



BOARD MEETING AGENDA

March 24, 2023 (9:00am-4:30pm)

Join Zoom Meeting

<https://collegeofdietitians-org.zoom.us/j/82663437866?pwd=TFdUZThWeE9NeG82RzltTmVtGpaQT09>

Meeting ID: 826 6343 7866

Passcode: 305413

Dial +1 647 558 0588 Canada

ITEM & DISCUSSION	DECISION NEEDED	TIME	OWNER	ATTACHMENT
1.0 Call To Order and Land Acknowledgement		9:00 – 9:05 (5 mins)	KL	
2.0 Approval of Agenda	Approval/ Motion	9:05 – 9:10 (5 mins)	KL	2.1 DRAFT Council Meeting Agenda – March 24, 2023
3.0 Declaration of Conflict of Interest			KL	
4.0 Declaration of Bias				
INFORMATION ITEMS (Consent Agenda)				
5.0 Board Meeting Minutes: December 8 & 9, 2022 February 15, 2023	Approval/ Motion	9:10 –9:15 (5 mins)	KL	5.1 DRAFT Board Meeting Minutes December 8, 2022
6.0 Executive Committee Report				5.2 DRAFT Board Meeting Minutes December 9, 2022
7.0 Committee Appointments				5.3 DRAFT Board Meeting Minutes February 15, 2023
				6.1 Executive Committee Report – February 2023
				7.1 Committee Appointments with Proposed Committee Composition
SHARING & LEARNING				
8.0 EDI-B Learning: Dr. Sharda	Discussion	9:15 –10:00 (45 mins)	SS	8.1 Briefing Note – EDI-B Learning
EVALUATION				
9.0 Board Meeting Survey Results: December 9, 2022	Information/ Discussion	10:00 –10:15 (15 mins)	KL	9.1 Board Meeting Survey Results – December 9, 2022
OVERSIGHT & ACCOUNTABILITY				
10.0 Management Report	Information/ Discussion	10:15 – 10:35 (20 mins)	MW	10.1 Management Report March 2023 10.2 Statement of Operations Fiscal 2023 as at December 31, 2022

ITEM & DISCUSSION	DECISION NEEDED	TIME	OWNER	ATTACHMENT
BREAK 10:35 – 10:55 (20 mins)				
11.0 Honoraria Policy	Approval/ Motion	10:55 – 11:25 (30 mins)	MW	11.1 Briefing Note – Draft Honoraria Policy
12.0 Strategic Plan Monitoring Report	Information/ Discussion	11:25 – 11:45 (20 mins)	MW	12.1 Briefing Note – Strategic Plan Monitoring Report
LUNCH 11:45 – 12:45 (1 hour)				
13.0 Draft Budget for Fiscal 2023 – 2024	Approval/ Motion	12:45 – 1:30 (45 mins)	MW	13.1 Briefing Note-Draft Budget for Fiscal 2023-24
POLICY, BYLAW & REGULATION				
14.0 Bylaw 2 Draft Revisions	Approval/ Motion	1:30 – 1:45 (15 mins)	MW	14.1 Briefing Note – Bylaw 2 Draft Revisions
15.0 Bylaw 1 Draft Revisions	Approval/ Motion	1:45 – 2:05 (25 mins)	MW	15.1 Briefing Note – Bylaw 1 Draft Revisions
16.0 Virtual Care Policy	Approval/ Motion	2:05 – 2:25 (20 mins)	ST	16.1 Briefing Note – Virtual Care Policy
BREAK 2:25 – 2:35 (20 mins)				
OVERSIGHT & ACCOUNTABILITY				
17.0 Risk Monitoring Report (Q4)	Information/ Discussion	2:35 – 2:45 (10 mins)	MW	17.1 Briefing Note – Risk Monitoring Report (Q4)
18.0 Review of the College Performance Measurement Framework Report	Information/ Discussion	2:45 – 3:05 (20 mins)	MW	18.1 Briefing Note – College Performance Measurement Framework
19.0 Parking Lot	Approval/ Motion	3:05 – 3:10 (5 mins)	KL	
20.0 Adjournment				

[0.0 Reference - Land Acknowledgement](#)

[0.0 Board Action List as of February 2023](#)

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

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



BOARD MEETING MINUTES

December 8, 2022 (11:20am – 3:50pm)

Hybrid Meeting

Present

Kerri LaBrecque RD-Chair
 Anahita Djalilvand RD
 Ann Watt RD
 Denis Tsang RD
 Donna Hennyey RD
 Lesia Kicak RD
 Julie Slack RD
 Karine Dupuis Pominville RD
 Israel Ogbechie, Public Member
 Ray D'Sa, Public Member
 Santhikumar Chandrasekharan, Public Member
 Sharanjit Padda, Public Member

Regrets

John Regan, Public Member

Staff

Melanie Woodbeck - Registrar & Executive Director
 Jada Pierre - Executive & General Office
 Administrative Assistant
 Lisa Dalicandro - Manager, Governance & Operations
 Diane Candiotta RD - Practice Advisor & Policy
 Analyst
 Samantha Thiessen RD - Practice Advisor & Policy
 Analyst

ITEM & DISCUSSION	ACTION
1.0 Call to Order K. LaBrecque opened the meeting with a Land Acknowledgement.	The meeting was called to order at 11:53 a.m. by K. LaBrecque Chair.
2.0 Approval of Agenda	MOTION to approve the agenda as circulated. Moved by: K. LaBrecque Seconded by: S. Chandrasekharan Carried
3.0 Declaration of Conflict of Interest and Bias No conflict of interest was declared.	
Information Items (Consent Agenda) 4.0 Council Meeting Minutes: September 30, 2022 5.0 Executive Committee Report	MOTION to approve the Consent Agenda. Moved by: D. Tsang Seconded by: A. Watt Carried

ITEM & DISCUSSION	ACTION
<p>6.0 Management Report</p> <p>M. Woodbeck presented the management report to the Board and highlighted key information, including:</p> <p><u>Finance HR and Corporate Services</u></p> <ul style="list-style-type: none"> • Revenues and expenses on budget • CDO in compliance with investment policy • Staffing transitions in progress • Staff continue to engage in EDI-B training • New external IT support vendor contracted <p><u>Communications</u></p> <ul style="list-style-type: none"> • Public awareness campaign re-launched, generating immediate results • First campaign on the Canadian Health Media Network launched • Social media strategy performing well • Relational communications audit completed <p><u>Professional Practice and QA</u></p> <ul style="list-style-type: none"> • Reg talks webinars on practising dietetics concluded • Annual workshop in progress • SDL tool completed <p><u>Registration</u></p> <ul style="list-style-type: none"> • Renewal period concluded • CDRE exam administered <p><u>Governance and Oversight</u></p> <ul style="list-style-type: none"> • CPMF soft launch • HPRO received a government grant to support EDI-B projects <p>The Board requested that staff include the eight benchmarks identified in the CPMF in the next iteration of the management report.</p>	<p>The Board accepted the report for information.</p>

ITEM & DISCUSSION	ACTION
<p>7.0 Risk Monitoring Report M. Woodbeck reviewed the risk assessment and mitigation efforts for the third quarter and reported that a new risk was identified – public member appointments and succession planning.</p> <p>Other areas where risk and mitigation plans have been reassessed:</p> <ul style="list-style-type: none"> • Accreditation provider transition • Regulatory governance changes • Succession planning/staff turnover and retention • Increasing costs of regulation 	<p>The Board accepted the report for information.</p>
<p>8.0 Virtual Care Policy S. Thiessen presented the draft virtual care standards and guidelines for dietitians in Ontario on behalf of the Professional Practice Committee (PPC). The draft standards and guidelines will support RD’s engagement in virtual care dietetic practice and will allow the CDO to keep pace with emerging best practices.</p> <p>S. Thiessen reported that the draft standards and guidelines are based on practice advisory inquiries, the timelines of this issue in the context of the COVID-19 pandemic, and an exponential increase in the use of modality of practice.</p> <p>The Board requested that the draft policy be revised to highlight clients and health care providers working together to determine virtual care preferences and needs, and to include more detail on privacy considerations when emailing clients.</p>	<p>MOTION to approve in principle the draft virtual care standards and guidelines for dietitians in Ontario with revisions for consultation with registrants and system partners.</p> <p>Moved by: K. LaBrecque Seconded by: S. Chandrasekharan</p> <p>Carried</p>
<p>9.0 Social Media Policy D. Candiotta presented the draft social media standards and practice guidelines for dietitians in Ontario on behalf of the PPC. The draft standards and guidelines clarify the required behaviours by which an RD’s performance can be evaluated, serve as a basis for assessing whether RDs fulfill their professional responsibilities when using social media and allows the CDO to keep pace with emerging best practices.</p>	<p>MOTION to approve in principle the proposed draft social media standard and practice guidelines for dietitians in Ontario as recommended by the Professional Practice Committee for consultation with registrants and system partners.</p> <p>Moved by: K. LaBrecque Seconded by: A. Djailvand</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
<p>10.0 Board Meeting Evaluation Survey Revisions M. Woodbeck presented proposed revisions to the Board meeting evaluation for implementation at the December meeting. The purpose of these changes is to align the Board’s meeting evaluation with the CDO’s work in governance modernization and EDI-B.</p> <p>The Board agreed to use the proposed questions to evaluate the December meeting.</p>	<p>MOTION to approve the proposed evaluation questions.</p> <p>Moved by: D. Tsang Seconded by: A. Watt</p> <p>Carried</p>
<p>11.0 Regulatory Trends Update M. Woodbeck presented an update on regulatory trends that were highlighted at the fall conferences attended by staff. The following trends were identified:</p> <ul style="list-style-type: none"> • Workforce planning • Communications and social media • EDI-B, trauma and bias • Governance • Virtual impact-workforce • Right-touch regulation • Risk lens • Data collection <p>M. Woodbeck reported that the work undertaken by the CDO to accomplish its strategic plan aligns with many of the trends identified.</p>	
<p>12.0 Extending the Strategic Plan The Board considered the proposal to extend its strategic plan for one additional fiscal year, from the current end date of March 2024 to March 2025. M. Woodbeck explained the rationale for extending the strategic plan is due to the deferral of projects and resources caused by the uncertainty of the pandemic and the leadership changes that occurred over 2021-2022.</p> <p>The Board agreed with the proposal to extend the strategic plan for an additional year.</p>	<p>MOTION to approve extending the current strategic plan by one fiscal year until March 2025.</p> <p>Moved by: S. Chandrasekharan Seconded by: I. Ogbechie</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
13.0 Adjournment	Motion to adjourn at 3:29p.m. was moved by K. LaBrecque. Carried

K. LaBrecque RD, President

Jada Pierre, Recorder

Date

Date

DRAFT



BOARD MEETING MINUTES

December 9, 2022 (10:00a.m. – 3:00p.m.)

