bureau

---

<sup>4</sup> *Ibid.* See Step 5: Conduct an ex-post assessment.

## Appendix III

### Dietetics Act, 1991 Loi de 1991 sur les diététistes

#### ONTARIO REGULATION 593/94 GENERAL

**Consolidation Period:** From November 19, 2012 to the [e-Laws currency date](#).

Last amendment: 374/12.

Legislative History: 243/97, 181/99, 182/99, 491/99, 301/01, 5/08, 72/12, 374/12.

*This Regulation is made in English only.*

Note that for ease of reading, the proposed Emergency Class of Registration provisions are incorporated below in section 18 within the existing Registration Regulation. The Proposed Emergency Class will be submitted to the Ministry alongside the 2019 Proposed Amendments to the Registration Regulation.

#### CONTENTS

		Sections
<b><u>PART I</u></b>	<b>REGISTRATION</b>	
	<a href="#">CLASSES OF CERTIFICATES</a>	1
	<a href="#">APPLICATION FOR CERTIFICATE OF REGISTRATION</a>	2
	<a href="#">REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS</a>	3
	<a href="#">TERMS, ETC. OF EVERY CERTIFICATE</a>	4-5
	<a href="#">REGISTRATION REQUIREMENTS FOR GENERAL AND TEMPORARY CERTIFICATES</a>	6
	<a href="#">GENERAL CERTIFICATES</a>	7-8
	<a href="#">TEMPORARY CERTIFICATES</a>	9-13
	<a href="#">PROVISIONAL CERTIFICATES</a>	14-18
	<a href="#">SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS</a>	19-23
	<a href="#">TRANSITIONAL</a>	24
<b><u>PART II</u></b>	<b>QUALITY ASSURANCE</b>	
	<a href="#">GENERAL</a>	25-26
	<a href="#">SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT</a>	27-28
	<a href="#">PEER AND PRACTICE ASSESSMENT</a>	29
<b><u>PART III</u></b>	<b>NOTICE OF MEETINGS AND HEARINGS</b>	30

#### PART I REGISTRATION

##### CLASSES OF CERTIFICATES

1. The following are prescribed as classes of certificates of registration for registered dietitians:
  1. General.
  2. Temporary.
  3. Provisional. O. Reg. 72/12, s. 1.

#### 4. Emergency

##### APPLICATION FOR CERTIFICATE OF REGISTRATION

2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any supporting documentation requested by the Registrar and any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.

(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation in his or her application, and any certificate of registration issued to such an applicant shall be deemed to be invalid. O. Reg. 72/12, s. 1.

##### REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

3. (1) An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:
  1. The applicant must provide details about any of the following that relate to the applicant:



- i. A finding of guilt for any of the following:
    - A. An offence under the *Criminal Code* (Canada).
    - B. An offence related to prescribing, compounding, selling or administering drugs.
    - C. An offence, other than a municipal by-law offence or an offence under the *Highway Traffic Act*, that occurred in the course of, or that was related to, the applicant's practice of the profession.
    - D. An offence that was committed while the applicant was impaired by any substance.
    - E. Any other offence that might reasonably be relevant to the applicant's suitability to practise dietetics.
  - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
  - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
  - iv. A finding of professional negligence or malpractice.
  - v. A refusal by any body responsible for the regulation of a profession, in Ontario or in any other jurisdiction, to register the applicant.
  - vi. Whether the applicant is in good standing with, and is fulfilling all terms, conditions and limitations imposed on the applicant by, any body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - vii. Whether the applicant was in good standing at the time he or she ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - viii. Any other event or circumstances that would provide reasonable grounds for the belief that the applicant will not practise dietetics in a safe and ethical manner.
2. The applicant's previous conduct must afford reasonable grounds for the belief that he or she will practise dietetics in a safe and ethical manner.
  3. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of dietetics in Ontario in the manner permitted by a certificate of registration.
  4. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
  5. The applicant must not have a physical or mental condition or disorder that would make it desirable in the interest of the public that he or she not be issued a certificate of registration.
  6. If the applicant is registered by any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant's registration must be in good standing and the applicant must be fulfilling all terms, conditions and limitations imposed on him or her as evidenced by the applicant being in good standing.
  7. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time he or she ceased being registered. O. Reg. 72/12, s. 1.

(2) If any change in circumstances occurs in relation to a matter described in paragraph 1 of subsection (1) after the applicant has submitted an application but before a certificate of registration is issued, the applicant shall immediately provide the College with written details about the change. O. Reg. 72/12, s. 1.

#### TERMS, ETC. OF EVERY CERTIFICATE

4. Every certificate of registration is subject to the following terms, conditions and limitations:
  1. The member shall provide the College with written details about any of the following that relate to the applicant as soon as possible after the member becomes aware of it occurring, but not later than 30 days after the member becomes aware of it occurring:
    - i. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
    - ii. The commencement of a proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
    - iii. A finding of professional negligence or malpractice.
    - iv. The refusal by any body responsible for the regulation of a profession, in Ontario or in any other jurisdiction, to register the member.

- v. The fact that the member is no longer in good standing with, or is no longer fulfilling any terms, conditions or limitations imposed on the member by, any body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - vi. The fact that the member was not in good standing at the time he or she ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
2. The member shall provide the College with written details about any finding of guilt relating to any offence in Ontario or in any other jurisdiction as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
  3. The member shall immediately advise the College in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of dietetics in Ontario in the manner permitted by the certificate of registration.
  4. The member shall maintain professional liability insurance in the amount and in the form as required under the by-laws, and the member shall immediately advise the Registrar if the member no longer maintains such insurance.
  5. The member shall use the following title in reference to his or her practice of dietetics: “Registered Dietitian” and the abbreviation “RD”, or the French equivalent, “diététiste professionnel(le)” and “Dt.P.”. O. Reg. 72/12, s. 1.
5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years. O. Reg. 72/12, s. 1.
- (2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee. O. Reg. 72/12, s. 1.

#### REGISTRATION REQUIREMENTS FOR GENERAL AND TEMPORARY CERTIFICATES

6. (1) An applicant for the issuance of a general or temporary certificate of registration must satisfy either of the following non-exemptible requirements:
1. The applicant has satisfied both of the following requirements:
    - i. The applicant has graduated from,
      - A. a Canadian university program in foods and nutrition accredited by an accrediting agency approved by the Council,
      - B. a Canadian university and has completed subject areas in foods and nutrition required by an accrediting agency approved by the Council, or
      - C. a university program outside Canada that, in the opinion of the Council or a panel of the Registration Committee, is equivalent to sub-subparagraph A or B.
    - ii. The applicant has attained the competence standards acceptable to the Council as demonstrated by,
      - A. successful completion of an internship program in Canada accredited by an accrediting agency approved by the Council, or an internship program outside Canada that the Council or a panel of the Registration Committee considers to be equivalent to an accredited internship in Canada,
      - B. successful completion of a practicum in Canada accredited by an accrediting agency approved by the Council, or a practicum outside Canada that the Council or a panel of the Registration Committee considers to be equivalent to an accredited practicum in Canada,
      - C. successful completion of a graduate degree program acceptable to the Council, or
      - D. successful completion of a program of practical experience that, in the opinion of the Council or a panel of the Registration Committee, is equivalent to a program or practicum mentioned in sub-subparagraph A or B.
  2. The applicant has successfully completed a prior learning assessment that was conducted by the Registration Committee or by a body approved by the Registration Committee. O. Reg. 72/12, s. 1.
- (2) If the applicant has not completed either of the requirements set out in paragraph 1 or 2 of subsection (1) within the three years immediately before the date that the applicant submitted his or her application, the applicant must,
- (a) have successfully completed a refresher or upgrading program approved by the Registration Committee;
  - (b) hold a certificate of registration of another class with the College; or

- (c) satisfy the Registration Committee that he or she has been registered as a dietitian in another jurisdiction and has practised safely as a dietitian in that other jurisdiction within the three years immediately before the date of the application. O. Reg. 72/12, s. 1.

#### GENERAL CERTIFICATES

7. It is an additional non-exemptible requirement for the issuance of a general certificate of registration that the applicant has successfully completed the registration examinations set or approved by the Council. O. Reg. 72/12, s. 1.

8. (1) If an applicant already holds an out-of-province certificate that is equivalent to a general certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in sections 6 and 7. O. Reg. 72/12, s. 1.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a general certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

#### TEMPORARY CERTIFICATES

9. The following are additional non-exemptible registration requirements for the issuance of a temporary certificate of registration:

1. The applicant has not previously held a temporary certificate of registration.
2. One of the following circumstances exist:
  - i. The applicant has applied to take the registration examinations referred to in section 7, but has not yet taken the examinations.
  - ii. The applicant has taken the registration examinations, but has not yet received the results.
  - iii. The applicant has failed the registration examinations on his or her first attempt and is either actively attempting to retake the examinations or is waiting for the results of his or her second attempt. O. Reg. 72/12, s. 1.

10. The following are additional terms, conditions and limitations of a temporary certificate of registration:

1. If the member failed the registration examinations on his or her first attempt,
  - i. the member shall only practise the profession under the supervision of a member who holds a general certificate of registration and who has agreed in writing in the form provided by the Registrar to supervise the applicant and be responsible for ensuring that the applicant provides appropriate care to clients,
  - ii. the member shall only practise in accordance with that written agreement and the standards of practice of the profession, and
  - iii. the member shall provide to the Registrar, upon request, information that demonstrates the member's compliance with subparagraphs i and ii and shall give such information in the form and manner as requested.
2. The member shall not supervise another member.
3. The member must be actively attempting to successfully complete the registration examinations. O. Reg. 72/12, s. 1.

11. (1) Subject to subsections (2) and (3), a temporary certificate of registration expires on the earlier of the day that is 16 months after the certificate was issued and the day on which the member receives notice that he or she has failed the registration examinations a second time. O. Reg. 72/12, s. 1.

(2) The Registrar may extend a temporary certificate of registration if the following conditions are met:

1. The member's temporary certificate of registration has not expired.
2. The member failed the registration examinations on his or her first attempt.

3. The member applies to the Registrar for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.
- (3) An extension of a temporary certificate of registration expires on the earlier of,
  - (a) the day specified by the Registrar or, if the Registrar has not specified a day, the day that is one year after the day the extension was granted; and
  - (b) the day on which the member receives notice that he or she has failed the registration examinations a second time. O. Reg. 72/12, s. 1.
- (4) For the purposes of subsection (1) and clause (3) (b), there is a rebuttable presumption that the member received the notice,
  - (a) the day after the notice is sent if the notice is sent by fax, email or by any other electronic means; or
  - (b) the day that is five days after the notice is sent if the notice is sent by any other means. O. Reg. 72/12, s. 1.
- 12.** A holder of a temporary certificate of registration shall be issued a general certificate of registration if the member successfully completes the registration examinations set or approved by the Council and meets all of the requirements for the issuance of a general certificate of registration. O. Reg. 72/12, s. 1.
- 13.** (1) If an applicant already holds an out-of-province certificate that is equivalent to a temporary certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in sections 6 and 9. O. Reg. 72/12, s. 1.
  - (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.
  - (3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.
  - (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.
  - (5) If a member is issued a temporary certificate of registration on the basis of an application made under this section, the references to "registration examinations" in sections 10, 11 and 12 are references to such registration examinations that are required by the body that issued the out-of-province certificate. O. Reg. 72/12, s. 1.
  - (6) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

#### PROVISIONAL CERTIFICATES

- 14.** (1) It is an additional registration requirement for a provisional certificate of registration that a panel of the Registration Committee be of the opinion that,
  - (a) the applicant would have satisfied the requirements set out in either paragraph 1 or 2 of subsection 6 (1), but his or her education or practical training does not include completion of coursework or practical training in a particular area of practice in dietetics;
  - (b) the applicant will become competent in that area of practice within 18 months after being issued a provisional certificate of registration; and
  - (c) the applicant can practise safely in all others areas of practice relating to dietetics. O. Reg. 72/12, s. 1.
- (2) The applicant must satisfy the requirements set out in subsection 6 (2) if both of the following circumstances exist:
  1. The applicant has not been engaged in the education or practical training requirements described in paragraph 1 of subsection 6 (1) within the three years immediately before the date that the applicant submitted his or her application.
  2. The applicant has not completed a prior learning assessment described in paragraph 2 of subsection 6 (1) within the three years immediately before the date that the applicant submitted his or her application. O. Reg. 72/12, s. 1.
- 15.** The following are additional terms, conditions and limitations of a provisional certificate of registration:
  1. The member shall not practise dietetics in the area of practice referred to in clause 14 (1) (a).

2. The member shall actively pursue practical training or educational activities, or both, that are approved by the Registration Committee and that are designed to enable the member to become competent in the area of practice. O. Reg. 72/12, s. 1.
16. (1) Subject to subsection (2), a provisional certificate of registration expires on the day that is 18 months after it is issued or on the day as may be specified by a panel of the Registration Committee, whichever is earlier. O. Reg. 72/12, s. 1.
- (2) The Registrar may extend a provisional certificate of registration for a period of no more than six months, if the member applies for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.
17. A holder of a provisional certificate of registration shall be issued a general certificate of registration,
- (a) if he or she satisfies a panel of the Registration Committee that he or she has become competent in the area of practice referred to in clause 14 (1) (a); and
- (b) if he or she has otherwise met all the requirements for a general certificate of registration. O. Reg. 72/12, s. 1.
18. (1) If an applicant already holds an out-of-province certificate that is equivalent to a provisional certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in section 14. O. Reg. 72/12, s. 1.
- (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.
- (3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a provisional certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.
- (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.
- (5) If a member is issued a provisional certificate of registration on the basis of an application made under this section, the following rules apply:
1. The reference to "the area of practice referred to in clause 14 (1) (a)" in paragraph 1 of section 15 is a reference to such area of practice in dietetics that the body that issued the out-of-province certificate identified as an area that was not included in the member's education or practical training.
  2. The reference to "practical training or educational activities, or both, that are approved by the Registration Committee" in paragraph 2 of section 15 is a reference to such training or activities that are approved by the body that issued the out-of-province certificate. O. Reg. 72/12, s. 1.
- (6) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

### EMERGENCY CERTIFICATES

#### 18.1. The following are additional non-exemptible requirements for the issuance of an emergency certificate of registration:

1. The Minister has requested the College to issue and renew certificates of registration in the emergency class to qualified applicants; or

~~2. Council has declared the existence of emergency circumstances where it is in the public interest for the College to issue and renew certificates of registration in the emergency class to qualified applicants.~~

3. The applicant meets the requirements of section 6.

4. The applicant must not have failed the registration examinations on any attempts.

#### 18.2. The following are additional terms, conditions and limitations of an emergency certificate of registration:

1. The member shall not supervise another members.

18.3.(1) Unless otherwise stated on the certificate, an emergency certificate of registration expires ~~one year~~ six months after it is issued, unless it is renewed.

(2) Unless otherwise stated on the certificate, a renewed emergency certificate of registration expires ~~one year~~ six months after it is renewed, unless it is renewed again.

(3) Despite subsections (1) and (2), an emergency certificate of registration expires ~~six months~~ 30 days after the earlier of

(i) the date the Minister withdraws their request that emergency certificates of registration of registration be issued or renewed, and

(ii) the date the Council declares that the emergency circumstances where it is in the interest of the public to issue and renew emergency certificates of registration have ended.

18.4. A member who holds an emergency certificate of registration and has done so for at least six months may be issued a certificate of registration in the temporary class despite not having met the requirements set out in paragraph 42 of section 9 and paragraph 3 of section 10 if the member,

(a) applies for a temporary certificate of registration; and

(b) satisfies all other requirements for a temporary certificate of registration.

~~18.5. (1) Despite section 11 and subject to subsections (2) and (3), the certificate of registration of a member who moved into the temporary class from the emergency class expires on the earlier of the day that is 1624 months after the temporary certificate was issued and the day on which the member receives notice that he or she has failed the registration examinations a second time.~~

~~(2) The Registrar may extend a temporary certificate of registration if the following conditions are met:~~

~~1. The member's temporary certificate of registration has not expired.~~

~~2. The member failed the registration examinations on his or her first attempt.~~

~~3. The member applies to the Registrar for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws.~~

~~(3) An extension of a temporary certificate of registration expires on the earlier of,~~

~~(a) the day specified by the Registrar or, if the Registrar has not specified a day, the day that is one year after the day the extension was granted; and~~

~~(b) the day on which the member receives notice that he or she has failed the registration examinations a second time.~~

~~(4) For the purposes of subsection (1) and clause (3) (b), there is a rebuttable presumption that the member received the notice,~~

~~(a) the day after the notice is sent if the notice is sent by fax, email or by any other electronic means; or~~

~~(b) the day that is five days after the notice is sent if the notice is sent by any other means.~~

#### SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS

19. (1) If a member fails to provide the College with information about the member as required under the by-laws,

(a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and

(b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given. O. Reg. 72/12, s. 1.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

(a) the former member has given the required information to the College;

(b) the former member has paid any fees required under the by-laws for lifting the suspension;

- (c) the former member has paid any other outstanding fees required under the by-laws;
- (d) the former member is in compliance with any outstanding orders issued by any committee of the College or with any undertakings given by the former member to the College; and
- (e) the former member will be in compliance with all of the terms, conditions and limitations of the certificate as of the anticipated date on which the suspension is to be lifted. O. Reg. 72/12, s. 1.

**20.** (1) If the College requests evidence that the member holds professional liability insurance in the amount and in the form as required under the by-laws and the member fails to provide such evidence within 14 days of having been requested to do so,

- (a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and
- (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the evidence within 30 days after the notice is given. O. Reg. 72/12, s. 1.

(2) If a member advises the Registrar that they no longer maintain professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration. O. Reg. 72/12, s. 1.

(3) If the Registrar suspends the member's certificate of registration under subsection (1) or (2), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member holds professional liability insurance in the amount and in the form as required under the by-laws;
- (b) the former member has paid any fees required under the by-laws for lifting the suspension;
- (c) the former member has paid any other outstanding fees required under the by-laws;
- (d) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College; and
- (e) the former member will be in compliance with all of the terms, conditions and limitations of the certificate as of the anticipated date on which the suspension is to be lifted. O. Reg. 72/12, s. 1.

**21.** If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon payment of any applicable fees and penalties required under the by-laws. O. Reg. 72/12, s. 1.

**22.** (1) If the Registrar suspends a member's certificate of registration under section 19 or 20 and the suspension has not been lifted, the certificate is revoked on the day that is 12 months after the day it was suspended. O. Reg. 72/12, s. 1.

(2) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a fee, the certificate is revoked on the day that is six months after the day it was suspended. O. Reg. 72/12, s. 1.

**23.** (1) A former member whose certificate of registration was revoked under section 22 may apply for the reinstatement of his or her certificate within two years after the date on which the certificate was revoked by submitting a completed application to the Registrar in the form provided by the Registrar. O. Reg. 72/12, s. 1.

- (2) The Registrar shall reinstate the former member's certificate of registration,
  - (a) if the Registrar is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate;
  - (b) if the Registrar is satisfied that the former member will be in compliance with all of the certificate's terms, conditions and limitations as of the date of the anticipated reinstatement; and
  - (c) if the former member has paid any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.

#### TRANSITIONAL

**24.** (1) If a person submitted an application for a certificate of registration before the coming into force of this Part, and that application was still being dealt with at the time this Part came into force, Part III.1, as it read immediately before it was revoked, applies with respect to that application. O. Reg. 72/12, s. 1.

(2) Despite subsection (1), an applicant and the Registrar may agree that this Part applies with respect to an application submitted before the coming into force of this Part. O. Reg. 72/12, s. 1.



April 14, 2023

## **Competition Bureau comments on the Creation of Emergency Class Certificate of Registration**

Thank you for the invitation to comment on the creation of emergency classes of registration as required by Ontario Regulation 508/22 under the *Regulated Health Professions Act, 1991* (Amendments).

The Competition Bureau (Bureau), as an independent law enforcement agency, ensures that Canadians prosper in a competitive and innovative marketplace. As part of its mandate, the Bureau promotes and advocates for the benefits of competition.

### *Why competition matters*

Ontario's health regulatory Colleges (Colleges) play a critical role in protecting the public by making sure healthcare professionals are safe, ethical and competent.<sup>1</sup> Pro-competitive policies can help to advance these goals, as described in our market study: [Empowering health care providers in the digital era](#). The study explained how policymakers can leverage technology to gain the benefits of competition including improved quality of care, access to care and fostering innovation and its adoption. Pro-competitive policies can have other benefits in healthcare, including contributing to the resilience of the workforce by lowering barriers to entry. As made evident by the COVID-19 pandemic, this is particularly important during emergencies, which can create additional shortages and pressures on healthcare workers.