Videoconference

Present

Kerri LaBrecque RD-Chair
Anahita Djalilvand RD
Ann Watt RD
Denis Tsang RD
Donna Hennyey RD
Lesia Kicak RD
Julie Slack RD
Karine Dupuis Pominville RD
Israel Ogbechie, Public Member
Ray D'Sa, Public Member
Santhikumar Chandrasekharan, Public Member
Sharanjit Padda, Public Member

Regrets

John Regan, Public Member

Guests

David Wright – Ontario Physicians and Surgeons
Discipline Tribunal

Staff

Melanie Woodbeck - Registrar & Executive Director
Jada Pierre - Executive & General Office
Administrative Assistant
Lisa Dalicandro-Manager, Governance & Operations

ITEM & DISCUSSION	ACTION
<p>1.0 Call to Order</p>	<p>The meeting was called to order at 9:15 a.m. by K. LaBrecque President and Chair.</p>
<p>EDI-B Learning As part of the CDO's continued work on advancing EDI-B, Board meetings now begin with a teaching and learning moment to discuss relevant examples of how EDI-B can be incorporated into the practical work of the Board.</p> <p>The Board discussed gender pronouns, how they reflect an individual's identity and how the proper use of gender pronouns positively impacts a person's health and well-being.</p>	
<p>3.0 Board Meeting Analysis & Trends Analysis The Board discussed the results of the September 30 Board meeting evaluations and trends analysis.</p>	

ITEM & DISCUSSION	ACTION
<p>The results of the December 8 Board meeting using the revised evaluation was also discussed and feedback on the updated questions was provided. The Board agreed that the evaluation requires additional work to design the questions in a way that provides meaningful data. The governance committee was directed to work on the evaluation and recommend revisions.</p>	
<p>4.0 Governance modernization <u>Board Competencies & Attributes</u> M. Woodbeck presented Dr. Javeed Sukhera’s feedback on the draft competency and attribute framework. Dr. Sukhera, an EDI-B expert, provided recommendations to avoid inadvertently reinforcing inequalities and barriers through the recruitment process of Board directors.</p> <p>The Board agreed with Dr. Sukhera’s recommendations.</p> <p><u>Proposed Restructuring of the Board Size</u> M. Woodbeck reviewed the Governance Committee’s proposal to gradually reduce the Board size to 10-12 directors over two-years. The Board agreed that a smaller Board aligns with governance best practices and with the recommended approach to reducing its size.</p> <p><u>Nominators for Board Elections</u> L. Dalicandro presented the Governance Committee’s recommendation to eliminate the requirement for electoral candidates to be nominated by six dietitians. The purpose of this change is to reinforce the public-serving role of the Board by eliminating peer endorsement from the elections process and to remove the administrative burden and EDI-B barrier created by the six-signature requirement.</p> <p>The Board agreed with the Governance Committee’s recommendation.</p>	<p>MOTION to approve the draft competency and attribute framework for incorporation into College governance processes and in Board elections.</p> <p>Moved by: D. Tsang Seconded by: S. Chandrasekharan</p> <p>Carried</p> <p>MOTION to approve the recommendation in principle that the size of the board be reduced to six professional directors over two-years (2024-2025).</p> <p>Moved by: A. Watt Seconded by: K. Dupuis Pominville</p> <p>Carried</p> <p>MOTION to approve in principle eliminating the requirement for prospective Board directors to be nominated by their peers to stand for election.</p> <p>Moved by: A. Watt Seconded by: A. Djalilvand</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
<p>5.0 Honoraria Policy The Board discussed potential updates to the CDO's honoraria policy. The Board directed the Executive Committee to review the policy and bring recommendations to the March meeting, along with budget implications for changes in honoraria and expense allowances.</p>	
<p>6.0 Ontario Physicians and Surgeons Discipline Tribunal – David Wright D. Wright, Chair of the Ontario Physicians and Surgeons Discipline Tribunal (CPSODT) provided the Board with an overview of the CPSODT and how it can be used by other Colleges. D. Wright discussed a one-year pilot project where other health regulatory colleges access the CPSODT for their hearings. At the end of the pilot project, the Colleges will review and evaluate the CPSODT and determine whether the tribunal is a suitable alternative for conducting college hearings.</p>	
<p>7.0 Policy on In-Camera Sessions The Board considered a new policy on in-camera Board meetings to clarify and document the procedures around in-camera Board sessions in light of the continuance of virtual meetings and from a governance modernization perspective.</p> <p>The Board agreed with the proposed policy.</p>	<p>MOTION to approve the proposed policy on in-camera Board meetings.</p> <p>Moved by: K. LaBrecque Seconded by: S. Chandrasekharan</p> <p>Carried</p>
<p>Adjournment</p>	<p>Motion to adjourn at 3:24pm was moved by D. Tsang</p> <p>Carried</p>

K. LaBrecque RD, President

Jada Pierre, Recorder

Date

Date



BOARD MEETING MINUTES
February 15, 2023 (1:30-3:30pm)
Videoconference

Present

Kerri LaBrecque RD-Chair
Ann Watt RD
Brenda Murphy
Denis Tsang RD
Donna Hennyey RD
Lesia Kicak RD
John Regan Public Member
Julie Slack RD
Karine Dupuis Pominville RD
Santhikumar Chandrasekharan Public Member
Sharanjit Padda Public Member

Regrets

Anahita Djalilvand RD
Israel Ogbechie Public Member
Ray D'Sa Public Member

Staff

Melanie Woodbeck - Registrar & Executive Director
Lisa Dalicandro-Director of Governance & Regulatory Policy
Jada Pierre - Executive Assistant
Deborah Cohen – Director of Registration

ITEM & DISCUSSION	ACTION
1.0 Call to Order K. LaBrecque opened the meeting with the Land Acknowledgement Statement.	The meeting was called to order at 1:38 p.m. by K. LaBrecque President and Chair.
2.0 Approval of Agenda	MOTION to approve the agenda as circulated. Moved by: K. LaBrecque Seconded by: S. Chandrasekharan Carried
3.0 Declaration of Conflict of Interest/Bias No conflict of interest was declared.	

ITEM & DISCUSSION	ACTION
<p>4.0 Emergency Class of Registration</p> <p>The Board was asked to review and consider the proposed revisions to the Registration Regulation to establish an Emergency Class of Registration, as required in section 5 of the Registration Requirements Regulation under the Regulated Health Professions Act, 1991.</p> <p>The Board approved the proposed revisions to the Registration Regulation, in principle, for the purpose of consultation with registrants and stakeholders.</p> <p>The Board approved the Registration Committee’s recommendation to set the fee for the Emergency Class of Registration to \$120 to align with the fee for the Temporary Class of Registration. It was agreed that the fee would be incorporated into future revisions to Bylaw 2: fees.</p>	<p>Motion that the Board approve the proposed revisions to the Registration Regulation to establish an Emergency Class of Registration, as recommended, for circulation.</p> <p>Moved by: D. Tsang Seconded by: J. Slack</p> <p>Carried</p> <p>Motion that the Board set a fee of \$120 for a Certificate of Registration in the Emergency Class, for incorporation into future revisions to By-Law No. 2: Fees, with the option for the Registrar to waive the application and/or registration fees based on the emergency circumstances.</p> <p>Moved by: K. LaBrecque Seconded by: D. Tsang</p> <p>Carried</p>
<p>5.0 2019 Proposed Amendments to the Registration Regulation</p> <p>The Board discussed the proposed amendments to the Registration Regulation, which were approved by the Registration Committee and the Board in 2019 for submission to the Ministry of Health. Staff were directed to carry out the remaining work required to submit the proposed amendments to the Ministry.</p>	<p>Motion that the Board approve the recommendation from the Registration Committee that the 2019 proposed amendments to the Registration Regulation be submitted to the Ministry as per Appendix I, maintaining section 10.2, which indicates that registrants in the Temporary Class are unable to supervise another registrant.</p> <p>Moved by: K. LaBrecque Seconded by: S. Chandrasekharan</p> <p>Carried</p>
<p>6.0 Adjournment</p>	<p>Motion to adjourn at 2:36p.m. was moved by K. LaBrecque.</p> <p>Carried</p>

K. LaBrecque RD, President

Jada Pierre, Recorder

Date

Date

DRAFT



EXECUTIVE COMMITTEE REPORT
[February 2023]

Committee Members: Kerri LaBrecque RD (Chair), Denis Tsang RD, Ann Watt RD, Shan Padda

Supporting Staff: Melanie Woodbeck (Registrar & ED), Jada Pierre, Lisa Dalicandro

Executive Committee met on the following date(s)	Rationale for the Meeting
February 21st	Routine Meeting

Summary of Discussions and Decisions	Decision to be Ratified by Board?
Approved the Board agenda for the March Board Meeting	Yes
Reviewed Board Meeting Evaluation Results and Trends	Will be reviewed at March 2023 Meeting.
Reviewed Draft budgets and background information 2023-2024	Yes
Reviewed the proposed revisions to By-law 2	Yes
Reviewed the draft Honoraria Policy	Yes
Reviewed the proposed revisions to the Interjurisdictional Registration Requirements Position Statement	For information only, continued policy work required.
Reviewed the draft Committee Appointments	Yes
Received the Registrar's report	For information only.

Respectfully Submitted,
Kerri LaBrecque, RD
Board Chair



Board Briefing Note

Topic:	Committee Appointments
Purpose:	Decision Required
Strategic Plan Relevance:	Risk-Based and Right-Touch Regulation
From:	Executive Committee

ISSUE

To confirm recent committee appointments made by the Executive Committee: 1) new public appointee, Brenda Murphy, to the ICRC, Discipline and Fitness to Practice 2) Israel Ogbechie to fill the vacancy on the Audit Committee and 3) Ann Watt to fill the vacancy as Audit Committee Chair.

PUBLIC INTEREST RATIONALE

When Committees are fully constituted with the requisite number of public and professional members and the workload is evenly distributed, they can effectively perform their duties in accordance with their terms of reference and carry out the College's public protection mandate.

BACKGROUND

As per by-law 1, Committees are constituted when their composition includes the prescribed number of Board, public and committee appointees. The Board usually approves the committee slates at the June meeting on the recommendation from the Executive Committee. The Executive Committee may make appointments to fill any vacancies in the membership of a committee, subject to confirmation by the Board at its next meeting.

Douglas Ellis resigned from the Board in December 2022, leaving openings on the ICR and Audit Committees. Douglas Ellis was Chair of the Audit Committee.

Brenda Murphy has been appointed to CDO's Board of Directors, effective December 15, 2022, as a public member for a one-year term.

At its February 21 meeting, the Executive Committee approved the following committee appointments for confirmation by the Board:

ICRC Appointment

The Executive Committee appointed Brenda Murphy to the ICRC to replace Douglas Ellis. As it is also a requirement for all Board directors sit on the Discipline and Fitness to Practise Committees, the Executive Committee also appointed Brenda to those committees.

Audit Committee Appointment

The vacant position on the Audit Committee required the appointment of a public director (as per the by-law) and the Executive Committee appointed Israel Ogbechie to the Audit Committee. The Executive Committee also appointed Ann Watt, who is already on the Audit Committee, to fill the vacant Chair position.

RECOMMENDATION

That the Board confirm the following appointments made by the Executive Committee on February 21, 2023:

1. Brenda Murphy to the Discipline, Fitness to Practise and ICR Committees.
2. Israel Ogbechie to the Audit Committee.
3. Ann Watt as Chair of the Audit Committee.

ATTACHMENTS

- Appendix 1: Proposed Committee Composition Document



Committee Composition 2022-2023

Executive Committee	
E	Kerri LaBrecque RD*
E	Denis Tsang RD
E	Ann Watt RD
P	Sharanjit Padda

E = Elected Councillor * = Chair
 P = Public Councillor
 A= Committee Appointee

Registrar Performance & Compensation	
P	John Regan Sharanjit Padda
E	Ann Watt RD Denis Tsang RD Kerri LaBrecque RD*

Discipline / Fitness to Practice	
P	All Public Members
E	All Elected Council Members
A	Barbara Grohmann RD*

Registration	
P	Israel Ogbechie Sharanjit Padda
E	Denis Tsang RD* Julie Slack RD Donna Hennyey RD
A	Ruchika Wadhwa RD Laura Bjorklund RD

QA	
P	Santhikumar Chandrasekharan Ray D'Sa
E	Ana Djalilvand RD Denis Tsang RD Donna Hennyey RD
A	Khashayar Amirhosseini RD* Hannah Chan RD

Election	
P	John Regan * Israel Ogbechie Sharanjit Padda

Audit Committee	
P	Sharanjit Padda Israel Ogbechie
E	Donna Hennyey RD Ann Watt RD*

ICRC	
P	John Regan Raynold D'Sa Sharanjit Padda Brenda Murphy
E	Denis Tsang RD Kerri LaBrecque RD* Julie Slack RD Lesia Kicak RD
A	Cindy Tsai RD Barbara Grohmann RD

Patient Relations	
P	Israel Ogbechie
E	Ann Watt RD*
A	(vacant position)

Professional Practice Committee	
P	John Regan Santhikumar Chandrasekharan
E	Ana Djalilvand RD Ann Watt RD
A	Barbara Major-McEwan RD* Jane Lac RD Khashayar Amirhosseini RD

Governance Committee	
P	John Regan Santhikumar Chandrasekharan
E	Ann Watt RD* Lesia Kicak RD
A	Barbara Major-McEwan RD Cindy Tsai RD



Board Briefing Note

Topic:	EDI-B Learning: Dr. Saroo Sharda, EDI Lead, CPSO
Purpose:	For Information and Discussion
Strategic Plan Relevance:	Governance Modernization and Enhancing Public Trust
From:	Melanie Woodbeck, Registrar and Executive Director

ISSUE

Dr. Saroo Sharda, CPSO's EDI lead, will present reflections on the CPSO's Equity, Diversity and Inclusion progress and journey.

PUBLIC INTEREST RATIONALE

Organizational learning around EDI-B is key to driving strategy, building organizational EDI-B capacity and affecting systemic change. Training assists in ensuring that an EDI-B lens is applied to Board and Committee decision making in the interest of the diverse public served by CDO.

The College Performance Measurement Framework (CPMF), which measures how well regulatory Colleges are protecting the public interest, also requires that Board and Committees engage in EDI-B training that has been informed by self-identified learning needs.

BACKGROUND

Starting in September 2022, the Board began incorporating a "teaching and learning moment" into each meeting to discuss relevant examples of how EDI-B can be incorporated into the practical work of the Board.

FOR DISCUSSION

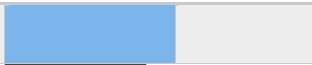

The Board is invited to review the [CPSO's EDI Report for 2022](#) for an overview of initiatives from November 2021 – November 2022, ahead of the presentation.

Board Meeting Evaluation Results – December 9, 2022

13 Board Members 12 Attended 1 Absent 92% Completed

1) All Directors had an opportunity to express their opinions.

Respondents: 11



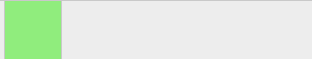
Choice	Percentage	Count	
All of the time	54.55%	6	
Most of the Time	45.45%	5	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	11	

Please add a comment if you selected Most of the Time, Some of the Time or None of the Time.

- 1 Sometimes long waiting and breaks in between
- 2 no explanation
- 3 .
- 4 .
- 5 no comment

2) All Directors were prepared and actively participated in the decision-making process.

Respondents: 11

Choice	Percentage	Count	
All of the Time	63.64%	7	
Most of the Time	18.18%	2	
Some of the Time	18.18%	2	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

1 Not all

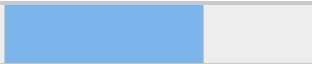

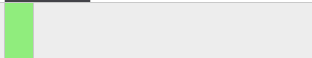
2 Have no idea how to read director's mind as how prepared they are for the meeting.

3 .

4 .

3) The meeting climate was respectful and exemplified a culture of equity, diversity, inclusion, and belonging.

Respondents: 11

Choice	Percentage	Count	
All of the Time	63.64%	7	
Most of the Time	27.27%	3	
Some of the Time	9.09%	1	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

1 Sometimes impatience flared up

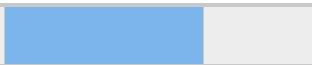

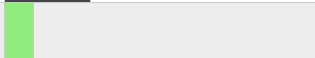
2 A few directors keeping speaking out of their turn, thinking loud and making irrelevant comments

3 .

4 There was disrespect around speakers order.

4) Discussions were constructive and focused.

Respondents: 11

Choice	Percentage	Count	
All of the Time	63.64%	7	
Most of the Time	27.27%	3	
Some of the Time	9.09%	1	

None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

1 Sometimes off topic like public member salaries but important discussion. Maybe need time every meeting with agenda item called parking lot so important discussions can be had




2 Not all the time

3 repetitive at times

4 The extensive discussion about public honorariums got out of hand. Although the president tried to bring it back to the agenda item a few times the conversation went right back to the public members. While an important topic, not the agenda topic.

5) Time was efficiently managed during the meeting.

Respondents: 11

Choice	Percentage	Count	
All of the Time	63.64%	7	
Most of the Time	27.27%	3	
Some of the Time	9.09%	1	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

1 Often off time but agenda times are impossible to predict. Maybe reword to overall? Who cares if an item was slated for 30 min and we discussed for 45 if time is made up later? Chair needs leeway to read the room , which she does well



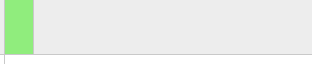
2 There were a few moments of irrelevant comments and discussion

3 .

4 no comment

6) Decisions made were summarized after each agenda item.

Respondents: 11

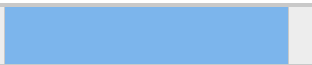
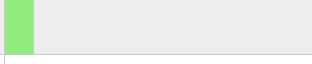
Choice	Percentage	Count	
All of the Time	81.82%	9	
Most of the Time	9.09%	1	
Some of the Time	9.09%	1	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

- 1 Not all the times
- 2 don't recall summaries after every decision

7) All decisions were made in the public interest.

Respondents: 11



Choice	Percentage	Count	
All of the Time	90.91%	10	
Most of the Time	0.00%	0	
Some of the Time	9.09%	1	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

- 1 most of the decision are made in profession's and college management's interest. it is not fair to say all the decisions are in public interest.

8) The Board considered all perspectives and made decisions on consensus.

Respondents: 11

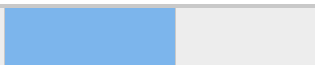

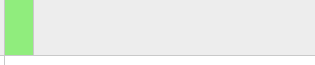
Choice	Percentage	Count	
All of the Time	81.82%	9	
Most of the Time	18.18%	2	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

- 1 Most of the decisions are made by the majority. In order to reach consensus, the opposing / different views and the neutrals are ignored. The votes on the issues are not counted and recorded. it is assumed everyone is supporting by the majority by show of hands.
- 2 sometimes more info is needed this question is an all or nothing question...

9) The Board had all the information it needed to make the best decision possible.

Respondents: 11

Choice	Percentage	Count	
All of the Time	54.55%	6	
Most of the Time	36.36%	4	
Some of the Time	9.09%	1	
None of the Time	0.00%	0	
Total	100%	11	

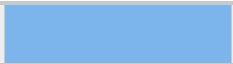

Additional Comments:

- 1 Not necessarily for honorarium discussion
- 2 It is difficult to say all the times as there is always the opportunity for more information One can never be one hundred percent sure that one has all the information on any given issues at hand, it is most of the information which is known at most of the times
- 3 .

- 4 not al of the time
- 5 Some information were presented in a format that was hard to understand

10) The Board’s focus remained on strategy, oversight, governance, and a risk-based approach to regulation.

Respondents: 11

Choice	Percentage	Count	
All of the Time	72.73%	8	
Most of the Time	27.27%	3	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	11	

Additional Comments:

- 1 Sometimes off topic
- 2 no comments
- 3 overall yes

11) Additional comments or feedback:

Respondents: 1

11) Additional comments or feedback:

- 1 Hybrid format was great. Maybe additional time could be allocated to tech related issues so we could keep to the time.

MANAGEMENT REPORT – March 24, 2023

SECTION 1 OVERSIGHT/METRICS

FINANCIAL (see attachment 10.2-Stmt of Operations Fiscal 2023)

Investments

Investment decisions are made with the advice of the College's investment advisor at RBC Dominion and internal consultation.

The College's investment policy limits investments in equities must be limited to 40% of the book fund value of the total portfolio; this is based on an assumption of a low-moderate risk tolerance level.

Market value of the portfolio at December 30 was \$4,838,277. At December, the portfolio was made up of 37% fixed income (GICs), 35% bonds (preferred shares), 5% equities (common shares), and 23% cash (a deposit was made on December 23 following annual renewal).

HUMAN RESOURCES

Lisa Dalicandro has moved into a new role as Director, Governance and Regulatory Policy. With the addition of the governance and patient relations committees, increased focus on regulatory policy reforms and the CPMF, Lisa's role has been expanded to reflect these responsibilities.

Jada Pierre-Malcolm title has been changed from Executive and General Duties Administrative Assistant to Executive Assistant and now reports directly to Lisa Dalicandro.

Linda Prince, former Director of Finance & Corporate Services, is no longer working at the College. External bookkeepers have been contracted to assist the Finance department.

EQUITY, DIVERSITY, INCLUSION AND BELONGING

The Equity, Diversity, Inclusion and Belonging Working Group (EDI-B WG) continues to meet regularly. In the last quarter activities included:

- Updating the EDI-B Updates and Resources page.
- Developing a [Black history month message](#), which was published on CDO's website and social media channels.
- Sharing educational resources about Black history with staff and encouraging participation.
- Finalizing the College's benchmarking to the [Global Diversity, Equity and Inclusion Benchmarks](#).

Equity Impact Assessment (EIA)

Through the government's College Performance Measurement Framework (CPMF), Colleges are being asked to adopt an Equity Impact Assessment (EIA) toolkit as part of their decision-making framework. HPRO is undertaking a project to provide tools that colleges can use to advance, embed, and sustain equity, diversity, and inclusion (EDI) in their regulatory work. CDO participated in a consultative session that will support the development of an EDI self-assessment checklist and EAI reporting tool. These tools will assist colleges in uncovering unconscious bias and creating more inclusive practices and processes.

EDI-B Training

In the last quarter, CDO employees completed various types of EDI-B training and workshops based on their roles and own self-identified learning goals:

- Black Futures Month: Cultivating Safer Workplaces for Black Employees
- Unlearn and Learn: Gender Diversity & Gender-Inclusive Communications
- Equity, Diversity, and Inclusion Virtual Learning Exchange
- Cover Your Bases: Navigating Equity, Diversity & Inclusion
- Understanding Trauma-Informed Practice and Engagement
- We Feel the Fizzling Momentum: Keeping the Heat on Disrupting Anti-Black Racism
- Afrocentric Care in the Age of Equity, Diversity, and Inclusion
- Black Health Matters: Reimagining Healthy Black Futures
- The Mission to Safeguard Black History in the US
- Trauma and Resiliency Informed Practice in Action
- Inclusion, Diversity, Equity and Access (IDEA)
- Increasing the Black Footprint in Tech – How to create a Safe Space for Black Employees
- Indigenous Health & Advancing Health Equity in Ontario's Healthcare Delivery