The Bureau recommends that the Colleges create these emergency classes of registration to maximize the benefits of competition, such as increasing the supply of qualified healthcare workers, and advance their goal of protecting the public. Further, the lessons learned in the process may also be used to benefit competition and public safety during times of non-emergency.

### *Competition assessment in policymaking*

The Bureau's [Competition Assessment Toolkit](#) was designed to assist policymakers in identifying competition issues and tailoring policies to maximize the benefits of competition. Once a policy is identified for assessment, the policymaker should consider whether it has the potential to restrict competition. This may be the case if it makes it difficult for businesses to emerge or compete, or for consumers to make informed choices or switch products or services.

The policymaker should then consider whether a feature in the policy that could restrict competition is necessary, narrowly cast and proportionate. If there is an alternative that

---

<sup>1</sup> Health Profession Regulators of Ontario (2023). [Professions and their Regulatory Bodies](#).





achieves their policy goal in a more competition friendly manner, they should implement it accordingly and monitor its effects moving forward for any unintended consequences.

### *Restrictions and alternatives*

The various registration requirements set out by the Colleges for healthcare workers to practice are barriers to entry for future workers. Such barriers are intended to keep the public safe by ensuring that healthcare workers are ethical and competent to practice. During an emergency though, increased demand for healthcare services and strains on healthcare workers can result in labor shortages that may present their own risk to public safety.<sup>2</sup> Temporarily easing these registration requirements with an emergency class of registration (and thereby increasing or speeding up the entry of healthcare workers) can balance these risks.

By setting up the emergency class of registration to only be as restrictive as necessary during times of emergency, the Colleges can maximize the benefits of competition (i.e. a more resilient healthcare workforce and patient safety). The Amendments require the Colleges to establish registration requirements for individuals joining the emergency class. These requirements can be used to lower barriers to enter the profession. For example, by allowing for competent healthcare students, recent graduates or accredited workers from other jurisdictions to register and by exempting certain requirements for emergency class registrants to move to another class. To strike the right balance between the risks and benefits associated with temporarily lowering these barriers requires the medical expertise of the Colleges. The Bureau hopes that the framework of a competition analysis presented in the Competition Assessment Toolkit may be helpful in doing so.

The Bureau also encourages the Colleges to consider how pro-competitive policies can benefit patients and healthcare workers outside of times of emergency as well. The Amendments require the Colleges to specify a path for healthcare workers in the emergency class to move into other classes of practice and to be exempted from certain registration requirements in doing so. Such exemptions will lower barriers to entry for those workers on a more permanent basis. These lowered barriers are likely to result in faster entry and more licensed healthcare providers, and as a result, a more resilient workforce. As such, the competitive benefits of the emergency class certification extend outside of times of emergency. We encourage the Colleges to use their expertise to make these exemptions as broad as possible to maximize the benefits of competition, while still meeting the central health and safety objectives of registration requirements.

In making these decisions, as in performing any competition assessment, the Colleges should base their decision to the greatest extent possible on objective empirical evidence.<sup>3</sup> To the extent data on the effects of similar exemptions in other jurisdictions or during the COVID-19 pandemic are available, this could inform their decision. It may also be beneficial to track data on worker entry and patient safety for healthcare workers operating under the emergency class provisions going forward. This data could be used to make future adjustments to the exemptions provided for under the emergency class, relaxing or

---

<sup>2</sup> Canadian Institute for Health Information (November 2022). [Health workforce in Canada: In focus \(including nurses and physicians\)](#).

<sup>3</sup> Competition Bureau (2020). [Strengthening Canada's economy through pro-competitive policies](#). See Step 3: Identify alternatives to address policy goals, if necessary.



tightening them as needed.<sup>4</sup> Perhaps more importantly, this same data could also be used to determine whether the regular registration requirements are as necessary, narrowly cast and proportionate as can be. Having identified how much these barriers to entry can be safely lowered to offset the risk of worker shortages during times of emergency, those lessons may be used to maximize the benefits of competition in ordinary times.

*We're here to help*

The Bureau's goal is to promote the benefits of competition across the Canadian economy. On the other end, policymakers, as subject matter experts and authorities, are in a unique and critical position to seize upon these benefits. By incorporating competition analysis into your policy assessment, you can maximize the benefits of competition while still achieving your policy goals.

Such competition analysis can be complex, but is worthwhile and the Bureau can help. If you would like to discuss the Competition Assessment Toolkit, or have questions about particular policy proposals or the suggestions above, please contact our Competition Promotion Branch.

Yours Truly,

Bradley Callaghan  
Associate Deputy Commissioner  
Competition Promotion Branch  
Competition Bureau

---

<sup>4</sup> *Ibid.* See Step 5: Conduct an ex-post assessment.

*Alliance of*  
**Canadian Dietetic  
Regulatory Bodies**



**British Columbia**  
College of Dietitians of  
British Columbia (CDBC)

April 4, 2023

**VIA ELECTRONIC MAIL**

**Alberta**  
College of Dietitians of  
Alberta (CDA)

Melanie Woodbeck  
Registrar and Executive Director  
College of Dietitians of Ontario

**Saskatchewan**  
Saskatchewan Dietitians  
Association (SDA)

Dear Melanie,

**Manitoba**  
College of Dietitians of  
Manitoba (CDM)

Thank you for providing the Alliance and individual dietetic regulatory bodies an opportunity to provide feedback on the proposed amendments to the Registration Regulation, including the introduction of an Emergency Class of Registration.

**Ontario**  
College of Dietitians of  
Ontario (CDO)

If our understanding of the proposed amendments is correct, the Alliance is concerned about the following potential scenario that could arise:

**Québec**  
Ordre des  
Diététistes-nutritionniste du  
Québec (ODNQ)

- an applicant seeks emergency class but technically qualifies as temporary registrant and
- during their time in the emergency registration class, they are not required to write to Canadian Dietetic Registration Examination (CDRE),
- the registrant can renew their emergency registration, for an additional year,
- the registration can then be converted to temporary registration and the member would still have 24 months to write the CDRE.
- the registrant fails their first attempt at the CDRE and are now required to be supervised, yet they may have been practicing for 4 years independently at that point.

**New Brunswick**  
New Brunswick Association  
of Dietitians (NBAD/ADNB)

**Prince Edward Island**  
College of Dietitians of PEI  
(CDPEI)

Although we understand this scenario may be unlikely, it can set a precedent on what is considered an important registration requirement to practice safely in Canada. We also want to note that Canadian dietetic education programs are currently going through a transition of accreditation service provider, for the purpose of program approval and registration eligibility. Previous gaps in oversight have been identified, including accreditation cycle of almost 10 years for certain programs. The Alliance relies on the CDRE during this transition to ensure that candidates are practice ready and can deliver competent and safe dietetic care.

**Nova Scotia**  
Nova Scotia College of  
Dietitians and Nutritionists  
(NSCDN)

**Newfoundland &  
Labrador**  
Newfoundland & Labrador  
College of Dietitians (NLCD)

Policy #4 of the Canadian Dietetic Registration Examination Policies, indicates that “regulatory bodies in each province will set an application deadline for candidates **to take the next sitting of the CDRE.**” In other jurisdictions that have both temporary and emergency registration, temporary registrants are not eligible for emergency registration because of that requirement.

# Alliance of Canadian Dietetic Regulatory Bodies



Page 2  
April 4, 2023

**TO:** Melanie Woodbeck  
**FROM:** Joanie Bouchard

---

**British Columbia**  
College of Dietitians of  
British Columbia (CDBC)

**Alberta**  
College of Dietitians of  
Alberta (CDA)

**Saskatchewan**  
Saskatchewan Dietitians  
Association (SDA)

**Manitoba**  
College of Dietitians of  
Manitoba (CDM)

**Ontario**  
College of Dietitians of  
Ontario (CDO)

**Québec**  
Ordre des  
Diététistes-nutritionniste du  
Québec (ODNQ)

**New Brunswick**  
New Brunswick Association  
of Dietitians (NBAD/ADNB)

**Prince Edward Island**  
College of Dietitians of PEI  
(CDPEI)

**Nova Scotia**  
Nova Scotia College of  
Dietitians and Nutritionists  
(NSCDN)

**Newfoundland &  
Labrador**  
Newfoundland & Labrador  
College of Dietitians (NLCD)

This can also affect labor mobility. Labour Mobility provisions of the Canadian Free Trade Agreement state that certified workers have to be recognized as qualified to work by a regulatory body in another province which regulates that occupation, without having to go through significant additional training, work experience, examination or assessment. The Alliance is concerned about being forced to register applicants under the agreement that are not meeting the policy mentioned above.

An emergency is usually defined as an imminent or present event or disaster caused by accident, human actions or the forces of nature that requires prompt coordination of action to protect or manage the health, safety or welfare of the public or to limit damage to property. We understand from CDO's communication that the intent of the new emergency class is to reduce barriers and expedite the registration of applicants. We do not see how removing the requirement of writing the first CDRE sitting will expedite the registration process, given this requirement comes after the license is granted. Additionally, there is already a class of registration available for registrants who do not meet the requirement of having successfully completed the CDRE. If a circumstance arises that prevents the CDRE from being held, it will not present a barrier to practice for active temporary registrants.

We hope that our concerns and comments will be taken into consideration to further refine the proposed amendments. We also trust that the College will share the Alliance's comments with the relevant staff within government so the national impacts can be well understood.

Sincerely,

Joanie Bouchard, M.Sc. RD  
Chair, on behalf of  
ALLIANCE OF CANADIAN DIETETIC REGULATORY BODIES

## Appendix III

### Dietetics Act, 1991 Loi de 1991 sur les diététistes

### ONTARIO REGULATION 593/94 GENERAL

**Consolidation Period:** From November 19, 2012 to the [e-Laws currency date](#).

Last amendment: 374/12.

Legislative History: 243/97, 181/99, 182/99, 491/99, 301/01, 5/08, 72/12, 374/12.

*This Regulation is made in English only.*

Note that for ease of reading, the proposed Emergency Class of Registration provisions are incorporated below in section 18 within the existing Registration Regulation. The Proposed Emergency Class will be submitted to the Ministry alongside the 2019 Proposed Amendments to the Registration Regulation.

#### CONTENTS

		Sections
<b><u>PART I</u></b>	<b>REGISTRATION</b>	
	<a href="#">CLASSES OF CERTIFICATES</a>	1
	<a href="#">APPLICATION FOR CERTIFICATE OF REGISTRATION</a>	2
	<a href="#">REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS</a>	3
	<a href="#">TERMS, ETC. OF EVERY CERTIFICATE</a>	4-5
	<a href="#">REGISTRATION REQUIREMENTS FOR GENERAL AND TEMPORARY CERTIFICATES</a>	6
	<a href="#">GENERAL CERTIFICATES</a>	7-8
	<a href="#">TEMPORARY CERTIFICATES</a>	9-13
	<a href="#">PROVISIONAL CERTIFICATES</a>	14-18
	<a href="#">SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS</a>	19-23
	<a href="#">TRANSITIONAL</a>	24
<b><u>PART II</u></b>	<b>QUALITY ASSURANCE</b>	
	<a href="#">GENERAL</a>	25-26
	<a href="#">SELF-ASSESSMENT, CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT</a>	27-28
	<a href="#">PEER AND PRACTICE ASSESSMENT</a>	29
<b><u>PART III</u></b>	<b>NOTICE OF MEETINGS AND HEARINGS</b>	30

#### PART I REGISTRATION

##### CLASSES OF CERTIFICATES

1. The following are prescribed as classes of certificates of registration for registered dietitians:
  1. General.
  2. Temporary.
  3. Provisional. O. Reg. 72/12, s. 1.

#### 4. Emergency

##### APPLICATION FOR CERTIFICATE OF REGISTRATION

2. (1) A person may apply for a certificate of registration by submitting a completed application in the form provided by the Registrar together with any supporting documentation requested by the Registrar and any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.

(2) An applicant shall be deemed not to have satisfied the registration requirements for a certificate of registration if the applicant makes a false or misleading statement or representation in his or her application, and any certificate of registration issued to such an applicant shall be deemed to be invalid. O. Reg. 72/12, s. 1.

##### REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

3. (1) An applicant must satisfy the following requirements for the issuance of a certificate of registration of any class:
  1. The applicant must provide details about any of the following that relate to the applicant:

- i. A finding of guilt for any of the following:
    - A. An offence under the *Criminal Code* (Canada).
    - B. An offence related to prescribing, compounding, selling or administering drugs.
    - C. An offence, other than a municipal by-law offence or an offence under the *Highway Traffic Act*, that occurred in the course of, or that was related to, the applicant's practice of the profession.
    - D. An offence that was committed while the applicant was impaired by any substance.
    - E. Any other offence that might reasonably be relevant to the applicant's suitability to practise dietetics.
  - ii. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
  - iii. A current proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
  - iv. A finding of professional negligence or malpractice.
  - v. A refusal by any body responsible for the regulation of a profession, in Ontario or in any other jurisdiction, to register the applicant.
  - vi. Whether the applicant is in good standing with, and is fulfilling all terms, conditions and limitations imposed on the applicant by, any body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - vii. Whether the applicant was in good standing at the time he or she ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - viii. Any other event or circumstances that would provide reasonable grounds for the belief that the applicant will not practise dietetics in a safe and ethical manner.
2. The applicant's previous conduct must afford reasonable grounds for the belief that he or she will practise dietetics in a safe and ethical manner.
  3. The applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of dietetics in Ontario in the manner permitted by a certificate of registration.
  4. The applicant must possess sufficient language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
  5. The applicant must not have a physical or mental condition or disorder that would make it desirable in the interest of the public that he or she not be issued a certificate of registration.
  6. If the applicant is registered by any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant's registration must be in good standing and the applicant must be fulfilling all terms, conditions and limitations imposed on him or her as evidenced by the applicant being in good standing.
  7. If the applicant ceased being registered with any body responsible for the regulation of a profession in Ontario or in any other jurisdiction, the applicant must have been in good standing at the time he or she ceased being registered. O. Reg. 72/12, s. 1.
- (2) If any change in circumstances occurs in relation to a matter described in paragraph 1 of subsection (1) after the applicant has submitted an application but before a certificate of registration is issued, the applicant shall immediately provide the College with written details about the change. O. Reg. 72/12, s. 1.

#### TERMS, ETC. OF EVERY CERTIFICATE

4. Every certificate of registration is subject to the following terms, conditions and limitations:
  1. The member shall provide the College with written details about any of the following that relate to the applicant as soon as possible after the member becomes aware of it occurring, but not later than 30 days after the member becomes aware of it occurring:
    - i. A finding of professional misconduct, incompetence or incapacity, or any similar finding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
    - ii. The commencement of a proceeding for professional misconduct, incompetence or incapacity, or any similar proceeding, in Ontario in relation to another profession, or in another jurisdiction in relation to any profession.
    - iii. A finding of professional negligence or malpractice.
    - iv. The refusal by any body responsible for the regulation of a profession, in Ontario or in any other jurisdiction, to register the member.

- v. The fact that the member is no longer in good standing with, or is no longer fulfilling any terms, conditions or limitations imposed on the member by, any body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
  - vi. The fact that the member was not in good standing at the time he or she ceased being registered with a body responsible for the regulation of a profession in Ontario or in any other jurisdiction.
2. The member shall provide the College with written details about any finding of guilt relating to any offence in Ontario or in any other jurisdiction as soon as possible after receiving notice of the finding, but not later than 30 days after receiving the notice.
  3. The member shall immediately advise the College in writing in the event the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of dietetics in Ontario in the manner permitted by the certificate of registration.
  4. The member shall maintain professional liability insurance in the amount and in the form as required under the by-laws, and the member shall immediately advise the Registrar if the member no longer maintains such insurance.
  5. The member shall use the following title in reference to his or her practice of dietetics: “Registered Dietitian” and the abbreviation “RD”, or the French equivalent, “diététiste professionnel(le)” and “Dt.P.”. O. Reg. 72/12, s. 1.
5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years. O. Reg. 72/12, s. 1.
- (2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee. O. Reg. 72/12, s. 1.

#### REGISTRATION REQUIREMENTS FOR GENERAL AND TEMPORARY CERTIFICATES

6. (1) An applicant for the issuance of a general or temporary certificate of registration must satisfy either of the following non-exemptible requirements:
1. The applicant has satisfied both of the following requirements:
    - i. The applicant has graduated from,
      - A. a Canadian university program in foods and nutrition accredited by an accrediting agency approved by the Council,
      - B. a Canadian university and has completed subject areas in foods and nutrition required by an accrediting agency approved by the Council, or
      - C. a university program outside Canada that, in the opinion of the Council or a panel of the Registration Committee, is equivalent to sub-subparagraph A or B.
    - ii. The applicant has attained the competence standards acceptable to the Council as demonstrated by,
      - A. successful completion of an internship program in Canada accredited by an accrediting agency approved by the Council, or an internship program outside Canada that the Council or a panel of the Registration Committee considers to be equivalent to an accredited internship in Canada,
      - B. successful completion of a practicum in Canada accredited by an accrediting agency approved by the Council, or a practicum outside Canada that the Council or a panel of the Registration Committee considers to be equivalent to an accredited practicum in Canada,
      - C. successful completion of a graduate degree program acceptable to the Council, or
      - D. successful completion of a program of practical experience that, in the opinion of the Council or a panel of the Registration Committee, is equivalent to a program or practicum mentioned in sub-subparagraph A or B.
  2. The applicant has successfully completed a prior learning assessment that was conducted by the Registration Committee or by a body approved by the Registration Committee. O. Reg. 72/12, s. 1.
- (2) If the applicant has not completed either of the requirements set out in paragraph 1 or 2 of subsection (1) within the three years immediately before the date that the applicant submitted his or her application, the applicant must,
- (a) have successfully completed a refresher or upgrading program approved by the Registration Committee;
  - (b) hold a certificate of registration of another class with the College; or

- (c) satisfy the Registration Committee that he or she has been registered as a dietitian in another jurisdiction and has practised safely as a dietitian in that other jurisdiction within the three years immediately before the date of the application. O. Reg. 72/12, s. 1.

#### GENERAL CERTIFICATES

7. It is an additional non-exemptible requirement for the issuance of a general certificate of registration that the applicant has successfully completed the registration examinations set or approved by the Council. O. Reg. 72/12, s. 1.

8. (1) If an applicant already holds an out-of-province certificate that is equivalent to a general certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in sections 6 and 7. O. Reg. 72/12, s. 1.

(2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.

(3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a general certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.

(5) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

#### TEMPORARY CERTIFICATES

9. The following are additional non-exemptible registration requirements for the issuance of a temporary certificate of registration:

1. The applicant has not previously held a temporary certificate of registration.
2. One of the following circumstances exist:
  - i. The applicant has applied to take the registration examinations referred to in section 7, but has not yet taken the examinations.
  - ii. The applicant has taken the registration examinations, but has not yet received the results.
  - iii. The applicant has failed the registration examinations on his or her first attempt and is either actively attempting to retake the examinations or is waiting for the results of his or her second attempt. O. Reg. 72/12, s. 1.

10. The following are additional terms, conditions and limitations of a temporary certificate of registration:

1. If the member failed the registration examinations on his or her first attempt,
  - i. the member shall only practise the profession under the supervision of a member who holds a general certificate of registration and who has agreed in writing in the form provided by the Registrar to supervise the applicant and be responsible for ensuring that the applicant provides appropriate care to clients,
  - ii. the member shall only practise in accordance with that written agreement and the standards of practice of the profession, and
  - iii. the member shall provide to the Registrar, upon request, information that demonstrates the member's compliance with subparagraphs i and ii and shall give such information in the form and manner as requested.

2. The member shall not supervise another member.

3. The member must be actively attempting to successfully complete the registration examinations. O. Reg. 72/12, s. 1.

11. (1) Subject to subsections (2) and (3), a temporary certificate of registration expires on the earlier of the day that is 16 months after the certificate was issued and the day on which the member receives notice that he or she has failed the registration examinations a second time. O. Reg. 72/12, s. 1.

(2) The Registrar may extend a temporary certificate of registration if the following conditions are met:

1. The member's temporary certificate of registration has not expired.
2. The member failed the registration examinations on his or her first attempt.