SECTION 2 PROGRAM ADMINISTRATION

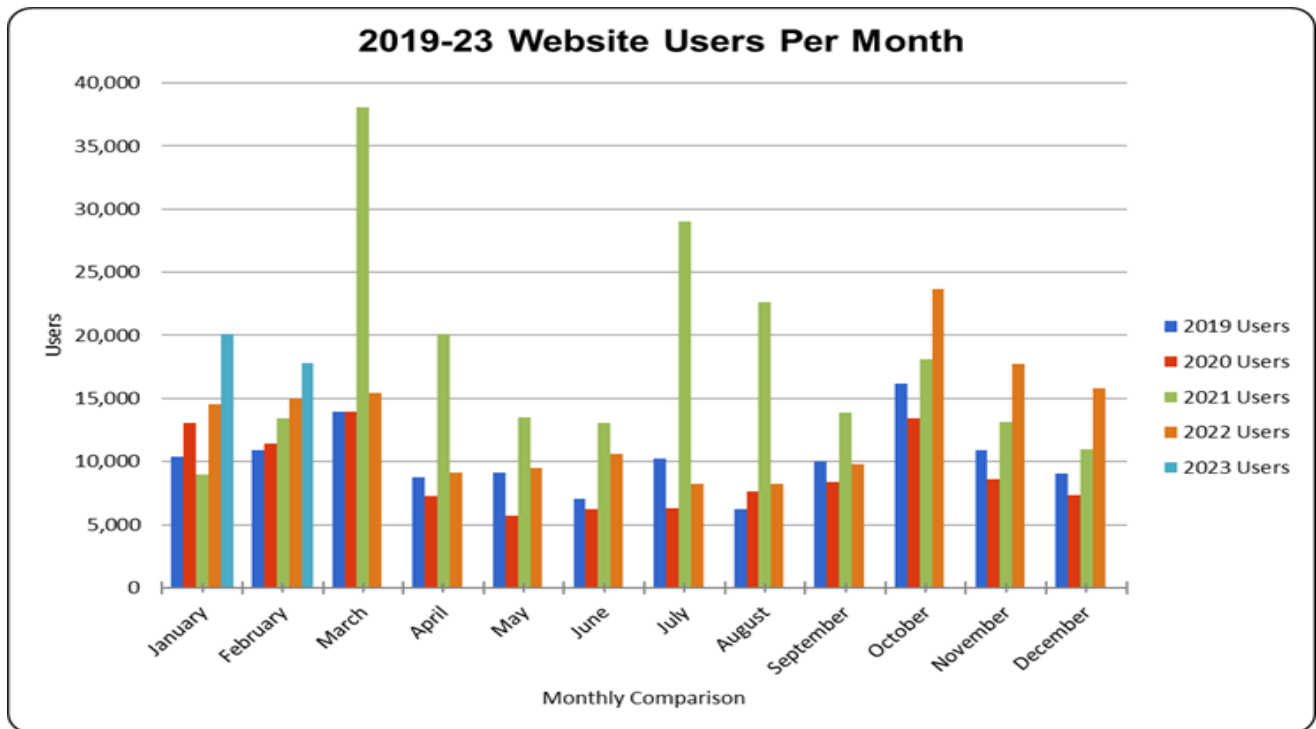
COMMUNICATIONS PROGRAM

In alignment with Goal Two (*Communicate effectively to support the public's understanding of the College's mandate, services, and resources*) of the CDO Strategic Plan 2020-25, the Communications Program actively supported CDO programs and initiatives during fiscal Q2, in addition to leading the following initiatives:

PUBLIC AWARENESS CAMPAIGN

Campaign drives traffic to website, public protection pages

Traffic to the CDO website surpassed **one million pageviews** for the second consecutive calendar year (2022: 1.15 million) and for the second time in the history of the College. Since the relaunch of the public awareness program on October 1, 2022, online traffic has increased significantly. In Q3 2022, for example, pageviews increased by 27% to both the Protecting the Public webpage and the Public Register, which are key performance indicators in the Strategic Plan.



Canadian Health Media Network delivers 730k impressions

The College's first-ever campaign on the Canadian Health Media Network (CHMN) launched on October 1st and concluded on November 30. The campaign was delivered in both English and French with a focus on medical clinics in northern Ontario and the GTA as recommended by the results of the 2021 benchmarking survey. The campaign featured edited versions of three videos on the College's YouTube Channel and is currently in-market for February and March 2023.

MEDIA RELATIONS

Le Devoir media inquiry: CDO highlights commitment to French language delivery

In December 2022, a reporter from Le Devoir inquired about CDO's relationship with the Office of the Fairness Commissioner, and the College's track record of delivering French language services to Francophone stakeholders. The reporter also queried other HPRO colleges with the same questions:

- *Are all of your registration services currently available in French? And if not, why not? 94.1% of registration services were available in French in 2018.*
- *Can you describe your exchanges with the OFC since 2018 in regards to your French-language services? Has OFC worked with you to improve them?*
- *Have you been fined by the OFC since 2018 because you did not fulfill those legislative duties?*
- *Have you had to justify to the OFC why you weren't or are still not able to fulfill those duties?*

After consultation with the Registration Program and HPRO colleges, CDO chose to respond in a proactive manner and positive tone — highlighting our track record, reiterating our commitment to service delivery, and informing the reporter of current language delivery strategies. Our response was shared with our system partners at HPRO and provided to the reporter, as follows:

The College of Dietitians of Ontario is committed to providing French-language services to all stakeholders and removing language-related application barriers to candidates.

In 2018, as stated in the survey report by the Office of the Fairness Commissioner (OFC), the College was one of six health regulators, out of 26, to achieve a compliance benchmark of 94.1% or higher. We recognized, however, that there was room for improvement. We were committed to achieving 100% compliance in our fair registration practices for applicants by addressing issues related to the Assessment of Qualifications process.

Since 2018, we have launched a new website that goes beyond the “component” requirement specified by the OFC survey report, as our platform now provides almost all content in French. The College also has French-speaking staff and engages French translation services to interact with French applicants and other stakeholders.

We believe that we are in full (100%) compliance with the original survey criteria. Our registration process is available in French to stakeholders through translation services and Francophone personnel. Since 2018, the OFC has not voiced any concerns over the level of French services offered by our College, and we continue to report to the OFC on a regular basis.

We take seriously our obligations to serve Francophone stakeholders. Our commitment is ongoing and we conduct reviews of various aspects of our language services. For example, in 2022-23, the College launched a French-language gaps audit, to identify any remaining documentation of relevance to stakeholders of all kinds that may require translation.

No article relevant to the inquiry was published by the reporter.

PUBLIC AND SYSTEM PARTNER COMMUNICATIONS

Following the approval by the Board of the new insulin adjustment policy, Communications and that Professional Practice Program worked to transition the policy to a user-friendly document titled [Insulin Adjustments: What to Expect from a Dietitian](#), which could be read and easily understood by members of the public. Feedback from the Citizen Advisory Group and the Relational Audit was

considered and the document was written, translated, designed and published in-house at no extra cost to the College.



To promote the CDO brand and acknowledge system partners, the Communications team worked with CDO's graphic design vendor to create the College's first-ever branded holiday message to stakeholders in December 2022. The image used our corporate colours, the bilingual logo and website font. Communications is currently working on other branding projects.

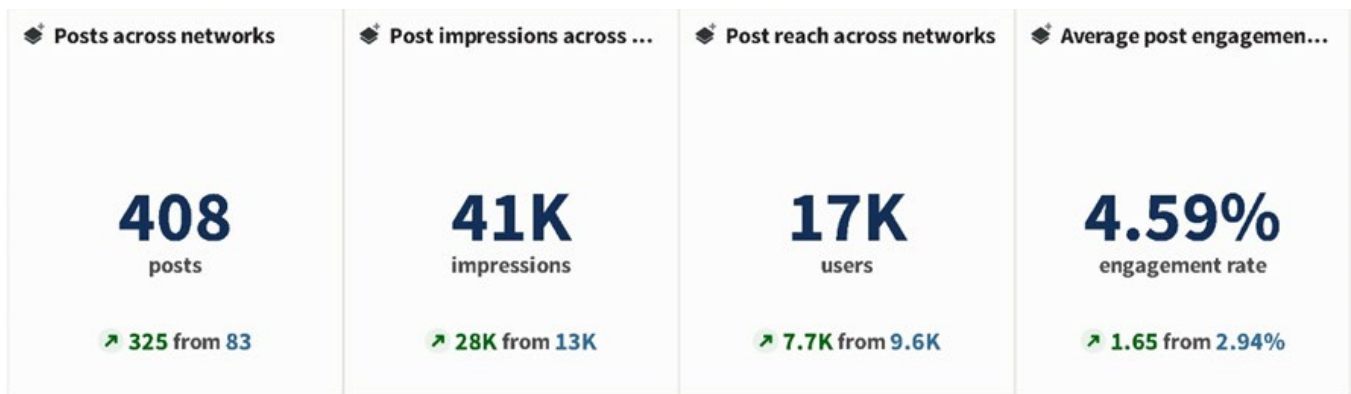
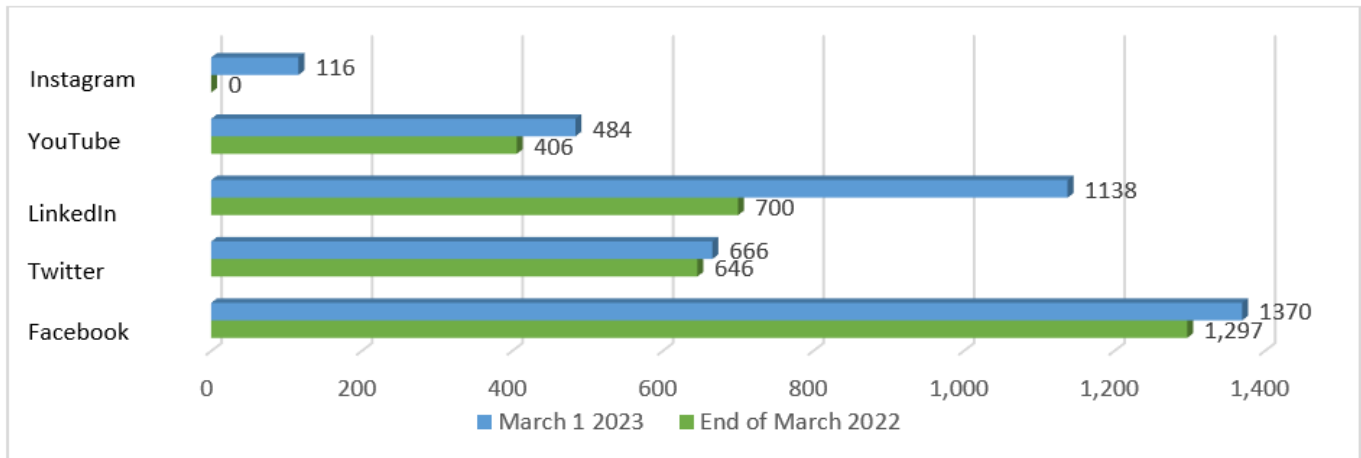


SOCIAL MEDIA

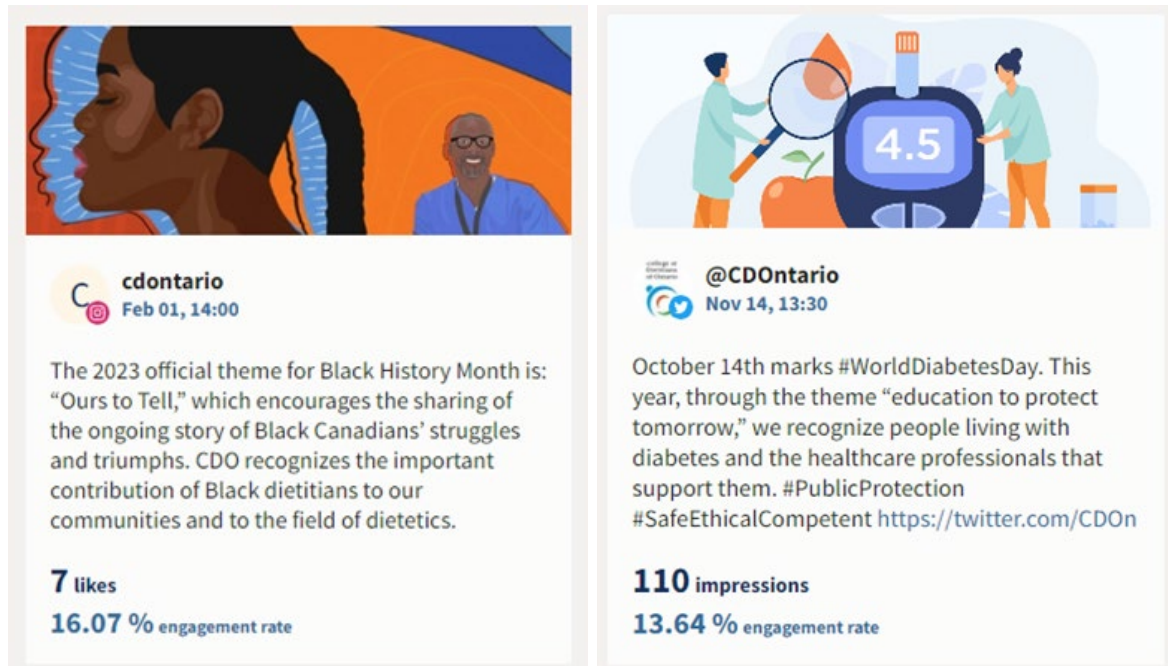
Instagram, LinkedIn lead annual growth in CDO socials

The number of followers increased on most of our social media channels during the past calendar year, due to regular posting and newly created Instagram and LinkedIn pages. The chart below compares our social media activity in 2022 (dark blue) to 2021 (light blue):

Our fastest growing channel was LinkedIn with a sizeable 28% growth in followship. Other highlights include a steadily growing viewership on our new Instagram page, which saw a 37% increase annually, and an increase on Facebook, which continues to be the leading channel in followship, engagement and reach — although LinkedIn is quickly catching up. In January and February 2023, eCDO published 72 posts to our social media channels.



The posts with the most engagement continue to be celebratory international days such as World Diabetes Day and Black History Month. The CDO strategy is to recognize events through the lens of the College’s public protection mandate or through highlighting College programs.



PROFESSIONAL PRACTICE PROGRAM – PRACTICE ADVISORY - *Designed to engage RDs in understanding professional obligations, learning and continuous improvements through the following:*

Practice Advisory Service (PAS)

- 247 inquiries were received in Q3
- Top areas of inquiry for Q3:
 - College Requirements & Processes
 - Workshops
 - Private Practice
 - Ethical Issues and Scope of Practice
 - Privacy, Record-keeping and Conflict of Interest

PAS Satisfaction Survey – Quantitative

The Q3 PAS feedback survey was disseminated to 105 dietitians in January 2023. Feedback from respondents (n=13, 12%) shows:

- 85% felt the information received was relevant and valuable to their dietetic practice
- 77% felt their issue/question was sufficiently addressed.
- 77% were satisfied or very satisfied with the response they received from the PAS.

- 39% reported changing their dietetic practice (39% reported not applicable), and 77% said that the PAS confirmed their understanding of the laws, standards, and ethics.
- Since using the PAS, 77% have accessed the CDO website as a resource.
- 92% would use the PAS again, and 77% would recommend the Service to their colleagues.

Sample of Comments from PAS Survey Respondents

- *Tips on safety measures were included. Next steps ideas were offered!*
- *“Very prompt, very easy to contact, approachable, great resource rather than trying to search the website, especially with anything unique. Very kind and professional.”*
- *“More support for advocacy, but realize your function is regulation.”*
- *“Perhaps more health equity-related items, especially about the TRC and Indigenous Food Sovereignty. The College has been good about diversity and inclusion as a topic overall but feels more Indigenous-specific items could be included.”*
- *“Maybe have more online sessions/discussions based on unique situations or FAQs every quarter. It’s nice to have an ongoing learning session from the College or send us some quiz every month that would make us reflect on a topic.”*

Survey Results for 2022 Annual Workshops and Presentations

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 was virtual and 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. There were 151 individuals (19 %) who participated and responded to the survey with the following feedback:

- *93% reported having a better understanding of consent to treatment.*
- *91% reported that the session was a valuable learning experience, and 95% gained helpful ideas.*
- *Many participants shared changes they planned to make to their future practice, such as taking more time for consent conversations with clients, leading policy development in their organizations, improving documentation of consent, and being more mindful of empathy and cultural sensitivity during consent conversations.*
- *Opportunities for improvement included more time for discussion and questions, in-person learning, and shorter sessions tailored to specific practice areas (e.g. public health).*

Virtual Jurisprudence & Other Education for Q4

- Two sessions were provided with 60 dietetic students from Toronto Metropolitan University.
- Brescia College, Western University, two sessions planned for March 2023 – approx. 30 participants each.

PROFESSIONAL PRACTICE PROGRAM – POLICY

CDO's Professional Practice Program reviews standards, policies, and practice procedures considering legislative changes, trends in inquiries, complaints/reports, and consultation with partner groups. Public consultation on two draft policies 1) Social-media and 2) Virtual Care Standards and Guidelines between December 19, 2022 – January 31, 2023.

Social Media Standards and Guidelines

- 108 participants responded to the Social Media Standards and Guidelines survey.
- Key respondents by the group included dietitians (n=93; 86%), regulators (n=7; 6.5%) and the public (n=4; 3.7%).
- Over 90% agreement in support of the details, language, level of comprehension and relevance.
- Some minor revisions based on Equity, Diversity and Inclusion feedback have been made.
- The policy will undergo further review and will be provided to the board for approval at the June meeting.

Virtual Care Standards and Guidelines

- 166 participants responded to the Virtual Care Standards and Guidelines [91.6% (n=152) survey.
- Key respondents by the group included dietitians, 5.4% (n=9) regulators, and 3.4% (n=5) the public, other healthcare professionals and employers.
- Over 90% agreement in support of the details, language, level of comprehension and relevance.
- Some minor revisions based on Equity, Diversity and Inclusion feedback have been made.
- The Board will consider the policy for approval at the March meeting.

System Partners Supports and Collaborators:

The Professional Practice Program Staff continues to collaborate and participate in the following:

- HPRO (Health Profession Regulators of Ontario) Practice Advisors Working Group Meetings
- Alliance National Dietetic Regulators Practice Advisors Meetings

- HPRO (Health Profession Regulators of Ontario) Quality Assurance Working Group Meetings. The Director of Professional Practice is the co-chair of this group.
- Clinical Nutrition Leaders Action Group of Ontario (CNLAG)

PROFESSIONAL PRACTICE PROGRAM - QUALITY ASSURANCE - *Designed to assure RDs' professional development and continuous improvements through the following components:*

Self-Directed Learning (SDL) Tool

4,340 registrants completed the SDL Tool for the renewal year 2021-2023. The annual review of the 2022 SDL Tool is ongoing.

2022 Summary	Total	Retired/Resigned/ Signed VUT	Suspended due to non-payment	Automatic & Late	Total Reviewed
Automatic Review	107				107
Lates	19	6	4		9
Random Selection	109				109
Total	235	6	4		225

115 RDs (49%) were required to resubmit their SDL goals, less 2, who were offered exemptions for health reasons.

Practicing fewer than 500 hours in 3 years

Registrants declare their practice hours at renewal. In addition, registrants were notified of the several options available to them. Options include a process where dietitians can provide evidence of their continued competence. Thirty-Six registrants declared practicing fewer than 500 hours in the previous three years (2019-2022). Twenty registrants submitted learning diaries for assessments of professional development.

Summary 2022

Declared fewer than 500 hrs. in 2021	Also declared in previous year/s	New this year (2022)	Total
Category 1 (non-practicing)	11	17	28
Category 2 (practicing)	5	3	8
Total declared < 500 hours in 2022	16	20	36
Registrants who are living outside the country. Upon return to ON, they are to notify the College and undergo a competency assessment	1		1
Completed competency assessment - within the past three year	0	0	0
Signed Voluntary Undertaking (VUT)*		12	12
Resigned/Retired	1		1
Reclassified their practice hours		2	2
Total assessed in 2022 (submitted Learning Diary)	14	6	20

*Voluntary Undertaking (VUT) - Member undertakes not to practice dietetics until the Quality Assurance Committee has assessed them as having current knowledge, skill and judgment, including completing any upgrading requested by the Committee.

Jurisprudence Knowledge & Assessment Tool (JKAT)

The JKAT is an online knowledge acquisition and assessment tool designed to improve a RD's knowledge and application of laws, standards, guidelines and ethics relevant to the Ontario's dietetics profession. The 2023 JKAT is scheduled to open the 1st week of April, with the deadline for the 1st week of July 2023. Registrants will be given three months to complete the JKAT.

JKAT 2023	
Total Eligible Registrants, including applicants*and returning registrants	1752
Deferrals	38

Exempt (Out of Province)	7
Retired/Resigned	4
Total Participants	1703**

**Applicants and returning registrants' requirements before issuing their registrant's certificate*

***total participants as of February 27, 2023*

Peer and Practice Assessment

The 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 assures the public and other system partners that dietitians in Ontario practice safely, competently, and ethically and helps dietitians improve their competence, if necessary.

- CDO is engaged in 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.
- 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).
- In September 2022, Research consultants conducted an online registrant survey and in-depth interviews with assessors to determine the aspects of the PPA program that may require changes. Findings were presented to the QAC in October 2022.
- Based on the consultation survey results and recommendations, a priority is revising Step 1 of the PPA. This will include processes to enable critical reflection and quality improvement indicators.
- Focus Group sessions with Committee members and Assessors have been completed to blueprint the Competencies for developing a Step 1 Pre-Assessment survey Practice Improvement Questionnaire (PIQ) that will pick up emerging and systemic issues, risk factors, and steps RDs are taking to mitigate risks. The score will determine if someone proceeds to Step 2 – interview with peer assessor/virtual BBI and chart review.

STANDARDS AND COMPLIANCE PROGRAM

Inquiries, Complaints and Reports Committee (ICRC) Quarterly Stats for November 1, 2022, to February 28, 2023

9 new matters received by the College of Dietitians of Ontario

- 2 Complaints
- 2 Reports
- 5 Referrals from the Quality Assurance Committee
- 0 Inquiries

0 matters closed at the preliminary review stage

- There were no Reports that the Registrar did not refer to the Inquiries, Complaints and Reports Committee after making preliminary inquiries. However, one of the new referrals received from the Quality Assurance Committee was closed at the intake stage because the registrant was deceased.

6 matters closed by the Inquiries, Complaints and Reports Committee

- 2 Complaints: 1 no further action, 1 SCERP
- 4 Reports: 1 no further action, 1 SCERP, 1 Oral Caution, 1 SCERP & Oral Caution
- 0 Referrals from the Quality Assurance Committee
- 0 Inquiries
- Outcomes grouped by risk: 2 No or Minimal Risk, 0 Low Risk, 4 Moderate Risk; 0 High Risk
 - *Average time for disposal: 230.7 calendar days for all matters; 114.5 calendar days for complaints only*
 - *Note: In accordance with the CPMF specifications, time for disposal is now calculated using the date received for Complaints and date the ICRC appointed an investigator for Reports and QA Referrals; Reports and QA Referrals where the ICRC does not appoint an investigator are omitted.*

15 matters currently open

- 2 Complaints:
 - 1 in the initial exchange of correspondence
 - 1 investigation ongoing after investigator appointed
- 7 Reports:
 - 1 at the preliminary inquiry stage

- 4 ongoing investigations
- 1 returning to panel following investigation
- 1 decision drafted and will be issued shortly
- 5 Referrals from the Quality Assurance Committee:
 - 4 at the preliminary inquiry stage
 - 1 investigation ongoing after investigator appointed
- 1 Inquiry: ongoing inquiry
 - *Average time matters have been open (as of February 28, 2023): 159.6 calendar days for all matters; 54.5 days for complaints only*
 - *Note: In accordance with the CPMF specifications, length of time a matter has been open is now based on date received for Complaints and date the ICRC appointed an investigator for Reports and QA Referrals; Reports and QA Referrals that are still under preliminary review are omitted.*

2 complaint decisions reviewed by the Health Professions Appeal and Review Board

- 2 HPARB decisions received: ICRC decisions were upheld in both reviews

8 registrants currently being monitored for compliance

- 1 registrant entered undertaking with the College for treatment and monitoring
- 5 registrants completing Specified Continuing Education and Remediation Programs (SCERP) directed by the Committee
- 1 registrant directed to complete a SCERP that is currently on hold
- 1 registrant directed to appear before the Committee to receive an Oral Caution that will be scheduled shortly

REGISTRATION PROGRAM

2022 Annual Renewal Wrap-Up

On December 9, 2022, nine registrants were suspended for failing to complete their annual renewal form and/or for non-payment of fees. Three of these registrants have since completed their requirements and their suspensions have been lifted. An additional two have resigned, and the College was informed that one person has passed away. Three remain in suspension.

Canadian Dietetic Registration Examination (CDRE)

A total of 133 candidates wrote the November 2022 administration of the CDRE in Ontario on November 3rd and 4th, 2022, via an online remote-proctored format.