3. The member applies to the Registrar for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.
- (3) An extension of a temporary certificate of registration expires on the earlier of,
  - (a) the day specified by the Registrar or, if the Registrar has not specified a day, the day that is one year after the day the extension was granted; and
  - (b) the day on which the member receives notice that he or she has failed the registration examinations a second time. O. Reg. 72/12, s. 1.
- (4) For the purposes of subsection (1) and clause (3) (b), there is a rebuttable presumption that the member received the notice,
  - (a) the day after the notice is sent if the notice is sent by fax, email or by any other electronic means; or
  - (b) the day that is five days after the notice is sent if the notice is sent by any other means. O. Reg. 72/12, s. 1.
- 12.** A holder of a temporary certificate of registration shall be issued a general certificate of registration if the member successfully completes the registration examinations set or approved by the Council and meets all of the requirements for the issuance of a general certificate of registration. O. Reg. 72/12, s. 1.
- 13.** (1) If an applicant already holds an out-of-province certificate that is equivalent to a temporary certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in sections 6 and 9. O. Reg. 72/12, s. 1.
  - (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.
  - (3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.
  - (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.
  - (5) If a member is issued a temporary certificate of registration on the basis of an application made under this section, the references to "registration examinations" in sections 10, 11 and 12 are references to such registration examinations that are required by the body that issued the out-of-province certificate. O. Reg. 72/12, s. 1.
  - (6) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

#### PROVISIONAL CERTIFICATES

- 14.** (1) It is an additional registration requirement for a provisional certificate of registration that a panel of the Registration Committee be of the opinion that,
  - (a) the applicant would have satisfied the requirements set out in either paragraph 1 or 2 of subsection 6 (1), but his or her education or practical training does not include completion of coursework or practical training in a particular area of practice in dietetics;
  - (b) the applicant will become competent in that area of practice within 18 months after being issued a provisional certificate of registration; and
  - (c) the applicant can practise safely in all others areas of practice relating to dietetics. O. Reg. 72/12, s. 1.
- (2) The applicant must satisfy the requirements set out in subsection 6 (2) if both of the following circumstances exist:
  1. The applicant has not been engaged in the education or practical training requirements described in paragraph 1 of subsection 6 (1) within the three years immediately before the date that the applicant submitted his or her application.
  2. The applicant has not completed a prior learning assessment described in paragraph 2 of subsection 6 (1) within the three years immediately before the date that the applicant submitted his or her application. O. Reg. 72/12, s. 1.
- 15.** The following are additional terms, conditions and limitations of a provisional certificate of registration:
  1. The member shall not practise dietetics in the area of practice referred to in clause 14 (1) (a).

2. The member shall actively pursue practical training or educational activities, or both, that are approved by the Registration Committee and that are designed to enable the member to become competent in the area of practice. O. Reg. 72/12, s. 1.
- 16.** (1) Subject to subsection (2), a provisional certificate of registration expires on the day that is 18 months after it is issued or on the day as may be specified by a panel of the Registration Committee, whichever is earlier. O. Reg. 72/12, s. 1.
- (2) The Registrar may extend a provisional certificate of registration for a period of no more than six months, if the member applies for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.
- 17.** A holder of a provisional certificate of registration shall be issued a general certificate of registration,
- (a) if he or she satisfies a panel of the Registration Committee that he or she has become competent in the area of practice referred to in clause 14 (1) (a); and
- (b) if he or she has otherwise met all the requirements for a general certificate of registration. O. Reg. 72/12, s. 1.
- 18.** (1) If an applicant already holds an out-of-province certificate that is equivalent to a provisional certificate of registration issued by the College, the applicant is deemed to have met the requirements set out in paragraph 6 of subsection 3 (1) and in section 14. O. Reg. 72/12, s. 1.
- (2) It is a non-exemptible registration requirement that an applicant referred to in subsection (1) provide one or more certificates or letters or other evidence satisfactory to the Registrar or a panel of the Registration Committee confirming that the applicant is in good standing as a dietitian in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 72/12, s. 1.
- (3) If an applicant to whom subsection (1) applies is unable to satisfy the Registrar or a panel of the Registration Committee that the applicant practised the profession of dietetics to the extent that would be permitted by a provisional certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 72/12, s. 1.
- (4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 4 of subsection 3 (1) if the requirements for the issuance of the out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 72/12, s. 1.
- (5) If a member is issued a provisional certificate of registration on the basis of an application made under this section, the following rules apply:
1. The reference to "the area of practice referred to in clause 14 (1) (a)" in paragraph 1 of section 15 is a reference to such area of practice in dietetics that the body that issued the out-of-province certificate identified as an area that was not included in the member's education or practical training.
2. The reference to "practical training or educational activities, or both, that are approved by the Registration Committee" in paragraph 2 of section 15 is a reference to such training or activities that are approved by the body that issued the out-of-province certificate. O. Reg. 72/12, s. 1.
- (6) Despite subsection (1), an applicant is not deemed to have met a requirement if that requirement is described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 72/12, s. 1.

## EMERGENCY CERTIFICATES

### 18.1. The following are additional non-exemptible requirements for the issuance of an emergency certificate of registration:

1. The Minister has requested the College to issue and renew certificates of registration in the emergency class to qualified applicants; or

~~2. Council has declared the existence of emergency circumstances where it is in the public interest for the College to issue and renew certificates of registration in the emergency class to qualified applicants.~~

3. The applicant meets the requirements of section 6.

4. The applicant must not have failed the registration examinations on any attempts.

### 18.2. The following are additional terms, conditions and limitations of an emergency certificate of registration:

1. The member shall not supervise another members.

18.3.(1) Unless otherwise stated on the certificate, an emergency certificate of registration expires ~~one year~~ six months after it is issued, unless it is renewed.

(2) Unless otherwise stated on the certificate, a renewed emergency certificate of registration expires ~~one year~~ six months after it is renewed, unless it is renewed again.

(3) Despite subsections (1) and (2), an emergency certificate of registration expires ~~six months~~ 30 days after the earlier of

(i) the date the Minister withdraws their request that emergency certificates of registration of registration be issued or renewed, and

(ii) the date the Council declares that the emergency circumstances where it is in the interest of the public to issue and renew emergency certificates of registration have ended.

18.4. A member who holds an emergency certificate of registration and has done so for at least six months may be issued a certificate of registration in the temporary class despite not having met the requirements set out in paragraph 42 of section 9 and paragraph 3 of section 10 if the member,

(a) applies for a temporary certificate of registration; and

(b) satisfies all other requirements for a temporary certificate of registration.

~~18.5. (1) Despite section 11 and subject to subsections (2) and (3), the certificate of registration of a member who moved into the temporary class from the emergency class expires on the earlier of the day that is 1624 months after the temporary certificate was issued and the day on which the member receives notice that he or she has failed the registration examinations a second time.~~

~~(2) The Registrar may extend a temporary certificate of registration if the following conditions are met:~~

~~1. The member's temporary certificate of registration has not expired.~~

~~2. The member failed the registration examinations on his or her first attempt.~~

~~3. The member applies to the Registrar for an extension in the form provided by the Registrar and the member pays any applicable fees required under the by-laws.~~

~~(3) An extension of a temporary certificate of registration expires on the earlier of,~~

~~(a) the day specified by the Registrar or, if the Registrar has not specified a day, the day that is one year after the day the extension was granted; and~~

~~(b) the day on which the member receives notice that he or she has failed the registration examinations a second time.~~

~~(4) For the purposes of subsection (1) and clause (3) (b), there is a rebuttable presumption that the member received the notice,~~

~~(a) the day after the notice is sent if the notice is sent by fax, email or by any other electronic means; or~~

~~(b) the day that is five days after the notice is sent if the notice is sent by any other means.~~

#### SUSPENSIONS, REVOCATIONS AND REINSTATEMENTS

19. (1) If a member fails to provide the College with information about the member as required under the by-laws,

(a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and

(b) the Registrar may suspend the member's certificate of registration if the member fails to provide the information within 30 days after the notice is given. O. Reg. 72/12, s. 1.

(2) If the Registrar suspends a member's certificate of registration under subsection (1), the Registrar shall lift the suspension upon being satisfied that,

(a) the former member has given the required information to the College;

(b) the former member has paid any fees required under the by-laws for lifting the suspension;

- (c) the former member has paid any other outstanding fees required under the by-laws;
- (d) the former member is in compliance with any outstanding orders issued by any committee of the College or with any undertakings given by the former member to the College; and
- (e) the former member will be in compliance with all of the terms, conditions and limitations of the certificate as of the anticipated date on which the suspension is to be lifted. O. Reg. 72/12, s. 1.

**20.** (1) If the College requests evidence that the member holds professional liability insurance in the amount and in the form as required under the by-laws and the member fails to provide such evidence within 14 days of having been requested to do so,

- (a) the Registrar may give the member notice of intention to suspend the member's certificate of registration; and
- (b) the Registrar may suspend the member's certificate of registration if the member fails to provide the evidence within 30 days after the notice is given. O. Reg. 72/12, s. 1.

(2) If a member advises the Registrar that they no longer maintain professional liability insurance in the amount and in the form as required under the by-laws, the Registrar may immediately suspend the member's certificate of registration. O. Reg. 72/12, s. 1.

(3) If the Registrar suspends the member's certificate of registration under subsection (1) or (2), the Registrar shall lift the suspension upon being satisfied that,

- (a) the former member holds professional liability insurance in the amount and in the form as required under the by-laws;
- (b) the former member has paid any fees required under the by-laws for lifting the suspension;
- (c) the former member has paid any other outstanding fees required under the by-laws;
- (d) the former member is in compliance with any outstanding orders issued by a committee of the College and any undertakings given by the former member to the College; and
- (e) the former member will be in compliance with all of the terms, conditions and limitations of the certificate as of the anticipated date on which the suspension is to be lifted. O. Reg. 72/12, s. 1.

**21.** If the Registrar suspends the member's certificate of registration under section 24 of the Health Professions Procedural Code, the Registrar shall lift the suspension upon payment of any applicable fees and penalties required under the by-laws. O. Reg. 72/12, s. 1.

**22.** (1) If the Registrar suspends a member's certificate of registration under section 19 or 20 and the suspension has not been lifted, the certificate is revoked on the day that is 12 months after the day it was suspended. O. Reg. 72/12, s. 1.

(2) If the Registrar suspends a member's certificate of registration under section 24 of the Health Professions Procedural Code for failure to pay a fee, the certificate is revoked on the day that is six months after the day it was suspended. O. Reg. 72/12, s. 1.

**23.** (1) A former member whose certificate of registration was revoked under section 22 may apply for the reinstatement of his or her certificate within two years after the date on which the certificate was revoked by submitting a completed application to the Registrar in the form provided by the Registrar. O. Reg. 72/12, s. 1.

- (2) The Registrar shall reinstate the former member's certificate of registration,
  - (a) if the Registrar is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate;
  - (b) if the Registrar is satisfied that the former member will be in compliance with all of the certificate's terms, conditions and limitations as of the date of the anticipated reinstatement; and
  - (c) if the former member has paid any applicable fees required under the by-laws. O. Reg. 72/12, s. 1.

#### TRANSITIONAL

**24.** (1) If a person submitted an application for a certificate of registration before the coming into force of this Part, and that application was still being dealt with at the time this Part came into force, Part III.1, as it read immediately before it was revoked, applies with respect to that application. O. Reg. 72/12, s. 1.

(2) Despite subsection (1), an applicant and the Registrar may agree that this Part applies with respect to an application submitted before the coming into force of this Part. O. Reg. 72/12, s. 1.



## Board Briefing Note

<b>Topic:</b>	Draft Honoraria Policy
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Executive Committee

### ISSUE

To consider and approve the proposed amendments to the Honoraria policy.

### PUBLIC INTEREST RATIONALE

The CDO's Board of Directors and committees conduct important work that furthers the College's mandate to ensure the ongoing delivery of safe, ethical and competent dietetic services to Ontarians. The Honoraria Policy sets out how elected directors and appointed committee members are remunerated.

### BACKGROUND

The CDO's Honoraria Policy (*Appendix 1*) identifies the parameters for per diem and prep time honoraria, and allowable expenses for reimbursement by elected directors and committee appointees. The policy and rates were adopted in 2012 and have not been amended since that time.

Public appointed directors are remunerated by the Ministry in accordance with the Ministry's rules and framework.

At its December 2022 meeting, the Board reviewed a draft honoraria policy. Additional information about the budget implications resulting from changes in honoraria and expense allowances was requested. The Executive Committee was directed to revisit the policy at a subsequent meeting and to make a recommendation to the Board for approval.

At its March 2023 meeting, the Board reviewed a further revised version of the draft honoraria policy. The policy was deferred pending the inclusion of examples of pre-time rate calculations.

## **CONSIDERATIONS**

The revised draft honoraria policy is before the board for its consideration (*Appendix 2*). Examples have been added, highlighted in yellow, which detail the allowable prep-time claims based on meeting time.

## **RECOMMENDATION/NEXT STEPS**

1. That the Board consider and approve the draft honoraria policy as recommended by the Executive Committee (or approve with amendments as determined by the Board).
2. If the board approves revisions to the policy, the CDO's online claim system will need to be updated to reflect any changes to honoraria and allowable expenses. To allow for the transition, a deadline will be necessary for Board directors and committee appointees to submit claims to be compensated at existing rates for past meetings. Once the new rates are updated in the online system, any claims submitted for past meetings dates will have to be manually corrected by staff.

## **ATTACHMENTS**

- Appendix 1 – Current Honoraria Policy
- Appendix 2 – Draft Honoraria Policy

## **Honoraria Policy: Elected Councillors and Committee Appointees**

Policy under review

Councillors and Committee Appointees are expected to be fiscally responsible and to look for cost effective goods and services where possible in order to minimize costs to the College, for example, sharing services like taxis.

Elected Councillors and Committee Appointees are reimbursed by the College of Dietitians of Ontario for scheduled meeting time or actual meeting time if longer than scheduled time.

Elected Councillors and Committee Appointees will be remunerated for participation at meetings over and above statutory and standing committees of the College as follows:

Per Diem – Meetings

- Chair/President — \$300
- Vice-President — \$225
- Committee member — \$200

Per Diem for Preparation Time \$150.

Preparation time is calculated as the total time in minutes spent to review materials for a meeting and undertake actions as assigned by the committee. The remuneration for a partial day of preparation is as follows:

- > 30 mins, up to 2 hours (25% per diem)
- > 2 hours, up to 4 hours (50% per diem)
- > 4 hours, up to 6 hours (75% per diem)
- > 6 hours (100% per diem)

Preparation time must not exceed scheduled or actual meeting time (whichever is greater) without the approval of the Registrar & Executive Director. It is acknowledged that additional preparation is at times warranted, especially for Councillors and Committee Appointees on adjudicative panels (Registration, QA, and ICRC). If preparation time is done over multiple days, the time over the days should be totaled and entered into the Online Claims system as one entry on one day except for those cases noted above.

For example, if preparation time for a face-to-face or teleconference meeting taking place on March 10, takes

- 40 minutes on March 1

- 60 minutes on March 2
- 40 minutes on March 3 and
- 40 minutes on March 4,

It should be entered in the Online Claims system on March 4 as a total of 180 minutes on March 4; this will result in a Per Diem Preparation claim of 180 minutes/60 minutes = 3 hours (50% per diem) or \$75 for the meeting. Entering each preparation day separately will result in a 25% Per Diem Preparation claim EACH DAY, for a total of 100% or \$150, which is incorrect.

#### Car Mileage

- Southern Ontario -- \$0.47 / km < 250km
- Northern Ontario -- \$0.48 / km >250Km

#### Meal Allowance (Includes Applicable Taxes and Gratuities)

Breakfast	Lunch	Dinner
\$12.00	\$15.00	\$28.00

#### PROCEDURE

1. Council and Committee Appointees will be reimbursed for eligible expenses incurred while performing College business only after submitting complete expense forms and receipts. Receipts are required to support expenses. A written explanation must accompany any expenses not supported by a receipt.
2. Expense claim forms must be completed when claiming expenses from the College. Forms are verified and processed by the Accounting & QA Administrator as follows:

#### Public Councillors:

- Original copy of the expense claim is sent by the Public Councillor to the Health Boards Secretariat and they are reimbursed directly by the Secretariat.
- The Accounting & QA Administrator sends the Secretariat an Attendance Register for each meeting attended by a Public Councillor.

#### Elected Councillors



- An electronic copy of the expense claim, related receipts and approvals for payment are stored in the Elected Councillor's electronic subdirectory.
3. Members must receive authorization from the Registrar & Executive Director prior to incurring any expenses outside of regular Council and Committee involvements.
  4. Prior authorization from the Registrar & Executive Director is required to cover rates in excess of maximums allowed under the guidelines.
  5. Designated College staff can make appropriate arrangements with vendors to allow Council/Committee members to use the College's credit card for hotel, airline and other allowable expenses. This is the preferred method of payment as it allows the College to accumulate Membership Rewards points that can be applied to other College opportunities.
  6. Public Councillors can use the same hotel accommodations as professional members but do not charge their expenses to the College account. They pay their own expenses and are reimbursed by the Secretariat.
  7. Council recognizes that Public Councillors have the option of choosing another hotel that provides special government rates. However, public appointees are encouraged to use the facility identified by the College as this helps maintain reduced rate.
  8. Members of the College who participate on ad hoc working groups or temporarily appointed to a committee shall be reimbursed in keeping with this policy.

## Draft Honoraria and Expense Policy

### Application and Scope

This Policy is intended for use by elected board directors and committee appointees. The Policy sets out the parameters for payment of per diem honoraria for conducting CDO business and addresses reimbursement for eligible expenses.

All remuneration for public appointees by the Lieutenant Governor in Council on the CDO's Board and committees is governed by the guidelines issued by the Health Board Secretariat.

### Honoraria

Honoraria is paid for attendance at CDO Board or committee meetings, preparation time for CDO Board or committee meetings, and for engaging in other CDO work. Other CDO work may also include attending external conferences or other events as required and pre-approved by the CDO.

#### *Honoraria Rates [and Timelines](#)*

Per diem for meeting attendance and preparation time rates can be claimed at:

<a href="#">Per Diem Rate</a>		<a href="#">Time</a>
100%	Full Day	> 6 hr 1 min hours
75%	$\frac{3}{4}$ Day	4hrs 1 min <6 hours
50%	$\frac{1}{2}$ Day	2hrs 1 min - <4 hours
25%	$\frac{1}{4}$ Day	0 - <2 hours

#### *Attendance Honoraria*

<a href="#">Position</a>	<a href="#">Per Diem Rate</a>	
<a href="#">Chair of the Board &amp; Committee Chairs</a>	<a href="#">100% per diem</a>	<a href="#">\$ 400</a>
	<a href="#">75% per diem</a>	<a href="#">\$ 300</a>
	<a href="#">50% per diem</a>	<a href="#">\$ 200</a>
	<a href="#">25% per diem</a>	<a href="#">\$ 100</a>
<a href="#">Vice-Chair of the Board</a>	<a href="#">100% per diem</a>	<a href="#">\$ 350</a>
	<a href="#">75% per diem</a>	<a href="#">\$ 262.50</a>
	<a href="#">50% per diem</a>	<a href="#">\$ 175</a>
	<a href="#">25% per diem</a>	<a href="#">\$87.50</a>

<a href="#">Board Directors &amp; Committee</a>	<a href="#">100% per diem</a>	<a href="#">\$ 300</a>
<a href="#">Appointees</a>	<a href="#">75% per diem</a>	<a href="#">\$ 225</a>
	<a href="#">50% per diem</a>	<a href="#">\$ 150</a>
	<a href="#">25% per diem</a>	<a href="#">\$ 75</a>

Reimbursement will be based on whichever is the longer of the scheduled meeting time or actual meeting time.

For meetings where the Chair determines that the Committee shall make an additional electronic motion pending additional information, the time spent reviewing, responding, and making the motion electronically will be added to the preparation time. [If time is spent over multiple days, the time should be totaled and invoiced as one entry per meeting.](#)

The supplemented rate for the Committee Chair can only be claimed when the individual is assuming the role of Chair at ~~a~~[the](#) committee meeting. It cannot be claimed when the individual is attending a meeting as a member of another committee or attending a Board meeting.

The supplemented rate for the Chair and Vice-Chair roles is in recognition for the extra responsibilities inherent in these roles including preparing the agenda, chairing the meeting, taking minutes for in-camera sessions, and writing reports for the Board. The Chair and Vice-Chair are only reimbursed at the supplemental rates ~~while at~~ [for](#) Board and Executive Committee meetings, and external meetings if representing the CDO [in that capacity](#).

#### *Preparation Time*

Preparation time is calculated as the total time in minutes spent to review materials for a meeting and undertake actions as assigned by the committee. With the exception of meetings of the Inquiries, Complaints and Reports Committee (ICRC), preparation time must not exceed scheduled or actual meeting time (whichever is greater) without the approval of the Committee Chair and/or Registrar & Executive Director. [Example 1: The maximum allowable preparation time for a 2-hour \(1/4 day\) Registration Committee meeting is 2 hours \(1/4 day\). Individuals can claim 25% of the per diem/\\$75. Example 2: The maximum allowable preparation time for a 7-hour \(full day\) board meeting is 7 hours \(full day\). Individuals can claim 100% per diem/\\$300. Example 3: The maximum allowable preparation time for a 2-hour \(1/4 day\) ICRC meeting is >6 hours \(full day\). Individuals can claim 100% per diem/\\$300.](#)

[Preparation time can only be claimed for meetings individuals attend as a board or committee member. Observers are not eligible for preparation time.](#)

If preparation time for a meeting is completed over multiple days, the time should be totaled and invoiced as one entry on one day.