Results were disseminated to candidates on December 6, 2022:

- 16 failures (11 Temporary registrants, 5 Applicants) – 15 first attempts; one second attempt.
- 6 supervisions plans were received and approved for those Temporary registrants who failed on their first attempt.
- 1 appeal was received for administrative issues which was denied by the Alliance Appeals Review Committee.
- The CDRE national pass rate = ~90%.

Prior Learning Assessment and Recognition (PLAR) Process

Knowledge and Competency Assessment Tool (KCAT):

- Beginning in 2023, the KCAT will be administered twice annually.
- A total of 52 candidates attempted the KCAT on February 22, 2023, via a remotely proctored process with the Touchstone Institute.
- Results will be disseminated to candidates by early May 2023.
- The next administration of the KCAT will take place on September 27, 2023.

Performance Based Assessment (PBA):

- The next PBA will be held on June 21, 2023, via an online remote-proctored process.
- We will also offer the PBA in-person as requested.
- A similar process is in place for remote and in-person PBA Administration.

Office of the Fairness Commissioner (OFC)

- CDO's Fair Registration Practices (FRP) report for 2021 was submitted on December 9, 2022, using the new OFC reporting template. A copy of the report is posted on [CDO's website](#).
- The OFC anticipates that the 2022 FRP template will be distributed in winter 2023, the deadline date for submission is still to be determined.
- CDO maintains a continued low-risk rating under the OFC's Risk Informed Compliance Framework.

Emergency Class of Registration

In compliance with the [Registration Requirements Regulation](#) under the *Regulated Health Professions Act, 1991*, CDO's Emergency Class of Registration provisions were drafted with legal counsel and approved by both the Registration Committee and the Board, in principle for the purpose of circulation, in February 2023.

The 60-day consultation was sent to registrants and stakeholders on February 16, 2023. The Ministry of Health is also concurrently seeking feedback on CDO's proposed Emergency Class of Registration on their [Regulatory Registry](#).

Consultation results will be compiled, and the Emergency Class of Registration will be submitted to the Registration Committee and the Board for final approval in April 2023. The College intends to submit the final Emergency Class using the Ministry's regulatory framework by the deadline date of May 1, 2023.

2019 Proposed Amendments to the Registration Regulation

The College will also put forward the 2019 proposed amendments to the Registration Regulation (alongside the Emergency Class) that were on hold due to changes in Ministry of Health staffing and pandemic priorities. These amendments were formerly circulated to registrants and stakeholders and were approved by the Board in March 2019.

Registration Committee Policy Updates

The Committee meet on November 28, 2022, January 23, 2023, and February 2, 2023. Policy revisions were made to provide greater clarity and transparency for all applicants regarding the College's registration and documentation acceptance processes and to ensure there are no undue barriers for equity deserving populations when seeking registration with the College. The following policies have been updated:

- Policy 4-50: Language Proficiency and Policy 6-10: Eligibility for Prior Learning and Recognition (PLAR) - 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 by recent legislation changes.
- *Policy 6-10: Eligibility for Prior Learning and Recognition (PLAR)* - 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, but who have not yet completed any formal practical training, to take of the KCAT. Policy 6-10 also now permits the acceptance of the [World Education Services \(WES\) Gateway Program](#) assessment for individuals who have been displaced by adverse circumstances and who have limited access to obtain official transcripts/documents.
- *Policy 5-30: Upgrading After Second Failure of the Canadian Dietetic Registration Examination (CDRE)* - revised to provide an individualized and empathetic approach to determine an applicant's learning and upgrading needs prior to attempting the CDRE for a final time. The new self-assessment process also helps prepare applicants to reflect on their learning needs to fulfill their future Quality Assurance Program requirements, once registered with the College.

- [Policy 2-30: Recognition of Accreditation and Competency Standards](#) – revised to reflect the current and future College-approved accreditation bodies.
- *Policy 5-40: Approval of Supervision Plans for Temporary Registrants Following Failure of the CDRE* – revised to permit the option for virtual supervision beyond the COVID-19 pandemic.
- *Upgrading Activities Form in Policy 3-30: Currency for Applicants* – instructions revised to clearly specify the required format for applicants and to facilitate an easier review of submissions by the Registration Committee.

INFORMATION TECHNOLOGY

Cybersecurity

- BOX’s 2-step authentication feature has been applied to staff and will be rolled out to Board Directors and Committee members shortly. This initiative improves security to confidential CDO materials.
- Implementation of multi-factor authentication on the VPN and an additional layer of endpoint security software is in progress.

New IT Vendor

- The transition to a cloud-based phone system and a new IT vendor has been completed, including staff training.
- CDO’s firewall has been moved to the IT support vendor’s data center.

SECTION 2 ISSUES TRACKING

Board Elections

In 2023, Board elections were held for districts 2 and 4. Nominations closed on February 17.

Dawn van Engelen, RD, was acclaimed for district 2. CDO did not receive any nominations for the district 4 election by the February 17th deadline and on February 27, began the by-election for the district. The nomination period for the district 4 by-election closes March 14.

Board Composition Changes

Karine Dupuis Pominville, Dt.P (RD) has resigned as a board director effective March 7.

John Regan, Public Member, has been reappointed to the CDO for a 3-year term.

Office Move

CDO has successfully moved out of 5775 Yonge St on February 28. In preparation for the move, CDO transitioned to cloud-based IT systems, which facilitates fully-remote operations.

On April 1, CDO will be moving to its new location at 175 Bloor St. East and sharing office space with the College of Dental Hygienists and College of Denturists at the newly created HUB601. This operational workspace provides opportunities for collaboration and in-person meetings while maintaining the College's ongoing commitment to maximizing operational resources, creating efficiencies and providing remote work opportunities for employees.

CDO published a [news article](#) on our website on March 2. System partners were also notified of the move, in a joint effort with the other colleges.

Your Health Act, 2023

The *Your Health Act, 2023* will, if passed, enable the recently announced "As of Right" rules that allow health care workers registered in other provinces and territories to immediately start working and caring for people in Ontario without having to first register with one of Ontario's health regulatory colleges based on their out-of-province certificate of registration. The legislation introduces changes to the profession specific acts for the College of Physicians and Surgeons, Nurses, Respiratory Therapists and Medical Laboratory Technologists. It is unclear whether additional professions will be included at a later date.

This legislation applies to in-person, not virtual practice. It has been proposed that healthcare practitioners who begin practice under the as of right rules will eventually be required to seek registration in Ontario, although the timeline for this has not yet been determined.

HPRO Strategic Planning Session

HPRO met in-person on February 9, 2023, for a facilitated strategic planning session to discuss HPRO's purpose and to determine future goals and priorities.

Regulatory Environmental Scanning

A new act for the Nova Scotia Dietetics Regulatory College was proclaimed on January 24, 2023.

The New Act establishes the Nova Scotia College of Dietitians and Nutritionists (NSCDN) as the regulatory body for the profession of dietetics in Nova Scotia. The NSCDN will replace the Nova Scotia Dietetic Association (NSDA) as the regulator for dietetic practice in Nova Scotia.

In contrast to the legislation associated with NSDA, the new Act defines and protects the practice of dietetics and ensures the public interest is the central and guiding priority, by providing updated regulatory processes.

Under the Nova Scotia College of Dietitians and Nutritionists, the professional designation for dietitians will become Registered Dietitian (RD), consistent with other Canadian provinces.

SECTION 3 OTHER INFORMATION ITEMS

10.1 Management Report March 2023

10.2 Statement of Operations Fiscal 2023 as at December 31, 2022

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at December 31, 2022
FISCAL YEAR ENDED MARCH 31, 2023

	9 Months Ended			Total Annual Budget Mar 31, 2023	Comparative 9 Month Actuals Dec 31 2021	Dec 2022 vs Dec 2021 % Variance
	Actuals Dec 31 2022	Total Annual Budget Dec 31 2022	Actual vs Budget % Variance			
REVENUE						
Membership & Other Fees (1)	\$ 2,182,193	\$ 2,216,193	-2%	\$ 2,954,924	\$ 2,191,273	0%
Interest & Dividends (2)	(267,600)	139,500	-292%	186,000	142,164	-288%
Realized Gain/(Loss) on Sale of Investments (3)	91,489	-		-	(93,654)	-
TOTAL REVENUE	2,006,082	2,355,693	-15%	3,140,924	2,239,783	-10%
EXPENSES (Operating)						
General & Administrative (4)	1,926,510	1,909,768	-1%	2,546,358	1,714,594	-12%
Registration Program (5)	141,523	149,786	6%	199,714	123,213	-15%
Quality Assurance Program (6)	50,716	116,176	56%	154,901	31,030	-63%
Practice Advisory Program (7)	11,712	30,648	62%	40,864	10,356	
Patient Relations Program (8)	-	844	100%	1,125	-	
Standards & Compliance Program (9)	147,801	197,869	25%	263,825	174,109	15%
TOTAL EXPENSES BEFORE AMTZN	2,278,262	2,405,090	5%	3,206,787	2,053,302	-11%
EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	(272,180)	(49,398)		(65,864)	186,480	-246%
<i>Less: Non-cash expenses:</i>						
Capital Asset Fund - Amortization (10)	(34,070)	(35,000)	3%	(70,000)	(57,213)	
Unrealized FV appreciation (depreciation) of Investments (3)	(476,137)				328,115	
SURPLUS/(DEFICIT)	(782,387)	(84,398)	827%	(135,864)	457,382	
FUND BALANCES - beginning of year	3,896,732	2,846,454		3,896,732	3,728,079	
FUND BALANCES - March 31, 2023	\$ 3,114,345	\$ 2,762,056		\$ 3,760,868	\$ 4,185,461	

NOTES and HIGHLIGHTS:**REVENUE**

- (1) **Revenues from members** in all categories have generated \$ 2,182,193 following annual renewal. This amount is **in line with the budget** and the **same as the prior year**. Membership fees are being reported on an accrual basis to recognize revenues paid in Fiscal 2022, but earned from April 1 to December 31, 2022. The budget and prior year fees have also been adjusted to recognize 9 months of income earned.
- (2) **Investment income (interest & dividends)** consists of a negative interest (loss) amount of \$267,600 from the sale of equities held at RBC Dominion Securities and from an opera bank account with Scotiabank. Since then, more Guaranteed Investment Certificates have been purchased to limit the College's exposure to risk. Dividend income was \$28,631 in this quarter. Total market value of the portfolio at Dec 31 was \$4,838,277.

EXPENSES

- (4) Overall, **General & Administrative** expenses were **in line with the budget (i.e., the variance was within 5% from the three-quarter year budget)**:

Council (i.e. Board) costs were **17% less than budget** since some in-person meetings were budgeted for (including travel, accomodation and food) but only the December 2022 meetings was in person. Training for the Board on conflict of interest and on governance occurred as planned. Legal fees of \$13,116 were spent for work done on CDO bylaws, conflict of interest matters, accreditation procedural issues and the Code of Conduct.

Executive and Governance Committees all held meetings virtually as planned, but were underspent because some in-person meetings were budgeted for.

General & Administrative Expenses such as **Salaries & Benefits** were **overbudget to the quarter by 2%** due to staff turnover. \$17,865 spent on contracted services, including bookkeeping, training, and process review, due to unplanned staffing transition (variance of 92% to budget).

Other **General & Administrative Expenses** such as **Office Expenses, Membership Dues, Professional Fees, Rent, Insurance** were **in line** with the budget.

Computer expenses were **higher than budget** since the costs of upgrading the database were budgeted for the entire year, but the actual expenses occurred in Q1. In addition, an unplanned change of the credit card payments processor company was required, increasing costs unexpectedly. **Legal Fees** for general matters were also **higher than budget** for legal advice received on elections, HR policies and new vendor contracts. **Bank Charges** exceeded **the budget** since the payroll is now being outsourced to an external vendor. **Postage** was **overbudget** due to the purchase of mass-email credits which will be used into fiscal 2023. **Phone/internet** was **overbudget** due to some unplanned but necessary activities that reduced risk, including, moving to moneris, costs of hosting a server during database transition, security improvements in light of geopolitical situation, costs of staff transitions.

Underspending occurred in a number of areas, including **Annual Report, Staff Development** and **Communication** Initiatives. The Annual Reports for Fiscal 2022 will be published later in the fiscal year. Most staff development and training will occur later in the year and contracted services will be utilized as needed.

- (5) The **Registration Program** expenses were **3% more than budget**. The cost of credit card fees, which comprise a large portion of administrative costs, occurred October 2022 as members renew their licenses online. The move to a new vendor has increased fees, but has reduced overall risk for the College and staff time. Computer expenses related to the Registration area of the database upgrade and changing the credit card payments processing company resulted in higher costs than planned. A summer student was hired as planned to assist Registration during the database upgrade. CDO received funding under the summer job program.

\$53,650 is the annual budget for administration and maintenance costs of the Performance Based Assessment (PBA) and the Knowledge and Competence and Assessment Tool (KCAT). \$35,361 has been spent to December 31. Spending on Honoraria and Expenses for KCAT subject matter experts less than budgeted. The CDO will defer an Orientation & Self-Assessment Tool (OSAT) project following updating of the CDO website. Consulting funds will be used to remap the KCAT to ICDEPs 3.0

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at December 31, 2022
FISCAL YEAR ENDED MARCH 31, 2023

Registration Committee expenses were **46% less than budget** because meetings were all virtual (some were budgeted for in-person) and legal fees will be spent in Q4.

- (6) The Quality Assurance Program expenses were **64% less than budget** since the Peer & Practice Assessment (PPA) remained on hold. Significant work is ongoing to revise and upgrade the PPA processes to align with Right Touch processes and move the assessment to a virtual, paperless platform. Phase 2 of this project was completed in Fiscal 2022, and work on Phase 3 started with a Psychometrician as an advisor. Modifications to the JKAT are deferred until work around recent professional practice standards and code of ethics are complete.

QA Committee expenses were **71% less than budget** since the meetings held were virtual (some were budgeted for in-person).

- (7) The Practice Advisory Program expenses were **66% less than budget** since the fall workshops did not utilize a consultant for developing an Antiracism education. Based on trending practice advisory data, the topic was changed to Consent with an EDI-B lens. In-person workshops/townhalls were deferred. Legal fees were also underbudget. Further legal costs will occur in Q4.

Professional Practice Committee were underbudget by 52%. The Committee met virtually although in-person meetings were planned.

- (8) The Patient Relations Program incurred no expenses. This program now consists of PR Committee meetings alone. All program administration expenses are accounted for in General Administration - Communication Initiatives. The Committee was underspent because it held no meetings. Minimal expenses were budgeted this year for a planned review and revision of the Committee's terms of reference.

- (9) Overall, Standards & Compliance Program expenses were **25% less than budget** due to timing, since the costs of hearings, legal fees and consulting fees are budgeted for the entire year, but one hearing was held in June, and more ICRC meetings will occur later in the year.

\$74,000 is the annual budget for Investigations of members (conducted by an external investigator) and \$76,000 for Case Management (conducted by an external manager) of member files. \$60,424 was spent on Investigations of members and \$65,346 was spent on Case Management. The College had a higher than predicted number of complex ICRC matters that have required case management and investigation. It is difficult to predict and budget for the total costs of investigations from year to year. The number of QA referrals have decreased from 2021, and there were slightly less complaints than last year, although number of employer reports are similar to last year.

The Discipline Committee was underspent because it held no meetings; ICRC was underspent since the meetings were held were conducted virtually. \$30,000 was budgeted for Legal Fees for matters going to ICRC; actual Legal Fees of \$10,493 were paid for legal matters to be reviewed by ICRC.

\$6,000 is the annual budget for subject matter experts/consultants to conduct interviews and/or provide opinions/reports to the investigator for ICRC; 1,172 was spent.

\$70,500 is the annual budget for hearings and the Hearings Reserve Fund has \$200,000 for restricted use. \$5,900 was spent on legal and other court fees for a hearing held for a member on June 30, 2022

- (10) Amortization expense represents the cost of the decline in value of capital asset purchases over time.



Board Briefing Note

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

ISSUE

To consider and approval the proposed amendments to the Honoraria policy as recommended by the Executive Committee.

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. Fairly compensating elected directors and committee appointees will help address any potential disincentives to participating in CDO work and will increase and diversify the candidate pool for elections and appointments. This will support current governance modernization initiatives, such as the proposed Board Competency and Attribute Framework, which will further good governance practices for effective regulation and public trust.

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 rates contained in this policy were adopted in 2012 and have not been amended since.

In March 2021, a revised Governance Manual was approved by the Board with the understanding that further policy work would be completed later. The Honoraria Policy was identified as a policy still under review. The Board directed staff to conduct an environmental scan to determine whether the Honoraria Policy is comparable to the honoraria policies at other health colleges.

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.

As provided in legislation, CDO can only compensate elected directors and committee appointees, and as such this policy does not apply to public appointees. CDO and other regulatory Colleges have continually expressed to the MOH the challenges and barriers that the inequities in compensation structures present. Despite any amendments to the CDO honoraria, Public directors will continue to receive honoraria in accordance with the Ministry's Remuneration Framework for Public Appointees, which is currently \$150 per diem.

At its December meeting, the board collectively expressed its frustration with the rate received by public directors and noted some possible unintended consequences of two different levels of honoraria which may have an impact on the effectiveness of the board and its committees.

CONSIDERATIONS

The Executive Committee considered a further revised draft of the Honoraria Policy at its February meeting (*Appendix 2*).

The proposed honoraria rates reflect a fair compensation philosophy which is supported by modern governance theory. The remuneration increase proposed is comparable to other regulatory health colleges with a similar operating budget to CDO, accounts for inflation over the 10-year period since the policy was last revised and reflects the more complex and dynamic regulatory environment that places additional demands on board directors and committee appointees.

The proposed per-diem for preparation time has also changed to be consistent with the honoraria rates. Under the proposed policy, Board directors and committee appointees will receive a meeting preparation per-diem equivalent to the honoraria rate.

In addition to the honoraria rates, meal allowances have also increased in response to the change in costs for dining out. The proposed allowances provide a reasonable budget for meals in the Toronto area.

Other changes to the draft policy reflect feedback provided by the board during its discussion in December.

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.

APPENDIX 2

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

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

100%	> 6 hr 1 min hours
75%	4hrs 1 min 4 - <6 hours
50%	2hrs 1 min 2 - <4 hours
25%	0 - <2 hours

Attendance Honoraria

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

<u>Board Directors & Committee Appointees</u>	<u>100% per diem</u>	<u>\$ 300</u>
	<u>75% per diem</u>	<u>\$ 225</u>
	<u>50% per diem</u>	<u>\$ 150</u>
	<u>25% per diem</u>	<u>\$ 75</u>

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.

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

Remuneration 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 responsibly 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 mileage 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>	\$ <u>20</u> 15
Lunch <i>(in-person)</i>	\$ <u>25</u> 0
Lunch <i>(virtual)</i>	\$25
Dinner <i>(in-person)</i>	\$ <u>50</u> 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 31st
- 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 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

Topic:	Strategic Plan Monitoring Report and Strategic Workplan for 2023 – 2024
Purpose:	Monitoring Report
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement
From:	Melanie Woodbeck, Registrar & Executive Director

ISSUE

To review the College’s progress on the strategic plan in fiscal 2022 – 2023 and the strategic projects and activities planned for 2023 – 2024, including the Key Performance Indicators (KPIs).

PUBLIC INTEREST RATIONALE

The Strategic Plan Monitoring Report enables the Board to monitor the CDO’s performance on work aimed at advancing its strategic priorities and public protection mandate. Reporting on the strategic plan on a regular basis holds the College accountable to stakeholders by providing a clear picture of the College’s priorities, goals and operationalization of the Board’s direction.

The College Performance Measurement Framework (CPMF), which measures how well regulatory Colleges are protecting the public interest, also requires the CDO to identify activities that support its strategic plan.

BACKGROUND

The Board approved the [College’s Strategic Plan and Goals](#) in March 2020. At its meeting in December 2022, the Board extended the plan until March 2025.

The Strategic Plan Monitoring Report 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.

CONSIDERATIONS

The 2022 – 2023 strategic plan monitoring report (*Appendix 1*) and the strategic workplan for 2023 – 2024 (*Appendix 2*) are attached for the Board's information and feedback.

Some of the KPIs and targets attached to the goals in the 2022 – 2023 report have been modified or removed for 2023 – 2024. The reason for these adjustments are to maintain relevant performance measures, which evolve overtime as targets are reached, or if determined that they do not provide the intended information regarding outcomes or performance. As CDO prepares for a new fiscal year, it is important to reevaluate and revise the existing KPIs and associated targets. By doing so, it will ensure that the existing measures are fit for purpose and allow for an accurate evaluation of CDO's progress on its strategic plan.

NEXT STEPS

The strategic plan monitoring report and workplan for 2023 – 2024 is being presented for Council's information and feedback.

ATTACHMENTS

- Appendix 1: Strategic Plan Monitoring Report 2022 – 2023
- Appendix 2: Strategic Workplan for 2023 – 2024

Strategic Plan Monitoring Report | March 2023

Goal 1: Regulatory Effectiveness and Performance Measurement The College will measure and report its regulatory performance to the public.					
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	Actual To-date	2022 – 2023 Accomplishments
1.1 Enhance IT systems and data governance to support data collection, analysis, reporting and security	<ul style="list-style-type: none"> Conduct database needs assessment/gaps analysis Upgrade database Review, update/develop data governance and records management policies and procedures Review and update reporting templates 	% ‘meets expectations’ rating on CPMF	85%	57/62 measures met (92%)	<ul style="list-style-type: none"> Completed the database upgrade on schedule and within budget. Completed database audit to identify and budget for the modifications necessary to upgrade to the full cloud version. Completed the second iteration of the CPMF Report. CDO was recognized by the MOH for progress towards the measures, and for providing fulsome information and requested evidence. Completed the Ontario Fair Registration Practices Report and was given a “low risk” rating in the Office of the Fairness Commissioner’s Risk Informed Compliance Framework. Successful move to new online credit card payment processor, which significantly reduced the risk of payment errors. Updated Board briefing material templates to include sections connecting materials to EDI-B, public interest and strategic plan. Updated Board meeting highlights in a new infographic format. Exceeded KPI targets for timely registration decisions to open and issue decisions. Compliance with Registration Requirements Regulation under the RHPA for language proficiency, timely decisions, and no Canadian experience by deadline dates; Emergency Class of Registration provisions drafted and on track to submit to MOH by May 1, 2023, deadline date.
		% of CPMF committed action items in completed in subsequent year	100%	10/13 action items fully complete (77%) + 3 in-progress	
1.2 Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats		% of registration applications opened within 5 business days of application form + fee receipt	90%	100%	
	% registration decisions issued within 6 months of file completion date	90%	100%		