### *Preparation Time Honoraria*

Renumeration for preparation time for board or committee meetings will be calculated at the Director and Committee Appointee rate in the schedule above.

### *Additional Board Chair Rate*

Recognizing the additional workload that is attached to the role, the Chair of the Board may invoice the College for preparation time at the director rate for meetings, emails, and phone calls with the Registrar and/or staff, as well as with Board and committee members. If time is spent over multiple days, the time should be totaled and invoiced as one entry per month. ~~for an additional one per diem per month. The purpose of this is to cover meetings, emails, and phone calls with the Registrar and/or staff, as well as with Board and committee members.~~

### *Cancellation of Scheduled Hearings and Meetings*

A per diem can be claimed by impacted individuals when meetings or hearings are cancelled or rescheduled with less than 48 hours notice. Cancellation payments will be made at a rate of 50% of the per diem of the scheduled meeting time.

### **Expenses**

The CDO will reimburse for authorized, necessary and reasonable expenses actually incurred in the course of carrying out CDO business. Reimbursement is based on the amount actually spent up to any maximum allowed for a specific type of expense included in this policy.

Individuals are expected to be fiscally responsible, ensuring CDO funds are used prudently and responsibility with a focus on accountability and transparency.

### *Travel and Accommodation*

While most CDO meetings are conducted virtually, occasionally meetings and other CDO work require in person attendance.

Individuals are expected to make their own travel arrangements and hotel accommodations.

Individuals are required to select the most efficient, effective and/or economical mode of transportation when conducting CDO business. When rail or air travel is required, individuals are encouraged to make their travel arrangements early to take advantage of discounts or other promotions. Economy class is the standard option for travel. Generally, business class travel is not acceptable, however when a business class ticket is more economical than the economy fare, a copy of the economy fare to substantiate the claim should be provided.

Where a personal vehicle is used, reimbursement will be provided at the following milage rates:

- Southern Ontario: \$0.57 / km < 250km
- Northern Ontario: \$0.58 / km >250Km

Reimbursement is provided for necessary and reasonable expenditures on parking, as well as for tolls, bridges, ferries and highways, when driving on CDO business. Parking expenses will be reimbursed at the most economical rate (valet parking is not generally permitted).

Individuals who are required to travel out of town and overnight to participate in CDO work may be accommodated in a hotel; however, this is not generally provided to individuals who reside within 40km of the meeting without prior approval from the Registrar or Chair of the Board. Individuals should stay at a hotel with where the CDO has negotiated a preferred rate unless a better rate is available elsewhere. It is encouraged that individuals stay at a hotel with where the CDO has negotiated a preferred rate.

A travel honoraria of \$90 is available to individuals travelling more than 250 km (one honoraria per trip).

### *Meals*

Individuals may be reimbursed for personal meal expenses incurred while engaging in CDO work, provided that meals are not already included as part of the meeting, workshop, or other event. Reimbursement will not be provided for meals consumed at home or included in the cost of transportation, accommodation, seminars, or conferences. Reimbursement for meals is an expense and not an additional allowance or stipend.

Alcohol cannot be claimed and will not be reimbursed as part of a travel or meal expense.

*Meal allowances (including applicable taxes and gratuities)*

Meal	Allowance
Breakfast <i>(in-person)</i>	<del>\$20</del> 15
Lunch <i>(in-person)</i>	<del>\$25</del> 0
<del>Lunch (virtual)</del>	<del>\$25</del>
Dinner <i>(in-person)</i>	<del>\$50</del> 40

### **Submitting Claims**

Claims for honoraria and expenses are made using the online claims management service.

Claimants must:

- Submit claims promptly after the expense is incurred
- Submit claims for the fiscal year by March 31<sup>st</sup>
- Submit claims before leaving the position with the CDO

Reimbursement will only be provided for eligible expenses incurred after submitting complete expense forms and receipts. [Itemized r](#)Receipts are required to support expenses. A written explanation must accompany any expenses not supported by a receipt, indicating why the receipt is unavailable along with a description itemizing and confirming the expense(s).

Authorization from the Board Chair and/or Registrar & Executive Director is required prior to incurring any expenses outside of regular Board and Committee work and for claims exceeding maximums allowed under the guidelines.

DRAFT



## Board Briefing Note

<b>Topic:</b>	Quarterly Risk Management Monitoring Report
<b>Purpose:</b>	Monitoring Report
<b>Strategic Plan Relevance:</b>	Regulatory Effectiveness and Performance Measurement Risk-Based and Right-Touch Regulation
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### ISSUE

To review the Q4 Risk Monitoring Report.

### PUBLIC INTEREST RATIONALE

In the public's interest, an essential aspect of College's governance and management is to ensure that organizational and risks to the public are identified, assessed and managed efficiently and effectively.

### BACKGROUND

CDO's updated Risk Monitoring Policy was approved by the Board at its March 25, 2022 meeting. The policy sets out Board's role around risk management, how the Board will ensure and cultivate a risk management culture and the Registrar's accountability to the Board through quarterly reporting and the establishment of operational procedures.

The Registrar will also report to the Board on any urgent, rapidly developing and critical risks should they arise between Board meetings. Low and frequently monitored risks will be recorded and managed.

The procedures will include staff involvement at all levels to ensure that emerging risks can be identified quickly, and that a strong risk management culture is cultivated throughout the organization.

### CONSIDERATIONS

The March 2023 (Q4) Risk Monitoring Report is before the Board for its consideration

(Appendix 1) with updates on the status and progress towards treatment of the various risks identified. Updates on progress with mitigation efforts are provided for *each risk*.

Updates to the Risk report include:

*New risks identified:*

- None

*Areas where risk and mitigation plans have been reassessed as situation evolves:*

- Public Member Appointments and Board Succession Planning
- Regulatory and Governance Changes
- Increasing Costs of Regulation

*Risk downgraded*

- None

## **RECOMMENDATION/NEXT STEPS**

For the Board to provide feedback on the current risk assessment and mitigation efforts.

## **ATTACHMENTS**

- Appendix 1: March (Q4) Risk Monitoring Report



**Q4 Risk Monitoring Report  
March 2023**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 10, 2023
Program	Accreditation Provider Transition	<p>Following the withdrawal of the national education accreditation provider effective March 31, 2022, the Alliance signed an agreement with EQual as the new 3rd party accreditation service provider. Each provincial dietetics regulatory College has approved EQual as the accreditation provider and will continue to recognize previous PDEP awards until August 31, 2023.</p> <p>Should some programs (in Ontario or outside of Ontario) choose not to sign on to the new accreditation process, the College would need to determine how to assess Canadian graduates from unaccredited programs. This would be an individualized, labour-intensive equivalency process for the College.</p>	<ul style="list-style-type: none"> <li>• Alliance to work with PDEP to discuss how to collaborate going forward.</li> <li>• EQual to conduct info sessions and 1.5-day orientation workshops for education and practicum program representatives (at no cost to the schools for 2 attendees) to provide more information to programs on the process and standards, etc. ahead of enrollment.</li> <li>• The typical PDEP fee will be applied for first year of EQual accreditation to facilitate educational program budgeting.</li> <li>• Alliance now part of EQual Council, which is a governance board that oversees and approves EQual strategic direction and policies.</li> <li>• Continue to monitor the ability of programs to transition by the award extension date approved by all 10 dietetic regulators.</li> <li>• CDO communication with the MOH and OFC on the transition.</li> </ul>	<ul style="list-style-type: none"> <li>• All programs have attended info sessions in fall 2022.</li> <li>• After the workshop, each participant will receive a copy of the EQual standards.</li> <li>• CDO attended EQual Council meeting as Alliance representative in November 2022 and March 2023.</li> <li>• Workshops are being scheduled for spring 2023 and beyond. CDO is in communication with some programs.</li> </ul>
Public Protection	Potential Risk of Harm to Clients/Public	<p>Potential risk to the public due to unethical, incompetent, or unprofessional care.</p> <p>An increase in the number and complexity of complaints and reports also has an impact on College resources and how they are utilized.</p>	<ul style="list-style-type: none"> <li>• Refresh risk in dietetic practise research.</li> <li>• Monitor ICRC data to identify patterns of concern and develop and update member education, standards of practice, guidelines, and other initiatives accordingly.</li> <li>• Professional Practice Program will develop and implement a continuous monitoring and evaluation plan to assess currency and revisions to policy/standards of practice.</li> </ul>	<ul style="list-style-type: none"> <li>• Risk tool created for ICRC assessments ensures that risk of harm is connected to outcome. Tool further updated in March 2023 following use and feedback by the ICRC.</li> <li>• New Risk tool created for Registrar referrals to ICRC to ensure consistency and transparency</li> <li>• ICRC data collection chart updated to capture risk categories, shared with professional practice dept</li> </ul>

**Q4 Risk Monitoring Report  
March 2023**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 10, 2023
			<ul style="list-style-type: none"> <li>Update College programs and tools with a risk-based approach to prevent harm.</li> </ul>	<ul style="list-style-type: none"> <li>Risk in dietetic practice research completed and is being incorporated into QA program</li> </ul>
Governance	Public Member Appointments and Board Succession Planning <b>(risk assessment updated)</b>	<p>The board currently has six public members appointed. The earliest appointment expiry is December 2023.</p> <p>Heavy board and committee workloads for public members can affect the ability of the CDO to remain constituted, achieve quorum, meet legislative deadlines/internal service-standards, and ensure the critical public voice in decision-making. Also potentially affected are the CDO's governance modernization goals and the general satisfaction and wellbeing of CDO public members. Limitations on PAS honoraria and expenses may affect engagement.</p> <p>As the board moves ahead with governance modernization, a focus on succession planning for board, committee and committee chair roles will be critical to ensure continuity of knowledge and knowledge translation, and to ensure that any board/committee turnover does not impact the ability of the College to carry out its public interest mandate.</p>	<ul style="list-style-type: none"> <li>Communicate needs with Public Appointments Secretariat (PAS).</li> <li>Examine committee TORs and by-laws around composition requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Management meeting with PAS occurred this fall.</li> <li>CDO remains fully constituted</li> <li>Registrar now on HPRO working group of Colleges discussing ways to address this issue</li> </ul>

**Q4 Risk Monitoring Report  
March 2023**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 10, 2023
Governance	Regulatory and Governance Changes <b>(risk assessment and risk response updated)</b>	<p>Earlier this year, the Ministry of Health consulted on a governance modernization and oversight proposal. When proposed legislation will be introduced. Focus is currently on pressures on the health care system, health care practitioner capacity, particularly in hospital settings, and registration of international graduates.</p> <p>The governance changes may have significant financial and human resource implications for the College.</p> <p>The Ontario government has also announced “As of Right” legislation (under Your Health Act, 2023) which would allow healthcare workers registered in other provinces to immediately start working in Ontario. This applies to in-person work, and regulatory amendments have been proposed to Ontario regulations for physicians, nurses, respiratory therapists and medical laboratory technologists. Further details about the legislation is not yet available, nor whether CDO’s legislation will be amended at some future date. Risk to the College and the public is unclear at this time.</p>	<ul style="list-style-type: none"> <li>• Move ahead with CDO’s strategic goal of governance modernization and begin preparing for legislative changes.</li> <li>• Through regulatory collaboration and networking, stay informed of potential changes.</li> <li>• Conduct a French language audit of College communications to identify priority areas.</li> <li>• Continue to work towards fully meeting CPMF measures.</li> <li>• Monitor developments and engage with regulatory colleagues and other system partners regarding governance and “as of right” legislation.</li> </ul>	<ul style="list-style-type: none"> <li>• Council participated in the consultation and provided a letter to the Ministry on February 23, 2022.</li> <li>• Governance workplan is progressing, with items on March Board agenda for consideration. Update provided to MOH during CPMF meeting.</li> </ul>
Operational	Cybersecurity Breach	Risk arises from the current geopolitical situation, increasing sophistication of phishing scams, and greater connectivity of people,	<ul style="list-style-type: none"> <li>• The College has a cyber security response plan, credit card incident response plan, and an</li> </ul>	<ul style="list-style-type: none"> <li>• Software for conducting internal phishing campaigns and customized training being launched in fiscal 2023.</li> </ul>

**Q4 Risk Monitoring Report  
March 2023**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 10, 2023
		<p>systems and programs at the College. Potential risks include: privacy breaches, organizational/staff downtime, reputation, and financial costs.</p>	<p>emergency disaster recovery plan that are reviewed on an annual basis.</p> <ul style="list-style-type: none"> <li>• The College maintains insurance which covers IT and cybersecurity.</li> <li>• A security audit was completed in September 2021 and minor gaps were identified and addressed.</li> <li>• Post security audits will take place to ensure compliance with audit recommendations</li> <li>• Staff regularly engage in awareness dialogue regarding phishing scams.</li> <li>• Additional formal training for Council and Staff on cybersecurity will be explored.</li> <li>• New staff data governance working group to identify and mitigate risks in this area through its project work.</li> <li>• CDO staff attends regular Cyber security community of practice meetings to stay abreast of developments and best practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Secure password management software being launched in fiscal 2023.</li> </ul>
Operational	Succession Planning/Staff Turnover and Retention	<p>Risks around business continuity, retention of institutional knowledge through retirement, leave of absence, or resignation. The pandemic has led to societal changes and re-evaluation of priorities, work-life balance, and return to work policies.</p>	<ul style="list-style-type: none"> <li>• Review of staffing model by third party HR consulting firm completed in fall 2021, resulting in the addition of staffing resources to ensure the College can successfully meet its regulatory obligations now and into the future.</li> <li>• Remote work continues to be the focus and investment in remote work technology and sourcing an office space that aligns with the CDO’s needs and values is complete.</li> <li>• Review College HR processes and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• HR policy review in progress.</li> <li>• Registrar coverage plan refreshed.</li> <li>• Additional resources added to Finance and Corporate Services during staff transition. Process review in this area will continue.</li> <li>• Project to begin documenting internal and operational procedures and processes across the organization will begin in fiscal 2023.</li> </ul>

**Q4 Risk Monitoring Report  
March 2023**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 10, 2023
			<ul style="list-style-type: none"> <li>• Conduct process documentation for key College activities to further decentralize knowledge of processes and procedures and ensure continuity.</li> <li>• Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge.</li> </ul>	
Financial	Increasing Costs of Regulation <b>(risk response updated)</b>	Resources required to keep pace with complex and evolving regulatory requirements and economic inflation are increasing. Annual membership fees have been static since 2019.	<ul style="list-style-type: none"> <li>• Prudent financial habits are in place at the College. For example, the College engages in zero-based budgeting; assesses vendor contracts to ensure the best value for the College (quality balanced with price) and Board and Management regularly monitor expenditures against the approved budget. Internal controls are in place for the highest risk areas, including on College purchases, and the audit Committee and Management review these internal controls annually.</li> <li>• Review By-law 2 and annual fees</li> <li>• Other resource efficiencies will continue to be explored.</li> </ul>	<ul style="list-style-type: none"> <li>• Inflation rates have increased (CPI at ~5.9% at January 2023), are having an impact on price of goods and services CDO relies on.</li> <li>• Reserve fund policy approved by Council in June 2022.</li> <li>• Executive Committee making a recommendation regarding by-law 2, which will allow for gradual, modest increases over time.</li> <li>• CDO will join HUB601 in April 2023, allowing opportunities for in-person meeting and collaboration for the board, staff, and other regulatory colleagues while realizing operational efficiencies for the College.</li> </ul>
Financial	Investment Returns	Markets may become volatile due to current geopolitical conditions, presenting a risk to the College’s investment returns.	<ul style="list-style-type: none"> <li>• Monitor situation with investment advisor.</li> <li>• To diffuse the risk, some funds have been moved to stable GICs.</li> <li>• The College’s investment policy requires book value of investments in equities to not exceed 40% of the entire book value of the portfolio to limit market risk while allowing for a reasonable growth of the portfolio.</li> </ul>	<ul style="list-style-type: none"> <li>• Investment policy approved by Council in June 2022.</li> <li>• Portfolio risk reduced. As at February 28, 2023, now comprises 5% in equities (common shares); 36% bonds (preferred shares) and 59% fixed income (GICs).</li> </ul>



## Board Briefing Note

<b>Topic:</b>	College Performance Measurement Framework (CPMF)
<b>Purpose:</b>	For Information and Discussion
<b>Strategic Plan Relevance:</b>	Regulatory Effectiveness and Performance Measurement Risk-Based and Right-Touch Regulation
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### ISSUE

The Board is being provided the College’s draft 2022 CPMF report for information and discussion.

### PUBLIC INTEREST RATIONALE

The CPMF is intended to strengthen accountability and drive quality improvement for regulators by setting standards and benchmarks based on best practices for regulatory excellence. It also improves transparency as the public can view the College’s plans for improvement more readily.

### BACKGROUND

In 2020, the CPMF was developed by the Ministry of Health (MOH) in collaboration with Ontario's health regulatory colleges, subject matter experts and the public to strengthen the accountability of regulated health professions. The purpose of the CPMF is to ensure the application of consistent, transparent benchmarks and best practices across all 26 health profession colleges in Ontario. These indicators are used to evaluate and improve the performance of health profession regulators.

Since its inaugural year, the CPMF has undergone refinement based on feedback from Colleges and experts. New for the 2022 reporting cycle, eight pieces of evidence have been highlighted as “Benchmarked Evidence”. These benchmarks were identified as attributes of an excellent regulator, which colleges should either meet or work towards meeting. If a college does not meet or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines for improvement and any barriers to

implementing that benchmark. In subsequent CPMF reports, it is anticipated that colleges will be expected to report on their progress in meeting the benchmarks.

The eight benchmarks are as follows:

Measure		Description	CDO Status
1	1.1 a.	Professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria.	No – in progress with by-law amendments
2	1.1 b.	Statutory Committee candidates have met pre-defined competency and suitability criteria.	No – plan in place
3	4.1 c.	Council is accountable for the success and sustainability of the organization it governs. This includes: regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	Meets
4	7.1 a.	The College demonstrates how it: <ul style="list-style-type: none"> <li>• uses cybersecurity measures to protect against unauthorized disclosure of information; and</li> <li>• uses policies, practices and processes to address accidental or unauthorized disclosure of information.</li> </ul>	Meets
5	8.1 a.	The College regularly evaluates its policies, standards of practice and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	Meets
6	8.1 b.	Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: <ul style="list-style-type: none"> <li>• evidence and data;</li> <li>• the risk posed to patients/the public;</li> <li>• the current practice environment;</li> <li>• alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>• expectations of the public; and</li> </ul>	Meets

		<ul style="list-style-type: none"> <li>stakeholder views and feedback.</li> </ul>	
7	11.1 a.	The different stages of the complaints process and all relevant supports available to complainants are evaluated by the College to ensure the information provided to complainants is clear and useful.	Meets
8	14.2 a.	Council uses performance and risk findings to identify where improvement activities are needed.	Meets

Colleges are required to submit their CPMF Report to the MOH by March 31 of each year. CDO’s [2020](#) and [2021](#) reports are available on the website.

**CONSIDERATIONS**

In reviewing the CPMF reporting tool, the board should consider the following:

- The Ministry directed Colleges to maintain the document’s formatting (i.e. the table format). For this reason, the College is unable to change the structure of the report to enhance readability.
- The Ministry requested that Colleges provide concise and direct responses, and encouraged the use of the “continues to meet” option where applicable.
- The Ministry does not expect any College to meet every standard in the CPMF. Still, when a standard is not met, there is an expectation that achievable quality improvement plan within a proposed timeframe be presented. For benchmarks, an improvement plan that includes the steps it will follow, timelines for improvement and any barriers to implementing is required.
- The College has already begun work on making process improvements in response to some of the standards and in some cases, has already met the evidence measures for 2023.

Before posting the CPMF to CDO’s website and submitting it to the Ministry, the report will undergo a final copy edit by staff.

**NEXT STEPS**

The 2022 CPMF report is being presented for the Board’s information and feedback. On March 31, the College will post the 2022 CPMF report on its website and will make the formal submission to the Ministry.



## **ATTACHMENTS**

- Appendix 1: 2022 CPMF Report

College of  
Dietitians  
of Ontario

**2022 College Performance Measurement Framework (CPMF) Report  
Submitted by the College of Dietitians of Ontario  
March 2023**



# Table of Contents

Introduction.....	4
The College Performance Measurement Framework (CPMF) .....	4
CPMF Model.....	5
The CPMF Reporting Tool.....	7
Completing the CPMF Reporting Tool.....	8
What has changed in 2022? .....	8
Part 1: Measurement Domains.....	9
DOMAIN 1: GOVERNANCE .....	9
DOMAIN 2: RESOURCES .....	27
DOMAIN 3: SYSTEM PARTNER .....	31
DOMAIN 4: INFORMATION MANAGEMENT.....	33
DOMAIN 5: REGULATORY POLICIES .....	35
DOMAIN 6: SUITABILITY TO PRACTICE .....	38
DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT .....	51
Part 2: Context Measures.....	54
Table 1 – Context Measure 1 .....	55
Table 2 – Context Measures 2 and 3.....	57
Table 3 – Context Measure 4 .....	58
Table 4 – Context Measure 5 .....	59
Table 5 – Context Measures 6, 7, 8 and 9.....	61

Table 6 – Context Measure 10 .....	63
Table 7 – Context Measure 11 .....	65
Table 8 – Context Measure 12 .....	66
Table 9 – Context Measure 13 .....	67
Table 10 – Context Measure 14 .....	69
Glossary .....	70

# Introduction

## The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

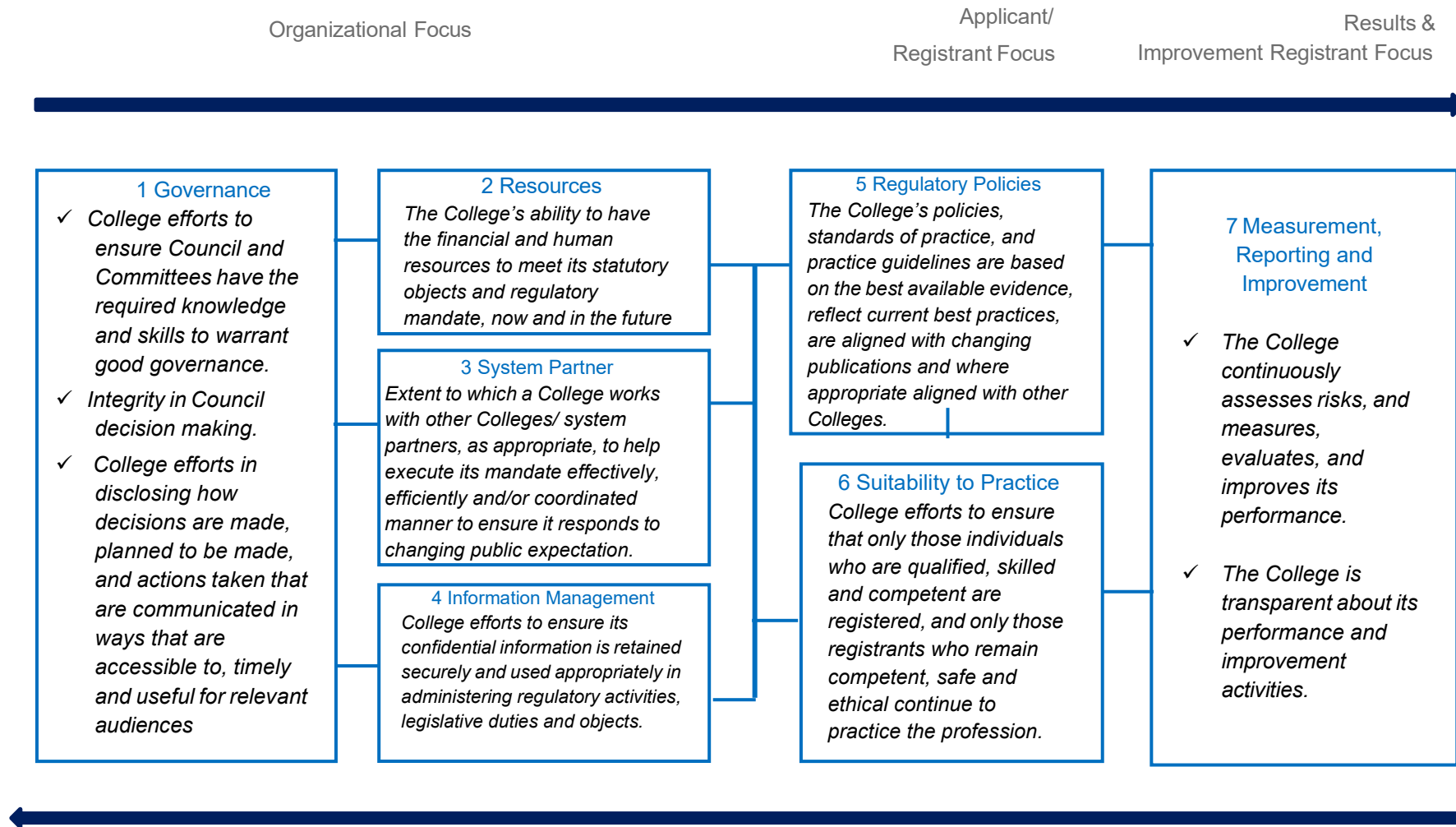
**Table 1:** CPMF Measurement Domains and Components

1	<b>Measurement domains</b>	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	<b>Standards</b>	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	<b>Measures</b>	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	<b>Evidence</b>	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	<b>Context measures</b>	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	<b>Planned improvement actions</b>	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

**Figure 1:** CPMF Model for Measuring Regulatory Excellence



**Figure 2: CPMF Domains and Standards**

<b>Domains</b>	<b>Standards</b>
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

## **The CPMF Reporting Tool**

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.



For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

## **Completing the CPMF Reporting Tool**

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

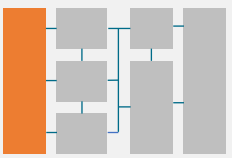
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

### **What has changed in 2022?**

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

## Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>

			<p>candidates to meet the competencies and attributes approved by the Board. If approved, the amended bylaw 1 will be circulated to registrants in accordance with the RHPA's requirements.</p> <p>In June 2023, the draft amended bylaw 1 and the consultation feedback will be provided to the Board for consideration and approval. If approved, the Competency and Attribute Framework will be incorporated into the 2024 election cycle.</p> <p>The approved Competency and Attribute Framework is being used in the 2023 election cycle as a way of providing prospective candidates with suggested knowledge, skills, experience, and individual qualities for Board directors. However, CDO is not requiring candidates to have specific competencies or attributes and the framework will not be used to assess electoral candidates in 2023.</p>
--	--	--	--

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	No	
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>In 2020, a new eligibility criterion was added to CDO’s bylaws to include a requirement for elected-member candidates to successfully complete the College’s current training program relating to the duties, obligations and expectations of Board directors. (Refer to 3.10 u of the <a href="#">By-law 1 General</a>).</p> <p>In 2022, CDO delivered a voluntary information session for RDs interested in running for election. This information session, hosted by the Registrar, reviewed Board directors’ duties, obligations and expectations and CDO’s mandate.</p> <p>All new Board directors attend a comprehensive training program before attending their first Board meeting. The training is a full day session and includes education on: relevant legislation including the <i>Regulated Health Professions Act, 1991</i> and the <i>Dietetics Act, 1991</i>, the public protection mandate of CDO and what that means in practice, information specific to CDO, including mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on the Board and how the Board achieves them, the relationship between the Board and staff and the role of Committees, bias and conflict of interest, information about the dietetic scope of practice, governance practices and governance reform and modernization developments, system partners and accessibility. Orientation training has been delivered virtually since 2020.</p>			
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Yes
		<i>Additional comments for clarification (optional):</i> <p>In 2022, the CDO developed a pre-election training module, which was formally incorporated into the January 2023 election. Registrants interested in running in the 2023 election were required to complete a <a href="#">pre-election training module</a> and quiz before submitting their nomination. The purpose of this training module is to provide individuals who are interested in serving on CDO’s Board, with an overview of health regulatory colleges, the College of Dietitians of Ontario, the Board of Directors, and College Committees. The purpose of the quiz is for registrants to demonstrate their understanding of CDO, professional regulation and the role of the Board, prior to running in the election.</p>			
		b. Statutory Committee candidates	The College fulfills this requirement:	No	

		<p>have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<ul style="list-style-type: none"> <li>The competency and suitability criteria are public: Yes</li> <li>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</li> </ul> <p>CDO has eligibility criteria that professional members must meet to be appointed to Committees (see 3.10 of <a href="#">By-law 1 General</a>). These criteria consider specific registrant criteria that would disqualify the professional member from participating, and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based.</p>
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>As part of the <a href="#">2020 - 2025 Strategic Plan</a>, CDO is working towards modernizing its governance practices, including the development and adoption of competency-based criteria for Committee members. This will be in place by the end of the Board’s strategic plan in March 2025.</p> <p>In 2024, CDO will begin developing tailored competency and attribute frameworks for each of its committees, which will draw from the Board Competency and Attribute Framework. The Governance Committee will work in collaboration with committees to identify the knowledge, skills, experience and individual qualities that would best support committee work. Learning around the implementation of the board competency framework will be leveraged in operationalizing committee competency criteria.</p>
		<p>ii. attended an orientation</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p>

		<p>training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<ul style="list-style-type: none"> <li>• Duration of each Statutory Committee orientation training.</li> <li>• Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>In 2021, CDO standardized the core training elements across Committees. Each Committee engages in a half-day session of training prior to commencing its work. The training topics include some of the same as the Board training listed in Standard 1.1ii, including governance and bias and conflict of interest. Also included are Committee specific policies and processes, bylaws and regulations that are applicable to the work of the Committee and Committee workplans for the year. Orientation training is delivered virtually.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>			

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	
	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated. 2019 and 2022</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul> <p>The Board developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. The annual evaluation was last updated in 2019 (see March 29, 2019 <a href="#">meeting</a> and <a href="#">minutes</a>). The meeting evaluation was last updated in 2022 (see December 8, 2022 <a href="#">meeting</a>).</p> <p>The most recent Board annual evaluation results were presented and discussed in June 2022 (<a href="#">Meeting</a> and <a href="#">Minutes</a>).</p> <p>The most recent Board meeting evaluations results were presented and discussed in December 2022 (<a href="#">Meeting</a>).</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	
Choose an item.		
<i>Additional comments for clarification (optional)</i>		



		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i> Every three years</li> <li>• Please indicate the year of last third-party evaluation. 2022</li> </ul> <p>In 2022, the Board’s <a href="#">Evaluation and Education policy</a> was updated to include the requirement for a third-party consultant to evaluate the Board’s governance every three years.</p> <p>In 2022, CDO engaged with a third-party consultant, who is a recognized expert in modern board governance, to conduct a review of its governance practices. The evaluation included one-on-one interviews with selected board, committee and staff members and a review of the College’s governance model and policies. The governance review provided CDO with a set of recommendations for governance modernization, which were presented to the Board in June 2022, along with a comprehensive training session. CDO is in the process of implementing the recommendations approved by the Board for completion by 2025.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Board and Committee training is developed, provided and supported in the following manner:</p> <ul style="list-style-type: none"> <li>• The budgets for the Board and Committees provide sufficient funds for training.</li> <li>• Board members identify their learning needs through meeting and/or annual self-evaluations, including a specific EDI needs assessment evaluation.</li> <li>• The Executive Committee may recommend training or direct CDO staff to investigate various training and education options. Investigation can include environmental scanning of the training offerings of other health and non-health regulatory bodies to their Council and committees.</li> <li>• The Board plans training through a Board Education Annual Plan. The 2022 plan was presented and approved at the June 2022 Meeting (please refer to the <a href="#">meeting materials</a> and <a href="#">minutes</a>). The following training was provided to the Board in 2022: <ul style="list-style-type: none"> <li>• Trauma Informed and Right Touch Regulation</li> <li>• The Virtual Facilitative Chair Coaching</li> <li>• Governance Modernization Workshop</li> <li>• Discipline Committee Education Session</li> <li>• Conflict of Interest Training</li> <li>• Future Ancestors (co-designed with the College of Physiotherapists of Ontario)</li> <li>• Indigenous Unsettling and Trauma Informed Practice Workshop</li> <li>• Communication and Empathy Team Building Workshop</li> </ul> </li> <li>• All Board directors can contribute their ideas for ongoing training and help develop the Annual Plan. The plan can be adjusted throughout the year to respond to new or changing needs identified by staff, the Board or through Board evaluations.</li> </ul>	<p>Yes</p>
--	--	--	---	------------

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional):</i>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Evolving public expectations inform the training needs of CDO. To understand public expectations, we rely on:</p> <ul style="list-style-type: none"> <li>• Direct feedback from the public, through our public consultation page or phone calls from the public to our practice advisory service</li> <li>• Membership consultation and calls to our practice advisory service from dietitians. RDs are often closer to clients and can identify emerging issues</li> <li>• Patient networks (such as the Citizen Advisory Group)</li> <li>• College data around complaints and complaint inquiries from the public</li> <li>• Grey literature around the patient experience in healthcare and the work of regulatory thought leaders</li> <li>• Networking with other Colleges and system partners</li> </ul> <p>An example of Board training identified through a needs assessment occurred as part of CDO’s work on advancing Equity, Diversity, Inclusion and Belonging (EDI-B). An educational needs assessment was developed by CDO’s EDI-B consultant and circulated to the Board and committees to assess EDI-B competencies. <a href="#">The results of this assessment</a> were used to identify and design training and to continue to embed EDI-B into the Board and committees’ work. The following resulted from this needs assessment:</p> <ul style="list-style-type: none"> <li>• A “teaching and learning moment” has been incorporated into the beginning of each Bard meeting to discuss relevant examples of how EDI-B can be incorporated into the practical work of the Board. At its September 30, 2022 meeting, the Board discussed the National Day of Truth and Reconciliation and at its December 9, 2022 meeting, the Board discussed the importance of gender pronouns.</li> <li>• A workshop on Indigenous Unsettling and Trauma Informed Practice was provided to understand Ontario’s settler colonial history and ongoing context and how it has led to anti-Indigenous institutional racism and settler colonial violence in healthcare. The Board and committee members learned about the allyship cycle and techniques to help address systemic barriers.</li> </ul>	<p>Yes</p>
--	--	--	---	------------

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>CDO is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDO to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CDO will use in upcoming reporting periods to engage our Board and Committee members in ongoing learning related to EDI-B.</p>	

Measure:	
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
Required Evidence	College Response
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> <li>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</li> </ul> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. 2021 and 2022</li> <li>• Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review.</li> </ul> <p>The <a href="#">Board Code of Conduct</a> and the <a href="#">Conflict of Interest policy</a> are included in the <a href="#">CDO Governance Manual</a>. The Conflict of Interest policy was last updated in 2021 and the Board Code of Conduct was last updated in 2022.</p> <p>The following updates were made to the Conflict of Interest policy:</p> <ul style="list-style-type: none"> <li>• Board and Committee members complete an annual declaration of conflict of interest and submit it to CDO by June 30th of each year.</li> <li>• As part of the annual declaration of conflict of interest and at any other time during the year, public directors are required to declare any offences, charges, or bail conditions.</li> <li>• Elected directors and committee appointees are required to report any offences, charges, bail conditions, or findings of professional misconduct that have been made against them as part of their annual renewal with CDO.</li> </ul> <p>The following updates were made to the Board Code of Conduct:</p> <ul style="list-style-type: none"> <li>• Inclusion of a three-year review date.</li> <li>• Commitment to make decisions on best-evidence and cross-referencing the impartiality in decision-making governance policy.</li> <li>• Commitment to applying an EDI-B lens in College work.</li> <li>• Incorporation of EDI-B as a component of respectful conduct.</li> <li>• Reiteration of the Board’s determination to work toward consensus decision-making.</li> <li>• Deletion of the reference to the Chair’s authority and “corporate obedience” as an EDI-B recommendation. One of the findings in the EDI-B audit/recommendations were to review policies to examine where policies consolidate power/perpetuate power asymmetries or otherwise diminish influence of participants rather than distribute it in a more egalitarian way. The Chair’s role is set out in another section of the Governance Manual and the rules of order clearly establish the Chair’s ability to facilitate discussions, seek consensus and keep order during a meeting.</li> </ul>
	Yes

			<ul style="list-style-type: none"> <li>• Use of gender-neutral language and pronouns (they/their instead of his or hers)</li> <li>• Inclusion of a Social Media Use section as an “emerging initiative” as the College begins to expand its social media presence.</li> <li>• Deletion of the need for the Board to approve amendments to the Annual Acknowledgement and Conformation form. Forms are usually considered operational tools, and removal of this would allow greater flexibility to make small amendments as needed and identified by the Board and/or management.</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

	ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in
		<ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>The Board Code of Conduct and Conflict of Interest policy are part of the CDO Governance Manual.  <a href="#">Board Code of Conduct</a>  <a href="#">Conflict of Interest policy</a></p>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
	b. The College enforces a minimum	The College fulfills this requirement:	Met in 2021, continues to meet in 2022



time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).

Further clarification:

Colleges may provide additional methods not listed here by which they meet the evidence.

- Cooling off period is enforced through: By-law
- Please provide the year that the cooling off period policy was developed **OR** last evaluated/updated. 2021
- Please provide the length of the cooling off period.
- How does the College define the cooling off period?
  - Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;
  - Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; **OR**
  - Where not publicly available, please briefly describe the cooling off policy.

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually.</p>	<p>The College fulfills this requirement: <span style="float: right;">Yes</span></p>
		<p><u>Additionally:</u></p> <ul style="list-style-type: none"> <li>i. the completed questionnaires are included as an appendix to each Council meeting package;</li> <li>ii. questionnaires include definitions of conflict of interest;</li> <li>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</li> <li>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.</li> </ul>	<ul style="list-style-type: none"> <li>• Please provide the year when conflict of interest the questionnaire was implemented <b>OR</b> last evaluated/updated. 2022</li> <li>• Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes</li> <li>• Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.</li> </ul> <p>CDO has had a Conflict of Interest (COI) policy for many years, and an annual declaration of COI questionnaire was approved by the Board on <a href="#">December 3, 2020</a> and updated in 2022. It is signed annually by all Board directors.</p> <p>COI is defined in <a href="#">By-law 1 General</a> (Article 16). It is a fulsome definition including interests that may be real or perceived, actual or potential, or direct or indirect. The by-law sets out the duty to avoid COI and the processes for resolving conflicts or undeclared conflicts. This COI definition and information are part of the annual COI questionnaire. CDO’s Governance Manual contains the annual COI questionnaire as well. As part of the annual COI questionnaire, Council members are asked to list any organization affiliation that could reasonably be conceived as having a conflict of interest with the member’s work at CDO.</p> <p>The 2022 updates to the COI include:</p> <ul style="list-style-type: none"> <li>• That the COI policy is reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives and that it is accessible to the public.</li> <li>• That the College has cooling off periods for activities that could present real or perceived conflicts of interest. The evidence required includes how the cooling off period is enforced.</li> <li>• That the College has a COI questionnaire that includes a definition of COI and is completed on an annual basis. Additionally: <ul style="list-style-type: none"> <li>○ Completed COI forms must be included as an appendix to each council meeting package.</li> </ul> </li> </ul>

- The COI form now includes questions based on areas of risk to the College and/or are specific to the profession.
- At the beginning of each meeting, members must declare any updates to their responses and any COI specific to the meeting agenda.

In June 2022, all Board directors and committee appointees signed the COI questionnaire, which are attached as an appendix to each Board meeting package.

At the start of every Board meeting, the chair asks all Board directors to declare any COI updates or areas of bias. A similar process is in place for Committee meetings. The Board’s revised Rules of Order (approved in December 2021 and appended to the Governance Manual) also stipulate that no member shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Board director so interested shall be disallowed.

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
			<ul style="list-style-type: none"> <li>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul>		
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>		

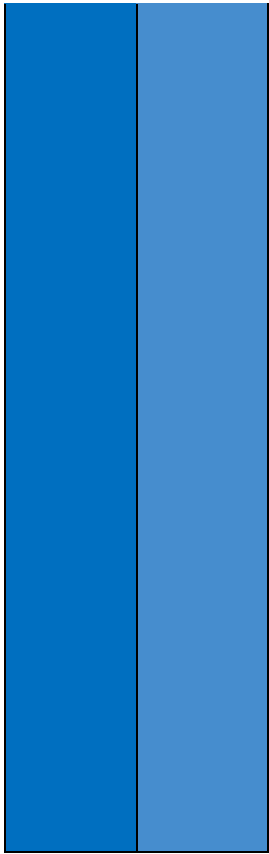
	<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed. 2022</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The Board approved an updated <a href="#">Risk Monitoring Policy</a> and new <a href="#">Risk Monitoring Report</a> at its meeting on March 25, 2022 meeting (please see meeting <a href="#">minutes</a>). The policy sets out the Board’s role around risk management, how the Board will ensure and cultivate a risk management culture, and the Registrar’s accountability to Council through quarterly reporting and the establishment of operational procedures. The Board receives risk monitoring reports from the Registrar on a quarterly basis on the major risks faced by the College (in consideration of likelihood and impact). These reports contain approximately 5 to 10 identified risks and the College's mitigating responses.</p> <p>The Registrar reports to the Board on any urgent, rapidly developing and critical risks should they arise between Board meetings. Low and frequently monitored risks are be recorded and managed.</p> <p>CDO’s risk management approach includes staff involvement at all levels to ensure that emerging risks can be identified quickly, and that a strong risk management culture is cultivated throughout the organization.</p> <p>In 2022, CDO formed an internal Risk Management Working Group, with staff representation from each department of the College. The Working Group meets between Board meetings to review and identify current and emerging risks to CDO.</p> <p>Regulatory risk was also considered in the development of CDO’s 2020 -2025 Strategic Plan. Prior to developing its plan, CDO conducted a comprehensive environmental scan which included a literature review, stakeholder interviews and surveys to understand the regulatory risks for CDO. These risks are addressed in Council’s four strategic objectives and are expanded on in the plan under the heading: <a href="#">“Understanding the Wider Landscape”</a>. The environmental scans and stakeholder feedback were used as the basis of the CDO’s strategic planning sessions and provided contextual elements for decision-making.</p>	<p>Yes</p> <p>Choose an item.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>	

			<i>Additional comments for clarification (if needed)</i>
--	--	--	--

Measure:	
3.1 Council decisions are transparent.	
Required Evidence	College Response
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Council minutes are posted.</li> <li>• Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Board minutes are posted in the <a href="#">Meetings &amp; Hearings</a> section of the website.</p> <p>Included in each Board meeting package is an Action List, which updates the Board on the status of decisions.</p>
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>

		<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>The Executive Committee’s report is included in every Board meeting package, which is publicly available. The report includes:</p> <ul style="list-style-type: none"> <li>• The meeting date</li> <li>• Rationale for the meeting</li> <li>• Summary of discussions and decisions</li> <li>• Whether the decision will be ratified by the Board</li> </ul> <p>Please see the <a href="#">December 8, 2022</a> meeting package for reference.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>No</p>





*Additional comments for clarification (optional)*

A large, empty rectangular box with a thin black border, intended for providing additional comments or clarification. The text "Additional comments for clarification (optional)" is written in a light gray, italicized font at the top left of the box.

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> Board meeting materials can be accessed on <a href="#">CDO's website</a> .		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> <li>Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> Notice of Discipline Hearings can be accessed on <a href="#">CDO's website</a> .		

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>				
<p><b>Required Evidence</b></p>		<p><b>College Response</b></p>		
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>		
	<ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>CDO is committed to informed equity, diversity, and inclusion (EDI) action that leads to sustainable and meaningful change in carrying out its public protection mandate. Accordingly, CDO undertook several initiatives relating to equity, diversity, and inclusion in 2022. The College continues to gather data and build capacity in staff, council, and registered dietitians through a number of EDI activities.</p> <p>EDI-B is included as strategies within CDO’s strategic plan as well as the workplan used to achieve the strategic goals.</p> <p><b>Education and Training: Staff, Board and Committees</b></p> <ul style="list-style-type: none"> <li>• A workshop on Unsettling &amp; Trauma Informed Practices: An Indigenous Lens, was provided to the Board, Committee members and staff.</li> <li>• An EDI-B unconscious bias training session was held for College Assessors. The training included case studies, discussions, and reflections.</li> <li>• CDO collaborated with the College of Physiotherapists of Ontario and other health regulatory colleges in presenting a two-part Anti-Racism and Equity workshop series to registrants, the Board, Committee members and staff, addressing worldview, intersectionality, identity, microaggressions, bias and critical self-reflection. The recording is available as an internal resource for registered dietitians.</li> </ul>			

- CDO staff engage in a variety of EDI-B training based on their roles and self-identified learning goals. Staff EDI-B learnings are tracked and reported on in the Management Report, which is presented to the Board each meeting (please see the December 8 Board [meeting materials](#)).

**New EDI-B Vision Statement and Revised Corporate Values**

The Board approved an [EDI-B Vision Statement](#) and added EDI-B as a corporate value (please see September 30, 2022 meeting [materials](#) and [minutes](#)). The EDI-B Vision Statement and updated corporate values formally and publicly acknowledge CDO’s commitment and intention to further EDI-B at the College and within the dietetic profession.

**Creation of the HR Manager/EDI-B Lead role**

CDO appointed a full-time HR Manager/EDI-B Lead to support EDI-B initiatives. The EDI-B Lead along with the EDI-B Working Group, created an operational workplan and collaborated with the Board, staff and system partners to share information on CDO’s EDI-B activities, seek feedback and share insight.

**Public Survey on EDI-B**

CDO released an Equity & Anti-Racism survey to the public, which sought feedback as to whether individuals have directly or indirectly experienced prejudice or discrimination during their involvement with the College. While review and analysis of the survey results are still underway, data from the survey will inform future EDI-B activities.

**EDI-B Working Group**

The staff Equity Diversity Inclusion and Belonging (EDI-B) Working Group meets monthly and assists the Board, the Governance Committee, and the Registrar in carrying out the mandate of the College. Activities include:

- Developing an EDI-B Vision Statement
- Recommending the addition of EDI-B as a corporate value
- Identifying training and development needs and opportunities
- Reviewing policies
- Updating CDO’s EDI-B webpage
- Assessing the [Global Diversity Equity and Inclusion Benchmarks](#)

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

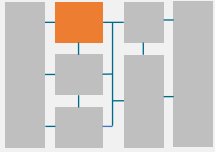
Choose an item.

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>The College has prioritized identifying and addressing potential unintended impacts of policies and programs related to the College public protection interest mandate and further determining what adjustments the College will make to mitigate the adverse effects/impacts to support decision-making. The College is collaborating with HPRO Colleges on having a shared Equity Impact Assessment (EIA) Tool. In the meantime, the College Professional Practice Program researched and identified an internal EIA tool that has been applied to Policy Development and Consultation.</p> <p>The internal EIA has been used to identify and address potential unintended impacts (positive or negative) of a policy, program, or initiative ("Policy") on specific population groups (including equity-deserving groups). As a result, the College can determine what adjustments might mitigate negative impacts and maximize positive effects on the groups identified by identifying impacts. The EIA also informs policy design and implementation and has been applied to the development of:</p> <ul style="list-style-type: none"> <li>• A policy on <a href="#">determining currency practice hours for Dietitians in Ontario</a>.</li> <li>• Standards and Guidelines for Virtual Care for Dietitians in Ontario (in progress).</li> <li>• Standards and Guidelines for Social Media for Dietitians in Ontario (in progress).</li> <li>• The position statement and practice guidelines: <a href="#">Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario</a>. Annual Workshop: The Consent is not a Checklist: Exploring the Complexities of Consent workshops were focused on introducing concepts of Equity, Diversity and Inclusion in the Consent process. The workshop design underpinned an EIA and was interactive, using practice scenarios Participants critically examined consent approaches in enabling informed decision-making in dietetic practice and identifying opportunities to advance equity, diversity, inclusion, and belonging.</li> </ul>	<p>Partially</p> <p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</p> <p>Yes</p>
--	--	---	--	---

*Additional comments for clarification (optional)*

CDO does not currently conduct formal Equity Impact Assessments (EIA), but work is underway to adopt formal tool into CDO processes. CDO is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an EIA. Once a formal EIA tool is developed by HPRO, it will be adopted by CDO.



Measure:  
 4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence	College Response	
<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u>            A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement:</p> <p style="text-align: right;">Yes</p> <ul style="list-style-type: none"> <li>• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>• Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul>	
	<p>The annual budget is approved by the Board at its meeting. Along with the budget, the Board reviews the annual workplan activities and how the workplans connect with CDO's Strategic Plan. The 2022-2023 budget was approved at the March 2022 Council meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p> <p>CDO uses zero based budgeting, which is a process that starts from a "zero base," and every function within an organization is analyzed for its needs and costs. The activities required to achieve strategic goals are identified and costs are estimated for each activity. The budget is then built around what is needed for the upcoming fiscal period. CDO first estimates revenues from registrants, applicants and investments. Funds are allocated to general administration and five program areas, including Registration, Professional Practice-Quality Assurance, Professional Practice-Practice Advisory, Patient Relations and Standards &amp; Compliance.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: right;">Choose an item.</p>	
	<p><i>Additional comments for clarification (optional)</i></p>	



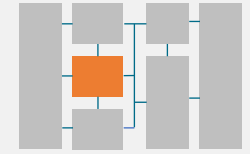
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes</li> </ul> <p>The Board approved an updated <a href="#">Reserve Fund Policy</a> at its June 17, 2022 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p> <p>The policy sets out the level of reserve and is reviewed by the CDO’s auditors. In accordance with the policy review cycle indicated in the policy, will be reviewed again by Council in 2025. CDO meets the reserve set out in its reserve policy.</p>	<p>Met in 2021, continues to meet in 2022</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>• Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Since the Board’s role is focused on governance, it does not typically review operational policies; however, the Board ensures that the organization is sufficiently resourced to successfully carry out its mandate and strategic objectives. For example, the Board supported an operational review of CDO’s staffing model by a third-party HR firm which was carried out in fall 2021. This review resulted in the allocation of additional staffing resources, which help improve the distribution of workload, aid in succession planning and the dissemination of institutional knowledge. The Board is informed regularly of staffing changes by the Registrar and through CDO's Management Reports at Board meetings. As part of these updates, the Board ensures that CDO is adequately resourced to conduct the business of the College.</p> <p>The Board has a role in the direct oversight of the Registrar and in 2021, the Board approved an internal Registrar Performance Management Policy. The policy recognizes the role of the registrar as the organization’s lead executive officer and their pivotal role in determining the strength of the organization now and in the future. The policy assesses the Registrar’s performance with respect to furthering CDO’s mission, vision, strategic direction and goals, and includes an annual 360 review.</p> <p>A Registrar coverage plan is in place to provide guidance for the continued operations of CDO if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. This plan was adopted in 2020 and updated in 2022. It was discussed by the Board at its September 2022 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p> <p>The Board budgets for staff development on an annual basis. Training opportunities include sessions delivered to all staff, regulatory conferences and education sessions and other training topics identified by individuals relating to their own professional development and learning goals.</p>	<p>Yes</p>
--	--	--	---	------------

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
--	--	--	---

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The College has internal IT security plans including a cyber security response plan, a credit card incident response plan and an emergency disaster recovery plan. These policies are reviewed on an annual basis, with the last review occurring in 2022.</p> <p>All CDO electronic data has been migrated to the cloud as of 2020. Moving to the cloud has enabled CDO is able to manage data and access with multiple layers of security. All Staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet our security standards. An external support user has been granted access to only certain data. All Staff, Council and Committee members are required to adhere to CDO's IT Security Policy.</p> <p>Cybersecurity measures are in place. All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365, cloud-based management software and the VPN. Cyber Awareness training and announcements throughout the year take place for new and existing staff. CDO's IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly.</p> <p>The College engages in annual database updates to mirror improvements to internal registration and QA processes. In 2022, the College completed a planned upgrade of its membership database and web content management software to the latest version to ensure a secure, effective and efficient processing capability for staff and interfacing for members.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER



STANDARD 5 and STANDARD 6

<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>CDO continues to have a strong supportive and collaborative approach to regulation. We actively engage with other Colleges and system partners, including the following:</p> <p><b>Alliance of Canadian Dietetic Regulatory Bodies (Alliance)</b></p> <p>CDO is part of the Alliance, which includes representation from all 10 provinces. The Alliance meets regularly and collaborates on issues of national importance, including the national licensing examination, accreditation, and entry to practice standards. In 2022, CDO actively participated in the work to deliver the national licensing exam, including the Registrar’s appointment as a Canadian Dietetic Registration Exam lead. Following the withdrawal of the accreditation provider in 2021, the Alliance worked to secure a common third-party accreditation body. Significant communication and collaboration efforts occurred between the Alliance and dietetic education programs</p>

regarding the information and onboarding process of the new accreditation provider, effective August 31, 2023. These collaborations facilitate standard Canadian entry to practice requirements and effective and efficient labour mobility processes in Canada.

**Dietitians of Canada (national dietetic professional association)**

*Specific efforts:* Clinical Nutrition Leaders Action Group of Ontario (CNLAG) and Ontario Long-Term Care Action Group (LTCAG) issues around dietetic practice, changes to legislation, hearing concerns about staffing, burnout during pandemic.

*Example:* [Changes to Legislation for Dietitians Working in Long-Term Care](#) - This article updated dietitians working in Long-Term Care as the *Fixing Long Term Care Act*, 2021 came into force in Ontario on April 11, 2022.

**Dietetic Education Leadership Forum of Ontario (DELFO)**

CDO provides updates to DELFO, as needed, and offers Registration and Jurisprudence presentations to graduating students to ensure understanding of the registration process and professional practice obligations once registered with the College.

**Citizen Advisory Group (CAG)**

CDO is an active member of the CAG, which helps bring the patient voice and perspective to healthcare regulation in Ontario and is leveraged by health care regulatory colleges to enhance public participation and consultation in our regulatory activities.

CDO utilized the CAG to support the following public-facing policy work:

- Collaborated on a public document (insulin adjustment: what to expect from a dietitian).
- Collaborated on the preliminary consultation for the feasibility of practising dietetics policy.

**Health Profession Regulators of Ontario (HPRO)**

CDO is an active member of HPRO and works with our system partners to align with best practices for health profession regulation. The Registrar attends regular HPRO Board meetings and biweekly information sharing sessions. Additional collaborative efforts include standard approaches to share information about registrants with other regulators. CDO Professional Practice Program staff engage with the HPRO Practice Advisor Network and HPRO Quality Assurance (QA) Working Group (CDO Director of Professional Practice co-chairs the HPRO QA working group) engage with these networks frequently to share and learn about key practices and quality assurance issues and themes, including policy/standard/guideline development common to other healthcare professions.

**EQual**

When the previous accreditation provider, Dietitians of Canada, was no longer available, the Alliance worked quickly to identify and put plans in place for an alternative solution. The new national accreditation program, EQual, will be implemented by August 31, 2023 and will ensure an in-depth, third-party, standardized framework that is accepted in all provinces. EQual specializes in competency-based accreditation of higher-health professional education programs.

By partnering with Equal, the Alliance has joined the EQual Governance Council, which allows it to actively participate in policy development and oversee the accreditation process.

CDO is working with educators on navigating the change to the new accreditation provider.

**Ministry of Health of Ontario (MOH)**

CDO has responded to consultation requests from the MOH regarding the proposed Registration Requirements Regulation under the RHPA and governance reform.

**Other Committees and Working Groups**

CDO continues to participate in several communities of practice, committees and working groups. For example, Professional Practice staff engage in Knowledge Exchange and learning with:

- The cross-Canada Dietetic Practice Advisor Group to collaboratively develop resources, policies and standards and communications to dietitian registrants for safe, competent, and ethical practice.
- The [Centre for Quality Improvement and Patient Safety \(CQIPs\)](#) Quality Improvement and Patient Safety (QIPS) Community of Practice (CoP) to share information about dietetics and interprofessional practice for enhancing quality improvement and patient safety approaches.
- Ontario Health Teams (OHTs) [Rapid-Improvement Support and Exchange \(RISE\)](#) Providing evidence-based support to OHTs, using a ‘rapid learning and improvement’ lens.

**Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.**

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

CDO regularly engages with other health regulatory Colleges and system partners, over and above those listed above. In addition, the College identifies system partners based on the specific context of information required.

Examples of relationships where the College identified and engaged with partners include:

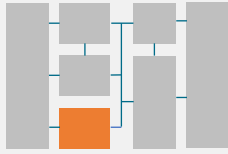
- Collaboration with the CAG Members for feedback on the draft [Insulin Adjustments: What to Expect From a Dietitian](#) document – a companion resource for patients with diabetes and their caregivers. This final resource has been published on [the public section of CDO’s website](#) and will help people understand dietitians’ roles and what to expect when managing their blood sugars with insulin.
- Collaboration with system partners on the development of CDO’s Draft Social Media Standard and Guidelines (in progress). The College conducted two focus groups with registrants, conducted a survey consultation and worked with other regulators whose registrants might be impacted by CDO’s standards and guidelines.
- Partnered with research consultants to administer mixed methods research with registrants and assessors to better understand CDO’s Quality Assurance program for informing a risk-based update to the Peer and Practice (PPA) program. Consultation surveys were promoted through various social media channels to widen the target market. The goal was to co-design with registrants a meaningful and practical approach to the PPA that would align with risk and right-touch regulation. The consultation process resulted in relevant data for the College and its Registrants, as well as other colleges, the broader QA community, academic institutions, government organizations and the public.
- Consulted with dietitians and other partners for feedback on the Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario from April 13, 2022 – to May 30, 2022. Three hundred forty-nine participants (~8% of registrants) responded to the online consultation survey.



- Collaboration on CDO’s Draft Virtual Care Standard and Guidelines. The College conducted a survey consultation and worked with other Regulators whose registrants might be impacted by CDO’s standards and guidelines.
- Sought information from HPRO partners and dietetic regulators to inform the content development for registrant workshops and interactive Regulatory Talks webinars.

Examples of CDO collaborating with system partners to research and respond to emerging issues impacting the public, include:

- Changes to Legislation for Dietitians Working in Long-Term Care: CDO updated dietitians working in Long-Term Care as the *Fixing Long Term Care Act*, 2021 came into force.
- Infant Formula Shortage: CDO informed dietitians about Health Canada’s update regarding the shortage of infant formula for babies with food allergies and continues to monitor and provide updates to dietitians, as needed.
- Privacy Breach: Dietitians who are health information custodians in Ontario are required to report statistics annually relating to health privacy breaches to the Information and Privacy Commissioner of Ontario (IPC). Dietitians were notified of this obligation through the IPC’s online submission website.
- COVID–19 Ministry updates: Monitored MOH updates and provided registrants with relevant information.
- [Monkeypox Virus](#): Information related to an order of the Chief Medical Officer of Ontario for regulated health professionals who work within the meaning of the *Public Hospitals Act* to provide information related to Monkeypox to Public Health Ontario.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

- a. The College demonstrates how it:
  - i. uses policies and processes to govern the disclosure of, and requests for information;

College Response

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

CDO's privacy policy is available on the [College's website](#). All members of staff, the Board and committees, and others who do work on behalf of the College and who have access to confidential information, are required to sign a confidentiality agreement.

CDO has an internal IT Security Policy that outlines a detailed and comprehensive set of practices and protocols for securing CDO's information, information technology assets and technology infrastructure. This policy applies to staff, Board directors and committee members, peer assessors, vendors, volunteers and anyone else who has permanent or temporary access to our systems and hardware. It covers the requirements for establishing and maintaining robust passwords, securely storing, accessing confidential information, and protecting College-issued devices or personal devices.

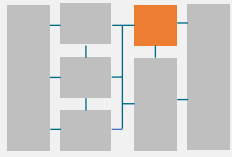
CDO also has a credit card incident response plan to prepare for, detect, recover from a credit card breach during the collection of registrant fees. For security reasons, the College does not publicly disclose details of its security practices.

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>All CDO electronic data has been migrated to the cloud as of 2020. Moving to the cloud has enabled CDO to manage and access data with multiple layers of security.</p> <p>All Staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet our security standards. An external support user has been granted access to only certain data.</p> <p>All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365, its cloud-based file sharing platform and for its payroll software. CDO will be rolling out MFA software for the VPN connections this fiscal.</p> <p>Cybersecurity measures are in place. For example, CDO conducted an internal cyber security awareness survey, phishing campaigns and supplemented with announcements throughout the year.</p> <p>In 2021, 3rd party vendor email backup software was implemented. CDO's IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly.</p> <p>A cybersecurity response plan is available for PCI compliance purposes. A PCI DSS external vulnerability scan is run monthly to identify risk.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
--	--	--	---	------------



Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

*Benchmarked Evidence*

College Response

The College fulfills this requirement:

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

Met in 2021, continues to meet in 2022

*If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.*

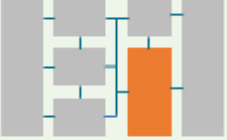
	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>CDO aims to take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. The goal is to attain the ‘right touch’ of regulation, rather than over-regulating or under-regulating to achieve safe and effective dietetics regulation in Ontario. The College aims to respect its use of authority to attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario.</p> <p>As set out in Professional Practice Standards Framework, the Criteria for developing or amending Standards of Professional Practice includes the following:</p> <ul style="list-style-type: none"> <li>• Identification of need: identify high-risk areas that warrant standards development through the College’s Risk Framework. Identification of issues can be through member consultation, focus groups or by inquiries to the CDO’s Practice Advisory Service and elements such as risk, impact, public expectations, and frequency of performance are considered.</li> <li>• Qualify the risk: there is a reasonable expectation that the professional practice issue places clients at risk (e.g., physical, emotional, financial, etc.), thus requiring public protection. The risk must be real, not hypothetical, and could result in unprofessional or unethical conduct by the dietitian dealing with this risk.</li> <li>• Consider applicable higher-level documents (e.g., a statute, regulation, or sufficient entry-to-practice competency) that defines the College’s expectations concerning the issue explicitly.</li> <li>• Ensure that the relevance will be for an extended period if a Standard of Professional Practice is developed.</li> </ul> <p>Generally, the Standard of Professional Practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement. For example:</p> <ul style="list-style-type: none"> <li>• CDO worked to develop the draft Social Media Standard and Guidelines (in progress). This work required extensive partner and public consultations throughout the standards and guidelines development process. Additionally, CDO had to seek alignment with other regulatory Colleges to identify the appropriate behavioural expectations for dietitians.</li> <li>• To attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario, the Self-Directed Learning (SDL) Tool’s competency-based self-assessment process was updated with New ICDEP v. 3.0. A new template for writing SMART learning goals was also implemented to assist dietitians in formulating their annual goals. The College’s SDL tool aligns with the annual renewal process. Members complete their online SDL tool between September 1– October 31, 2022.</li> </ul>	<p>Yes</p>
--	---	--	------------

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
--	--	--	---

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>In 2022, CDO's policies, guidelines, standards, and Code of Ethics continues to promote Equity, Diversity, Inclusion, and Belonging (EDI-B). Activities include:</p> <ul style="list-style-type: none"> <li>• Updating CDO communication practices to align with EDI-B best practices. For example, CDO has replaced the word "stakeholders" with "system partners" since the term stakeholder is deeply rooted in colonial practices and may be perceived as marginalizing some people.</li> <li>• Updating <a href="#">policies</a> with an EDI-B lens including: <ul style="list-style-type: none"> <li>○ <i>The Board Code of Conduct</i>: Updated to reflect CDO's commitment to EDI-B in carrying out its work. EDI-B has been incorporated as a component of respectful conduct and gender-neutral pronouns have been adopted.</li> <li>○ A new exam Blueprint for the Knowledge and Competence Assessment Tool (KCAT) was added to the first step in the College's Prior Learning Assessment and Recognition process. This was developed with an EDI-B approach to incorporate the expertise of internationally educated subject matter experts and RD indigenous review.</li> <li>○ <i>Policy 4-50: Language Proficiency and Policy 6-10</i>: eligibility for Prior Learning and Recognition (PLAR) was revised to provide more options for applicants to demonstrate their English and French language proficiency and recognize the Immigration, Refugees and Citizenship Canada's current approved language tests for Skilled Immigrants (Express Entry), as required in the provincial government's Registration Requirements Regulation.</li> <li>○ <i>Policy 6-10: Eligibility for Prior Learning and Recognition (PLAR)</i>: revised to extend the use of the Knowledge and Competence Assessment Tool (KCAT) to permit internationally trained applicants who have completed degrees reasonably related to dietetics. Policy 6-10 now permits the acceptance of the World Education Services (WES) Gateway Program assessments.</li> <li>○ <i>Policy 5-30: Upgrading After Second Failure of the Canadian Dietetic Registration Examination (CDRE)</i>: revised to provide an individualized and empathetic approach to determine an applicant's learning and upgrading needs prior to attempting the CDRE.</li> <li>○ <i>Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario</i>: revised to increase flexibility for marginalized groups to meet the currency hours requirement, which would more easily allow dietitians to continue redeployed work and likely reduce economic burdens.</li> </ul> </li> </ul>	<p>Yes</p>
--	--	--	------------

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	



		Measure: <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) <sup>1</sup> .	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul>	

<sup>1</sup> This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>CDO’s Registration Policies can be found <a href="#">here</a>. CDO regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency)</li> <li>• Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy)</li> <li>• Improved clarity required for staff to operationalize a policy</li> <li>• Identification that a policy is outdated and requires revocation</li> <li>• Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices</li> <li>• Changes to the dietetic practice environment (e.g., new competencies for entry-level practice)</li> <li>• Feedback from the Registration Committee</li> </ul> <p>In 2022, CDO revised several of its registration policies to enhance clarity, transparency and fairness. These revisions include policies relating to currency, language proficiency, eligibility for the Prior Learning and Recognition (PLAR) process and requirements for supervision and upgrading post licensing exam failure. CDO also established a new policy to assess Suitability to Practise for Applicants.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

Measure:

9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.

c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

The College fulfills this requirement:

Yes

- Please briefly describe the currency and competency requirements registrants are required to meet.
- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done.

The Registration Regulation includes the following currency requirement:

“5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years.

(2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee.”

In setting the 500-hour requirement, an environmental scan was conducted of other Ontario health regulators and dietetic regulators within and outside of Canada. Consultations with members and other stakeholders was completed throughout the Registration Regulation amendment process. External legal counsel also provided input. The minimum practice hour requirement of 500 hours over the preceding three years was subsequently proposed for incorporation into the Registration Regulation. In 2009-2010, following the environmental scans and consultations (outlined above), the minimum dietetic practise hour requirement of 500 hours over the preceding three years was subsequently proposed and incorporated into the College’s Registration Regulation amendments that were approved by the Ministry in 2012.

During CDO’s annual renewal period, each member/registrant is asked to declare whether they have practised at least 500 hours in the past three years. Ultimately, the purpose of the requirement to maintain at least 500 hours of dietetic practice is to ensure that dietitians can practice dietetics safely, ethically, and competently. Any member/registrant who has self-declared that they practised fewer than 500 hours in the past three years will be automatically referred to the Quality Assurance (QA) Committee for assessment. Information pertaining to the minimum 500-hour practise requirement over the preceding three years can be found [here](#).

Those who declare having practised fewer than 500 hours in the past three years are referred to the Quality Assurance (QA) Committee for assessment of their competency, including an assessment of professional development (via a learning diary) and/or a competency assessment in their area of practice to ensure current competence to practice safely. In 2021, CDO published a newsletter article for members providing guidance on what activities qualify as a practice hours.

CDO developed a new Council approved a [policy](#) on determining currency<sup>[1]</sup> practice hours for Dietitians in Ontario in June 2022. Ultimately, maintaining at least 500 hours of dietetic practice over three years ensures that dietitians can practise dietetics safely, ethically, and competently. This policy assists dietitians in completing their annual renewal declaration regarding dietetic currency practice hour requirements. In developing the policy, CDO was responsive to the temporary redeployment duties of dietitians during the pandemic. As such, the competencies dietitians would have and maintain during their career and would be applying during redeployment, would count in determining practice hours. The policy includes:

- What counts as dietetic practice.
- Categories and considerations when determining whether certain activities help dietitians meet the College's minimum 500 hours/3 years dietetic practice hour requirement.

This policy also provides an updated definition of practising dietetics and categories to assist registrants in completing their annual renewal declaration regarding dietetic practice hours/currency requirements.

For 2022, 36 (less than 1%) registrants declared they were not meeting currency requirements and the potential risk of providing safe, competent, and ethical practice. Of the 36 registrants, twenty submitted learning diaries were assessed to determine if the learning activities reflected application to dietetics and that the registrants have maintained their competency to practice. In addition, at annual renewal, registrants are asked a series of declaration questions pertaining to good character and conduct, including offences. If the answer to any of the declaration questions is yes, the registrant is prompted for more details and/or is requested to submit supporting documentation. Following annual renewal, a report is reviewed to determine if any follow-up with registrants is required. In some cases, legal counsel is contacted for advice.

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

---

<sup>2</sup> A 'currency requirement' is a requirement for recent experience that demonstrates that a member's skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:					
9.3 Registration practices are transparent, objective, impartial, and fair.					
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
		<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: <a href="#">Choose an item.</a></li> </ul> <p>CDO’s 2021 Fair Registration Practices Report (submitted to the OFC in December 2022 as per their deadlines) can be found <a href="#">here</a>. CDO has not received any summary to date from the OFC regarding our submitted 2021 report.</p> <p>In 2022, CDO met with the OFC to provide information about upcoming accreditation changes and received positive feedback on the Alliance’s proactive actions and CDO’s improved access for applicants to take both the CDRE and PLAR exams remotely. CDO was commended on its continued low-risk rating under the OFC’s Risk Informed Compliance Framework.</p>			
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.
		<i>Additional comments for clarification (if needed)</i>			

Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:                             <ul style="list-style-type: none"> <li>Name of Standard</li> <li>Duration of period that support was provided</li> <li>Activities undertaken to support registrants</li> <li>% of registrants reached/participated by each activity</li> <li>Evaluation conducted on effectiveness of support provided</li> </ul> </li> <li>Does the College always provide this level of support: <b>Yes</b> <i>If not, please provide a brief explanation:</i></li> </ul> <p>The Board approved a policy on <a href="#">determining currency practice hours for Dietitians in Ontario</a> in June 2022. Ultimately, maintaining at least 500 hours of dietetic practice over three years ensures that dietitians can practice dietetics safely, ethically, and competently. This policy assists dietitians in completing their annual renewal declaration regarding dietetic currency practice hour requirements. The policy includes What counts as dietetic practice; and Categories and considerations when determining whether certain activities help dietitians meet the College's minimum 500 hours/3 years dietetic practice hour requirement.</p> <p>To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports:</p> <ul style="list-style-type: none"> <li>CDO webpage has been updated to assist dietitians in applying the policy and definition.</li> <li>Delivered Regulatory Talks (Reg Talks) Webinars – Three synchronous interactive webinar sessions explored regulatory and professional obligations, practice scenarios and live question and answer period with Practice Advisors and Director of Professional Practice (<a href="#">Recording</a> and Handouts provided). There sessions were attended by 86 dietitians.</li> <li>An updated article was published on the College’s webpage on ‘what counts as a Practice Hour?’</li> </ul> <p>The 2022 Self-Directed Learning (SDL) Tool aligns with the annual renewal process. Registrants complete their online SDL tool between September 1– October 31, 2022. The Quality Assurance Committee approved new Guidelines, and a template for writing SMART learning goals was implemented to assist dietitians in formulating their annual goals. The Tool was upgraded with the competency-based self-</p>	<p>Met in 2021, continues to meet in 2022</p>



assessment process to align with New ICDEP v. 3.0 to support reflection in the development of learning goals and to verify that learning outcomes have been completed. CDO rolled out the new tool in July and August. To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports:

- Video: [Writing Professional Learning Goals for Your SDL Tool](#)
- [Guide on how to write SMART Goals](#)
- [SMART Goals Writing Template](#)
- [Criteria for review](#)
- Reg Talks Webinar Recording - [Writing Professional Learning Goals](#) (updated August 2022)
- [PowerPoint Presentation](#)
- [Client Care](#)
- [Non-Client Care](#)
- [FAQs - Completing SDL Tool](#)
- [FAQs - Completing SDL Tool in a Pandemic](#)

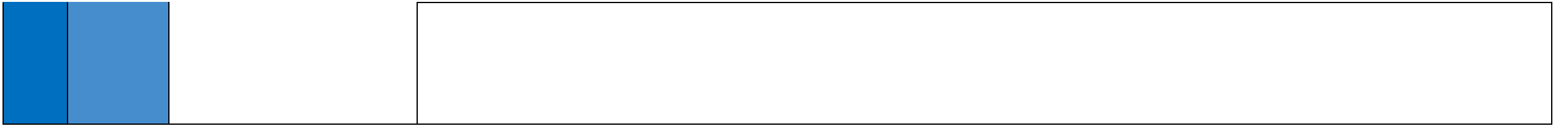
At the March 24, 2022 meeting, the Board approved the Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario for publication and dissemination. The College rolled out the new Position Statement and Practice Guidelines for dietitians providing insulin dose adjustments and guidelines. To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports:

- The College's Practice Advisory Service held two one-hour Reg Talks webinars explaining the Position and Practice Guidelines. Overall, 270 dietitians participated.
- View the recording [here](#)
- View the slides [here](#)

*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*



Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Yes</li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul> <p><u>Self-Directed Learning (SDL) Tool:</u> The College undertook research to identify areas where there could be a potential risk of harm to clients in dietetic practice and developed a risk management framework applicable to all practice settings. The tool provides dietitians with an opportunity to reflect on risk in their practice every year when they complete their registration renewal. Priority areas are identified by triangulating SDL risk goals of 4,340 registrants with trends in practice advisory inquiries for future training needs of registrants. An online Quality Assurance Registrant Survey was completed in September 2022. The Survey was based on the Right-Touch Survey Methodology for a Quality Assurance Program and the Methodology was developed in partnership with a consultant and system partners. Findings indicate that 92.4% (N=85) of respondents indicated that the SDL Tools and guidelines are user-friendly and easy to follow.</p> <p><u>Peer and Practice Assessment (PPA):</u> The College's 2 Step Peer and Practice Assessment (PPA) is a learning opportunity designed to assess registrants' knowledge, skill and judgment based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College Standards. The PPA has been designed to support continued competence assessment with registrants by applying the minimal amount of regulatory force required to achieve the desired outcome. High-risk practice areas identified in the College risk research are related to specific practice areas and practice settings.</p> <ul style="list-style-type: none"> <li>• New stratified random of selected registrants to move directly to Step 2- the Behaviour Based Interview (BBI) and chart review/stimulated recall was approved for implementation, and these have been codified in <a href="#">Policy 4-20: Peer &amp; Practice Assessment-Selection and Eligibility</a> and <a href="#">Policy 4-25: Peer &amp; Practice Assessment- Procedure</a>.</li> <li>• A multi-year project to bring the PPA to a virtual format and upgrade the process to align with Right-touch Regulation and reflect the College’s Strategic Priorities for 2020-2025.</li> <li>• Right-touch Regulation requires a proportional and targeted response to the posed risks. Therefore, the CDO QA program aims to foster and support all dietitians' continuing competence and quality improvement through education and assessment.</li> <li>• In March 2022, research consultants specializing in professional regulation identified ways to redesign the College’s approach to the PPA and presented their findings to the Quality Assurance Committee (QAC). The consultants’ analysis of the feasibility of re-</li> </ul>	Met in 2021, continues to meet in 2022

developing the PPA aligns with the Right-Touch Regulation ensuring that re-development will make the PPA more meaningful, practical, user-friendly, and evidence-informed regarding the design, development, delivery, and evaluation of the PPA.

[Jurisprudence Knowledge & Assessment Tool \(JKAT\)](#): The JKAT is a vital assessment process to improve a dietitian’s knowledge and understanding of the application of the laws, ethics, and standards relevant to the practice of dietetics and to assure the public and other partners, including employers, that dietitians practise safely, competently, and ethically. Dietitians must achieve a 90% score. Every new registrant must complete the JKAT within the first year of Membership and every 5 years. 857 registrants participated in the 2022 JKAT and 20% responded to the evaluation which shows:

- 71% of respondents felt that the JKAT was a valuable learning experience.
- 88% of respondents indicated some level of improvement in their knowledge of the laws, standards and guidelines.
- 88% of respondents said that the JKAT was relevant to their practice.
- 98% of respondents indicated that the resources on the JKAT were helpful (FAQ, References, CDO Website or Professional Practice Program staff).

[< 500 Hours of Practice](#): Dietitians are required to meet currency practice hours over a three-year period. Dietitians who are practising fewer than 500 hours must demonstrate they have maintained competency or may sign a Voluntary Undertaking. Options may include a competency assessment or submitting a learning diary of all professional development activities assessed. See [Policy 5-40: Committee Review of Learning Diary, Under 500 hours](#) for more information about the process.

*If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?*

Choose an item.

*Additional comments for clarification (optional)*

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Yes</li> <li>- <i>Employers</i> No</li> <li>- <i>Registrants</i> Yes</li> <li>- <i>other stakeholders</i> Yes</li> </ul> </li> </ul> <p>The Quality Assurance program is designed to support the dietitian's professional development and continuous improvements and is not punitive. This design allows CDO to effectively administer the assessment component(s) of its QA Program in a manner aligned with right touch regulation. We apply the minimal amount of regulatory force required to achieve the desired outcome. Right touch exploration was initiated in 2020 and will be continued as an approach to inform assessments in 2023. The QA program has processes and policies in place outlining how areas of practice are evaluated and how assessments are identified to determine which dietitian will undergo an assessment activity.</p> <p>Measures have been developed with a psychometrician and the QA Committee has the discretion in making decisions about which dietitians proceed to the behaviour-based interview (BBI) based on the dietitian's Z (standard) score of their pre-assessment survey.</p> <p>The <a href="#">Peer and practice assessment</a> continues to focus on strategies for mitigating the risk of harm as applied to a right-touch approach in dietetic practice. For example, a new stratified random of selected registrants to move directly to Step 2- the Behaviour Based Interview (BBI) and chart review/stimulated recall was approved for implementation and these have been codified in <a href="#">Policy 4-20: Peer &amp; Practice Assessment-Selection and Eligibility</a> and <a href="#">Policy 4-25: Peer &amp; Practice Assessment- Procedure</a>.</p> <p>CDO uses a computer program to randomly choose 10% registrants to participate in the PPA process. Using a stratified random sampling with risk-based criteria of solo practice and certain higher-risk areas of practice, 6% of those selected will move directly to the behavioural based interview and chart review/stimulated recall.</p> <p>Recognizing the ongoing uncertainty and strain facing dietitians, many of whom work in hospital settings and public health, the Peer and Practice Assessments (PPA) 2022 cohort selection was postponed. Postponing the PPA allowed dietitians to focus on the necessary dietetic</p>	<p>Yes</p>
--	---	--	------------

		and redeployed health services required to respond to, prevent, or alleviate the effects of COVID-19. This decision to postpone the PPA also had a low risk to the public.	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	
iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.		The College fulfills this requirement:	
		Met in 2021, continues to meet in 2022	
		<ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul>	
		<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

			<i>Additional comments for clarification (optional)</i>
<b>Measure:</b> <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b>			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>• Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul> <p>CDO’s case manager maintains a calendar of milestones and due dates for all ICRC-directed remediation and practice monitoring, and monitors to ensure reports and submissions are received on schedule. Where submissions are not received as scheduled, the case manager follows up with the responsible individual (e.g., with the registrant, practice mentor, course provider, etc.).</p> <p>The case manager then reviews all submissions to ensure completeness and to identify any immediate concerns or questions that require follow-up with the responsible individual. Following that initial review, the case manager forwards the submissions to the Registrar, who reviews them and determines whether the registrant has achieved the learning objective identified in the ICRC’s decision and whether the registrant has now demonstrated the required knowledge, skills and judgment. As needed, the case manager provides feedback to the registrant if additional remediation is required or communicates that the remediation has now been completed to the satisfaction of the Registrar.</p>	Yes	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>			Choose an item.

			<i>Additional comments for clarification (if needed)</i>
--	--	--	--



DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	Measure 11.1	
		The College enables and supports anyone who raises a concern about a registrant.	
		Required Evidence	College Response
		<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.</li> <li>• Please insert a link to the policies/procedures for ensuring all relevant information is received during intake <b>OR</b> please briefly describe the policies and procedures if the documents are not publicly accessible.</li> </ul> <p>CDO’s complaints process is clearly set out on the College’s website, including initial information complainants will be asked for. Please refer to the <a href="#">overview</a> of the CDO’s Complaints and Discipline Program, <a href="#">information</a> specific to making a complaint and the complaints process and <a href="#">Information</a> specific to support for clients alleging sexual abuse. This information is also available as an “information sheet” that can be mailed or emailed to complainants, and complainants/members of the public are also encouraged to contact the CDO’s case manager directly with any questions about the process.</p> <p>CDO has an internal intake form to help college staff triage and prioritize complaint matters, track their progress, milestones and timelines. As milestones are reached in investigations, parties are informed of the progress and informed of the date that the matter will be deliberated.</p> <p>The CDO has developed a communications checklist that formalizes the previously undocumented practices and procedures the College followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and will receive regular updates from the College on the status of the investigation and the anticipated timeline of completion.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
		Choose an item.	

			<i>Additional comments for clarification (optional)</i>
--	--	--	---

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>The information provided to complainants via the College’s website and information sheets is reviewed and evaluated internally by CDO staff to ensure it is accurate and easy to understand. To date, the CDO has not requested formal feedback from complainants about the information and whether they find it clear and useful.</p> <p>The information provided to complainants via the College’s website and information sheets is reviewed and evaluated internally by CDO staff on a regular basis to ensure it is accurate and easy to understand. Because of the relatively low volume of complaints the CDO receives, to date, we have not requested formal feedback from complainants about whether they find the information clear and useful. However, any informal feedback received from complainants is incorporated into subsequent reviews of the communications.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
		<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (<a href="#">see Companion Document: Technical Specifications for Quantitative CPMF Measures</a>).</p> <p>CDO tracks inquiries from the public, including the nature of the inquiries, whether follow-up is required, and the response times for the initial and any subsequent responses as applicable. The current response time to inquiries is 1-2 business days.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p>

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
		<ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>Given the volume of complaints, CDO can provide customized support to complainants and work with the individual to identify what support may be required to enable full participation in the process, and how CDO can provide it. Support is generally provided by the CDO’s case manager and can include the following:</p> <ul style="list-style-type: none"> <li>• Identifying any accommodations needed for individuals with physical or mental disabilities</li> <li>• Providing access to a scribe if individuals need help preparing a formal complaint</li> <li>• Providing access to a translator or translation services</li> <li>• Facilitating the participation of an individual’s chosen support person</li> <li>• Offering alternative methods for making submissions in lieu of written submissions during the initial exchange of correspondence</li> </ul> <p>CDO ensures transparency throughout the complaint process by being available by phone and email, including scheduling calls outside business hours in order to accommodate the individual’s availability and informing parties at each touchpoint about the next steps and the timelines.</p> <p>An internal resource for self-represented registrants in discipline hearings was developed in 2022. CDO’s Discipline Page directs registrants to contact the College for more information about the resource.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
		<p><i>Additional comments for clarification (optional)</i></p> <p>CDO’s <a href="#">website</a> provides information about it supports the public during the complaints process.</p>		
		<p><b>Measure:</b>  <b>11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</b></p>		

	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>CDO has developed a communications checklist that formalizes the previously undocumented practices and procedures the College followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and will receive regular updates from the College on the status of the investigation and the anticipated timeline of completion.</p> <p>In 2022, CDO updated templated communication letters for clarity and to be more relational.</p> <p>CDO’s case manager acts as a contact/resource person for all parties throughout the complaints process. Upon initial receipt of a complaint, the case manager follows up with the complainant to provide information about the process and what they can expect. At each stage (e.g., with each written submission, if an investigator is appointed, when scheduled for review by the ICRC, etc.), the case manager relays that information to each party via email and provides a timeline estimate for the subsequent stage. If extensions are granted or delays occur, the case manager informs both parties of the delay and new timeline. The case manager is also available throughout the complaints process to answer any questions, including by phone outside of regular business hours as needed to accommodate the parties’ schedules.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

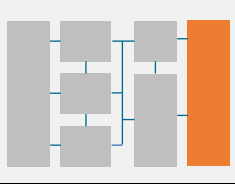
			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	<b>Measure:</b> <b>12.1 The College addresses complaints in a right touch manner.</b>	
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number <b>OR</b> please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented <b>OR</b> evaluated/updated (if applicable).</li> </ul> <p>CDO has an internal intake form that includes triaging for risk (including the types of concerns raised aligned with the CPMF themes, and aggravating factors related to the registrant, client population, or specific circumstances). This intake form is used to identify complaints and investigations that should be prioritized because of the higher risk posed to the public. For cases identified as higher risk, CDO’s case manager consults with the Registrar to determine if any immediate measures need to be taken (e.g., expedited appointment of investigator, issuing an interim order, obtaining legal advice, etc.). The intake form was updated in 2022 to help staff further prioritize complaint matters and track their progress, milestones and timelines.</p> <p>The ICRC also uses a risk-based decision-making tool during its deliberations. This tool was first adopted by the ICRC in April 2019 and updated in November 2019 with feedback provided by the ICRC. In March 2022, CDO updated its risk assessment tool for the ICRC. The updated version of the tool was developed based on an environmental scan of other Ontario Colleges. The tool provides a framework for deliberations, including aggravating and mitigating factors, disposition outcomes for similar past cases, and a risk continuum graphic illustrating where various disposition outcomes are positioned from a risk perspective. For transparency, the tool is publicly available to the public on <a href="#">the College’s website</a>. The tool is scheduled for another review and possible update in 2023 depending on feedback received from the ICRC.</p> <p>In 2022, the CDO also developed a new screening tool for the Registrar to use when reviewing information and reports made to the College. The tool assesses the level of risk the reported concerns pose to the public and help the Registrar determine whether the matter should be referred to the ICRC for an appointment of investigator under s.75(1)(a). The tool supports a consistent, transparent approach</p>

Met in 2021, continues to meet in 2022

		for deciding whether regulatory action is required, while retaining the Registrar’s discretionary powers.	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
		<i>Additional comments for clarification (optional)</i>	

<p><b>Measure:</b></p> <p>13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>		
<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
	<ul style="list-style-type: none"> <li>• Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>• Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul>	
	<p>Through the authority of the <i>Regulated Health Professions Act, 1991</i>, CDO shares information pertaining to registration, quality assurance, and inquiries, complaints, and reports history of members with other Canadian dietetic regulators for labour mobility requests and with other non-dietetic regulators through the completion of verification of registration forms/letters.</p> <p>Over the past year, CDO shared information with other Canadian dietetic regulators in response to labour mobility requests for registration as outlined above and shared information with other regulators. CDO informs all employers on file for a member if they have been suspended.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>In CDO’s CPMF 2020 report, the College committed to developing a written policy regarding when and how information will be shared with employers. This work is ongoing. It is anticipated that such a policy will be completed in 2023.</p>		



		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>		
		<b>Required Evidence</b>	<b>College Response</b>	
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" data-bbox="2091 505 2553 548"> <tr> <td>Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>At its March 24, 2022 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>) the Board reviewed the College’s progress on the strategic plan and activities for 2022 – 2023, including new Key Performance Indicators (KPIs). CDO reports on its progress through the Strategic Plan Monitoring Report, which is provided to the Board twice a year – in the second quarter for a mid-year check-in and the fourth quarter when the budget is set. This report allows the Board to monitor the progress and achievement of outcomes, and to ensure that the plan is appropriately resourced.</p> <p>KPIs were developed to be outcome based and are tied to the strategic goals. New KPIs will be identified annually as needed.</p>	Yes
		Yes		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.			

			<i>Additional comments for clarification (if needed)</i>	
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul> <p>March 24, 2022 <a href="#">materials</a> and <a href="#">minutes</a>  September 30, 2022 <a href="#">materials</a> and <a href="#">minutes</a></p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (if needed)</i>	

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid #0070c0;"/> <p style="text-align: center; color: #0070c0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070c0;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p>Starting in March 2022, the quarterly reporting of the College’s highest-level risks allows council to directly link action to risk in a timely way and ensure mitigation efforts are adequate.</p> <p>Through the management report, the Board reviews metrics and other data and information around the performance of CDO in the following domains: Finance, Human Resources, Communications, Professional Practice Program, Quality Assurance, Standards and Compliance, Registration, Information Technology, and Issues Tracking. Time is scheduled during the meeting to discuss the College’s performance.</p> <p>As part of CDO’s ongoing tracking of conduct matters, additional demographic factors are being tracked to help monitor trends and identify “risk areas” within the profession. Currently, CDO is tracking practice setting and years in practice; however, demographics are anticipated to expand as needed. This information is used to inform continuing education activities.</p> <p>For example, by tracking registrants’ practice settings, CDO can identify if similar, actionable concerns arise in specific practice settings and whether that data can be used to inform guidance to the membership or educational webinars/sessions provided through practice advisory.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		
Measure:		
14.3 The College regularly reports publicly on its performance.		

		<p>a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p><a href="#">Annual report section</a>  <a href="#">News section</a>  <a href="#">Meetings and Hearings section</a>  <a href="#">Fair Registration Practices</a>  <a href="#">College Newsletters</a>  <a href="#">CPMF</a></p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

## Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

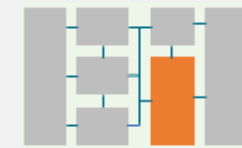
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>College Method</b> <i>If a College method is used, please specify the rationale for its use:</i> The College is providing the QA data in a reporting period as per the College's renewal calendar year. QI activities are not currently being collected		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Self-Directed Learning Tool – 2021-2022 (November 1, 2021-October 31, 2022- Renewal Calendar)	n=4,128 (93% of eligible registrants) n=108; 2.5% registrants randomly selected audit. 315 SDL Tool goals reviewed (includes random, lates and resubmits)	
ii. Self-Directed Learning Tool – 2022-2023 (November 1, 2022-present)	n=4,340 (98% of eligible registrants) n=109; 2.5% registrants randomly selected audit. 225 SDL Tool goals reviewed (includes random, lates and resubmits)	
iii. Jurisprudence Knowledge and Assessment Tool (JKAT) (January 1, 2022-December 31, 2022)	n=813 identified for 2022(100% of registrants who	

		completed the JKAT passed.	
iv.	2022 Reporting for Practicing Fewer than 500 currency hours in three years	n=36 practicing <500 currency hours in three years; n=12 signing Voluntary Undertaking (less than x% of registrants). Number of Learning Diaries assessed (n=23); n=19 were sufficient and are deemed competent to practice and n=4 insufficient and required to undergo Competency Assessment).	
v.	Peer and Practice Assessment – January 1, 2022 -December 31, 2022	n= 0 for 2022 as program postponed due to pandemic	
vi.	<Insert QA activity or assessment>		
vii.	<Insert QA activity or assessment>		
viii.	<Insert QA activity or assessment>		
ix.	<Insert QA activity or assessment>		
x.	<Insert QA activity or assessment>		

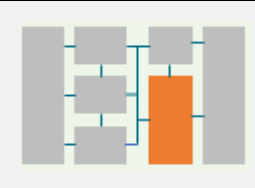
*\* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

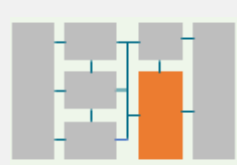
*Additional comments for clarification (if needed)*



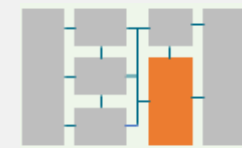
**Table 2 – Context Measures 2 and 3**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: College Method If a College method is used, please specify the rationale for its use: The College is providing the QA data in a reporting period as per the College’s renewal calendar year. QI activities are not currently being collected			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2022	4,340 registrants participated in the QA program	98%	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	0	0	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
<a href="#">NR</a>			
Additional comments for clarification (if needed)			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: College Method			
<i>If a College method is used, please specify the rationale for its use:</i> The College is providing the QA data in a reporting period as per the College’s renewal calendar year. QI activities are not currently being collected.			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<i>Additional comments for clarification (if needed)</i>			
-			

**Table 4 – Context Measure 5**

DOMAIN 6: SUITABILITY TO PRACTICE					
STANDARD 12					
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>					
Context Measure (CM)					
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar initiated	Investigations	<p><i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i></p>
Themes:	#	%	#	%	
I. Advertising	0	0	NR	NR	
II. Billing and Fees	NR	NR	0	0	
III. Communication	NR	NR	NR	NR	
IV. Competence / Patient Care	NR	NR	5	29.4%	
V. Intent to Mislead including Fraud	NR	NR	NR	NR	
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	
VII. Record keeping	0	0	NR	NR	
VIII. Sexual Abuse	0	0	0	0	
IX. Harassment / Boundary Violations	0	0	0	0	
X. Unauthorized Practice	0	0	NR	NR	
XI. Other <please specify>	0	0	8	47.1%	
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>5</b>	<b>100%</b>	<b>17</b>	<b>100%</b>	

<p><a href="#">Formal Complaints</a> <a href="#">NR</a> <a href="#">Registrar's Investigation</a></p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p>	

**Table 5 – Context Measures 6, 7, 8 and 9**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 12			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2022	8	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	31		
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	17		
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0%
II. Formal complaints that were resolved through ADR	0		0%
III. Formal complaints that were disposed of by ICRC	8		100%
IV. Formal complaints that proceeded to ICRC and are still pending	0	0%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	4.5%	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>For CM 7, the College has included referrals from the Quality Assurance Committee for which the ICRC did not request an appointment of investigator under s.75(1)(b) after reviewing the information.</p> <p>For CM 9, please note the College does not have an ADR process because of the low number of complaints received each year.</p>			

**Table 6 – Context Measure 10**

DOMAIN 6: SUITABILITY TO PRACTICE							
STANDARD 12							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	NR	NR	0	0	0
III. Communication	NR	NR	NR	NR	0	0	0
IV. Competence / Patient Care	NR	NR	NR	NR	0	NR	0
V. Intent to Mislead Including Fraud	NR	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	NR	0
VII. Record Keeping	NR	0	0	NR	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	NR	NR	0	0	0

X. Unauthorized Practice	NR	0	NR	NR	0	NR	0
XI. Other <please specify>	16	NR	0	0	0	0	NR

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.  
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

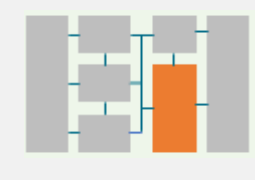
*What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.*

*Additional comments for clarification (if needed)*

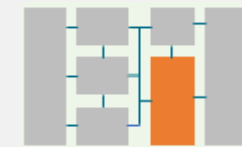
CDO uses the term “Written Reminder” and providing advice and recommendations as an outcome.



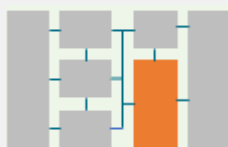
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.  The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2022	355.2	
II. A Registrar’s investigation in working days in CY 2022	244.5	
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)  The average number of days for formal complaints was greatly impacted by a single complex investigation that lasted almost three years.		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	<b>116.3</b>	
II. A contested discipline hearing in working days in CY 2022	<b>N/A</b>	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  During the reporting period, CDO had only one uncontested hearing and no contested hearings.  -		

**Table 9 – Context Measure 13**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b>  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13. Distribution of Discipline finding by type*</b>		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

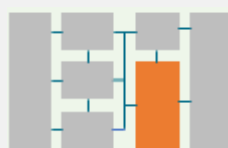
*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*

The only Discipline matter CDO had during the reporting period was adjourned indefinitely on motion by the College. As such, there were no formal findings made by the Discipline Committee panel.

**Table 10 – Context Measure 14**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>R e c o m m e n d e d</b>  <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 14. Distribution of Discipline orders by type*</b>		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> <a href="#">Revocation</a>  <a href="#">Suspension</a>  <a href="#">Terms, Conditions and Limitations</a>  <a href="#">Reprimand</a>  <a href="#">Undertaking</a>  <a href="#">NR</a> -                     </p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>The only Discipline matter CDO had during the reporting period was adjourned indefinitely on motion by the College. As such, there was no order made by the Discipline Committee panel.</p>		

## Glossary

**Alternative Dispute Resolution (ADR):** Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

**Contested Discipline Hearing:** In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

**Disposal:** The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

**Formal Complaint:** A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

**Formal Complaints withdrawn by Registrar at the request of a complainant:** Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

**NR:** Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

**Registrar's Investigation:** Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

**Revocation:** Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

**Suspension:** A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

**Reprimand:** A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

**Terms, Conditions and Limitations:** On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

**Uncontested Discipline Hearing:** In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

**Undertaking:** Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)



## College of Dietitians of Ontario (CDO) Land Acknowledgement

Council attachment 0.0

We acknowledge that the College of Dietitians of Ontario's office is located on the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis peoples. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.

We are acknowledging the traditional keepers of these lands as part of a deeper commitment to Ontario's Indigenous communities. As provincial health regulators, we have a large role to play in reconciliation to meet the broader goal of public protection.

### Mission

The College of Dietitians of Ontario regulates dietitians for public protection.

### Vision

The College of Dietitians of Ontario delivers regulatory excellence to contribute to the health of Ontarians.

### Values

Integrity | Collaboration | Accountability | Transparency | Innovation | EDI-B





<b>Goal 1: Regulatory Effectiveness &amp; Performance Measurement</b>	<b>Goal 2: Transparent &amp; Effective Communications</b>	<b>Goal 3: Risk-Based &amp; Right Touch Regulation</b>	<b>Goal 4: Governance Modernization &amp; Enhancing Public Trust</b>
		≡	
<b>The CDO will Measure and Report our Regulatory Performance to the Public</b>	<b>The CDO will Communicate Effectively to Support Understanding of our Mandate, Services &amp; Resources</b>	<b>The CDO will Make Decisions in Accordance with a Risk (Harm Reduction) Framework</b>	<b>The CDO will Update its Governance Model in Accordance with Evidence-Based Practices</b>

These four goals will be accomplished through the following strategies:

<ul style="list-style-type: none"> <li>Enhance IT systems and data governance to support data collection, analysis, reporting and security.</li> <li>Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats.</li> </ul>	<ul style="list-style-type: none"> <li>Increase our understanding about the public and RDs and use learnings to design communication and educational initiatives.</li> <li>Enhance College consultation, outreach processes, and communication methods in a way that considers equity, diversity and inclusion (EDI), and right-touch regulation.</li> <li>Refresh College branding and use communication methods that are engaging, accessible and meet the evolving needs of the public, members, and other groups we engage with.</li> </ul>	<ul style="list-style-type: none"> <li>Develop risk-based and right-touch regulation tools and processes for College decision-making.</li> <li>Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles.</li> <li>Leverage organizational data and external information to identify and act on areas of risk.</li> </ul>	<ul style="list-style-type: none"> <li>Implement governance initiatives that promote regulatory excellence, accountability and EDI principles.</li> <li>Operationalize EDI in College processes, policies and decision-making.</li> </ul>
--	---	---	---

**Mission**

The College of Dietitians of Ontario regulates dietitians for public protection.

**Vision**

The College of Dietitians of Ontario delivers regulatory excellence to contribute to the health of Ontarians.

**Values**

Integrity | Collaboration | Accountability | Transparency | Innovation | Equity, Diversity, Inclusion and Belonging

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Anahita Djalilvand>

---

Signature

Ana Djalilvand

---

Name

November 18, 2022 | 12:21:32 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Ann Watt>

---

Signature

Ann Watt

---

Name

November 22, 2022 | 10:24:49 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Barbara Grohmann>

---

Signature

Barbara Grohmann

---

Name

November 26, 2022 | 9:14:07 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Barbara Major-McEwan>

---

Signature

Barbara Major-McEwan

---

Name

November 22, 2022 | 10:26:19 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Brenda Murphy>

---

Signature

Brenda Murphy

---

Name

January 18, 2023 | 8:57:58 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Cindy Tsai>

---

Signature

Cindy Tsai

---

Name

November 21, 2022 | 10:17:12 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Denis Tsang>

---

Signature

Denis Tsang

---

Name

November 18, 2022 | 7:10:18 PM EST

---

Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Donna Hennyey>

---

Signature

Donna Hennyey

---

Name

November 18, 2022 | 12:26:01 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Hannah Chan>

---

Signature

Hannah Chan

---

Name

November 20, 2022 | 4:39:11 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Israel Ogbechie>

---

Signature

ISRAEL OGBECHIE

---

Name

November 21, 2022 | 7:27:07 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Jane Lac>

---

Signature

Jane Lac, RD

---

Name

November 18, 2022 | 9:15:56 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by John Regan>

---

Signature

John Regan

---

Name

November 21, 2022 | 5:55:00 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Julie Slack>

---

Signature

Julie Slack

---

Name

November 21, 2022 | 10:19:36 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Kerri LaBrecque>

---

Signature

Kerri LaBrecque

---

Name

November 22, 2022 | 5:56:00 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Khashayar Amirhosseini>

---

Signature

Khashayar Amirhosseini

---

Name

November 18, 2022 | 11:45:54 AM EST

---

Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Laura Bjorklund>

---

Signature

Laura Bjorklund

---

Name

November 20, 2022 | 5:12:53 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Lesia Kicak>

---

Signature

Lesia Kicak

---

Name

November 18, 2022 | 12:45:00 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Ray D'Sa>

---

Signature

Ray D'Sa

---

Name

November 22, 2022 | 11:55:47 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Ruchika Wadhwa>

---

Signature

Ruchika Wadhwa

---

Name

November 21, 2022 | 12:01:24 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Santhikumar Chandrasekharan>

---

Signature

Santhikumar Chandrasekharan

---

Name

November 18, 2022 | 6:42:00 PM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Sharanjit Padda>

---

Signature

Sharanjit Padda

---

Name

November 24, 2022 | 10:04:22 AM EST

---

Date

## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

Board directors and committee members have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors and committee members are expected to review the Board's governance policies and other materials.

I acknowledge and confirm that as a director of the Board or as a member of a Board committee:

1. I have read and am familiar with the College's by-laws and governance policies.
2. I stand in a fiduciary relationship with the College.
3. I am bound by and must comply with the by-laws and policies that apply to the Board, including the College's Code of Conduct and other established governance policies, by-laws relating to conflict of interest, the confidentiality policy, and the applicable role statements.
4. I must act in the public interest when making decisions on behalf of the College.
5. I am aware of my confidentiality obligations under section 36 of the RHPA and understand that it is an offence to breach section 36, with a fine upon conviction of up to \$25,000 for the first offence.

<Original signed by Karine Dupuis Pominville>

---

Signature

Karine Dupuis Pominville

---

Name

November 21, 2022 | 6:29:51 AM EST

---

Date