Strategic Plan Monitoring Report | March 2023

Goal 2: Transparent and Effective Communications					
The College will communicate effectively to support understanding of the College’s mandate, services and resources.					
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	Actual To-date	2023 – 2024 Accomplishments
2.1 Increase our understanding about the public and RDs and use learning to design communication and educational initiatives	<ul style="list-style-type: none"> • Gather and consolidate internal data (including EDI data) and create strategy for engagement. • Develop data-based public awareness campaign. • Develop educational sessions/resources for members based on data. • Conduct gaps analysis for French language services. • Review College branding, website, key messaging. • Engage in a relational communications audit and create College style guide. • Increase social media presence. 	Public Awareness Rating	Baseline in 2022	16% Baseline Measure (March 2022)	<ul style="list-style-type: none"> • Launched new data-driven changes to public awareness campaign: Digital screen advertising in medical offices and online and social media advertising. • Launched first-ever CDO Instagram social media page. • Completed a relational communications audit that provided insight on how CDO communication practices can be improved. • Completed all-staff training on relational communications • Extensive French language audit near completion, which will prioritize translation • Provided six educational sessions for RDs (learning goals, Insulin dose adjustments, currency hours, consent, anti-racism, unconscious bias training) based on new CDO standards and guidelines and recurring questions from registrants. • Utilized the Citizens Advisory Group (CAG) to support public-facing policy work on Insulin Guidelines and conducted 2 RD policy focus groups which were oriented with an EDI lens. • Developed 4 practice advice articles based on ICRC and PAS data and trends. • Revised and updated the Jurisprudence Knowledge and Assessment Tool (JKAT) Questions and Resources in English and French based on assessment data.
2.2 Enhance College consultation, outreach processes, and communication methods in a way that considers equity, diversity and inclusion, and right-touch regulation		Relational Communication Rating	Baseline in 2022	35.85% Baseline Measure written comms (n=8)	
		Increase in social media followers	5% increase	7%	
		Increased web traffic Public Protection & Register sections	5% increase	20%+ increase to both sections when in-market	
		# targeted educational topics	8	12	
2.3 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		% satisfaction educational sessions	85%	90%	
		# priority documents/ processes/ webpages translated into French	Baseline in 2022	TBD: audit in progress	

Strategic Plan Monitoring Report | March 2023

			<ul style="list-style-type: none">• Updated Self-Directed Learning (SDL) Tool & Template to enable reflective practice and competency self-assessment based on registrants’ feedback.• Completed the public explanatory document to accompany the Insulin Adjustment Standard and developed supporting materials for dietitians (i.e. FAQs, Reg Talks, etc.).• Updated 4 sections of the website to improve clarity and transparency about the Registration program.• Translated all application forms into French to support the delivery of French language services.• Revised the following policies to provide greater clarity and transparency for applicants and improve access for equity deserving populations when seeking registration with the College: Policy 3-30: Currency for Applicants; Policy 4-50: Language Proficiency; Policy 6-10: Eligibility for Prior Learning and Recognition (PLAR); Policy 5-30: Upgrading After Second Failure of the Canadian Dietetic Registration Examination (CDRE).
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Strategic Plan Monitoring Report | March 2023

Goal 3: Risk-Based and Right-Touch Regulation					
The College will make decisions in accordance with a risk (harm reduction) framework.					
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	Actual To-date	2022 – 2023 Accomplishments
3.1 Develop risk-based and right-touch regulation tools and processes for College decision-making	<ul style="list-style-type: none"> • Refresh the College’s Risk Management Policy and Procedures. • Adopt an Equity Impact Assessment Framework. • Create new registrant guidelines: virtual care guideline, social media guidelines, definition of dietetics, Insulin guidelines, private practice guidelines. • Create schedule for College policy refresh and evaluation (includes Registration, Professional Practice, ICR). • Conduct analysis - Update College programs to reflect new ICDEPs. • Review internal program process and create/ update tools to get at risks (Registration, QA, ICR). 	# of regulatory policies created/updated with EDI lens	5	9	<ul style="list-style-type: none"> • Successfully administered the KCAT and PBA PLAR exams via online remote-proctored processes, expanding access while mitigating risk • Expanded KCAT eligibility criteria for applicants without practical training. • New KCAT Blueprint and exam items mapped to ICDEP 3.0, using internationally educated subject matter experts and RD indigenous review to facilitate an EDI-B approach. • Approved the Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for RDs. • Developed the Practising Dietetics Policy to help dietitians reflect on their practice and determine their currency hours given recent changes in dietetics practice, ensuring a right-touch, risk-based approach to currency. • Completed research/consultation to refresh understanding of the high-risk dietetic practice for upgrading the Peer and Practice Assessment QA Program with Right Touch Regulation. • Upgraded QA processes (SDL Tool competency self-assessment; Learning Diary template and scoring card) with the ICDEPs 3.0. • Completed Board Finance Policies on Investments, Financial Management and Reserve Fund, which ensures that CDO considers and mitigates risk in its stewardship of resources, has adequate resources to carry out strategic priorities and mandate and can ensure continuity of operations. • Risk Management Policy approved by the Board. Internal working group established to monitor and provide risk mitigation activities. • Developed an ICRC Risk Assessment Framework and Registrar referral risk-framework to ensure consistent, fair and transparent decision making guided by assessment of risk to public. • Developed discipline resource for self-represented registrants, which reduces risk to the CDO based on recent legal precedent.
3.2 Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles					
3.3 Leverage organizational data and external information to identify and act on areas of risk					

Strategic Plan Monitoring Report | March 2023

Goal 4: Governance Modernization and Enhancing Public Trust The College will update its governance model in accordance with evidence-based practices.					
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	Actual To-date	2022 – 2023 Accomplishments
4.1 Implement governance initiatives that promote regulatory excellence, accountability and EDI principles	<ul style="list-style-type: none"> • Develop governance modernization action plan. • Develop/refine pre- and post-engagement council/committee/chair training • Engage in a 3rd party council assessment. • Continue to finalize the governance manual. • Create Council and operational EDI plans and action recommendations from EDI report. 	% of Global Diversity, Equity and Inclusion Benchmarks in proactive, progressive or best practice categories	Baseline in 2022	TBD – Benchmarking in progress	<ul style="list-style-type: none"> • 3rd governance expert conducted review of CDO’s governance structure and processes, paving way for a Board approved governance modernization action plan. • Pre-election training module and quiz operationalized for January 2023 election cycle. • Board Code of Conduct was updated with an EDI-B lens. • Board and staff participated in a learning needs assessment to evaluate current EDI-B competencies. The results of this assessment were used to identify education needs at the Board, committee and staff levels. The College engaged in training on Indigenous Trauma Informed Practices and adopted an ‘EDI-B learning moment’ at the beginning of all Board meetings. • The Board amended the Governance Committee’s TOR to include EDI-B responsibilities related to supporting CDO’s EDI-B strategy. • College assessors received unconscious bias training. • College EDI-B Lead Appointed and operational workplan created with EDI-B Working Group. • EDI-B Vision and Mission Statement approved by the Board. • EDI-B added as a corporate value. • Implemented Land Acknowledgement for Board, Committee and Practice Presentations. • Extensive EDI-B benchmarking by the EDI-B working group in order to identify and report on College EDI-B priorities.
4.2 Operationalize EDI in College processes, policies and decision making		3 rd party council assessment	Baseline in 2022	Complete	

Strategic Workplan 2023 – 2024

Goal 1: Regulatory Effectiveness and Performance Measurement			
The College will measure and report its regulatory performance to the public.			
Strategies	Key Activities 2023 – 2024	KPI Measure	Target
1.1 Enhance IT systems and data governance to support data collection, analysis, reporting and security	<ul style="list-style-type: none"> • Conduct a data governance scoping review to support the creation of record management policies and procedures. <i>(Carry over from 2022-2023)</i> • Respond to reporting requirements (e.g., CPMF, OFC Fair Registration Practices Report, legislative requirements) and broadly communicate College performance. <i>(Carry over from 2022-2023)</i> 	% 'meets expectations' rating on CPMF	90%
		% of CPMF committed action items in completed in subsequent yr	100%
1.2 Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats	<ul style="list-style-type: none"> • Develop a plan for collecting EDI demographic data of applicants and registrants. • Plan and storyboard an online application process for future implementation that facilitates more efficient data collection. 	% of written notices sent within 15 days of receipt of application confirming application is complete or specifying the information to complete application.	100%
		% registration decisions issued within 30 days after receiving a completed application, either by registering the applicant or referring the application to the Registration Committee.	100%

Strategic Workplan 2023 – 2024

Goal 2: Transparent and Effective Communications			
The College will communicate effectively to support understanding of the College’s mandate, services and resources.			
Strategies	Key Activities 2023 – 2024	KPI Measure	Target
2.1 Increase our understanding about the public and RDs and use learning to design communication and educational initiatives	<ul style="list-style-type: none"> • Implement recommendations from the relational communications audit, including the development of a corporate communications style guide. • Transition the website to a new platform, including rebranding and the incorporation of terminology changes. • Engage in a translation initiative to increase the amount of CDO content available in French and English. • Develop data-informed educational sessions and resources for registrants/dietetic students. • Operationalize the social media and Virtual Care Standards and Guidelines. 	Increase in social media followers	5% increase
2.2 Enhance College consultation, outreach processes, and communication methods in a way that considers equity, diversity and inclusion, and right-touch regulation		Increased overall web traffic, Public Protection & Register sections when in market	5% increase
		# targeted educational topics	6
		% satisfaction educational sessions	85%
2.3 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		# priority documents/ processes/ webpages translated into French	Gathering baseline
		Increase in social media followers	5% increase

Strategic Workplan 2023 – 2024

Goal 3: Risk-Based and Right-Touch Regulation			
The College will make decisions in accordance with a risk (harm reduction) framework.			
Strategies	Key Activities 2023 – 2024	KPI Measure	Target
3.1 Develop risk-based and right-touch regulation tools and processes for College decision-making	<ul style="list-style-type: none"> • Adopt an Equity Impact Assessment Framework. • Update Registration policies, processes, and documentation to reflect the ICDEPs 3.0 (for credential assessments, US program reciprocity, and PBA). • Update the College’s process for liability insurance compliance. • Begin documenting internal and operational procedures and processes. • Plan for registrant guidelines on advertising and testimonials and revised code of ethics. • Submit amendments to the Registration Regulation to MOH. • Update and pilot the PPA using the high-risk dietetic practice research conducted. 	# of regulatory policies created/updated with EDI-B lens	5
3.2 Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles		Training and adoption of EIA framework	Complete
3.3 Leverage organizational data and external information to identify and act on areas of risk			

Strategic Workplan 2023 – 2024

Goal 4: Governance Modernization and Enhancing Public Trust			
The College will update its governance model in accordance with evidence-based practices.			
Strategies	Key Activities 2023 – 2024	KPI Measure	Target
4.1 Implement governance initiatives that promote regulatory excellence, accountability and EDI principles	<ul style="list-style-type: none"> • Revise Board meeting evaluation processes. • Develop election screening process. • Implement reforms to College governance and continue to finalize the governance manual. • Continue to update College policies and processes based on feedback from Advancing Equity and Anti-Racism in Dietitian Regulation report and Global Diversity Benchmarks. 	% of Global Diversity, Equity and Inclusion Benchmarks in proactive, progressive or best practice categories	Gathering baseline
		% of board directors engaging in evaluation surveys	Baseline in 2023
4.2 Operationalize EDI in College processes, policies and decision making			



Board Briefing Note

Topic:	Draft Budget for Fiscal 2023 - 2024
Purpose:	Decision Required
Strategic Plan Relevance:	The budget supports planned strategic projects for 2023 - 2024
From:	Executive Committee

ISSUE

To review and approve the draft budget for fiscal 2023 – 2024, (April 1 – March 31). The budget is proposed with a 2% increase to the annual fee as recommended by the Executive Committee.

PUBLIC INTEREST RATIONALE

Reviewing and approving the annual budget serves the public interest by ensuring that the board provides appropriate governance and oversight on financial matters. The proper management of the College's funds will ensure that its strategic goals are fulfilled and that operations are supported through an appropriate allocation of funds received from registrants and applicants and from income earned from investments.

BACKGROUND

At its meeting in February 2023, the Executive Committee considered the draft budget for the fiscal year 2023 – 2024 in detail, including individual program and committee budgets.

CONSIDERATIONS

The draft budget as presented (*Appendices 1 – 3*), anticipates that expenses will be fully covered by the revenues generated from a membership growth of 2% and a 2% increase to the renewal fee from \$641 to \$654. The budget also assumes increases to honoraria and expenses for the board and committees as set out in the draft honoraria policy. Further details are included in the notes to the budget (*Appendix 2*).

A small surplus of \$9,438 is expected to be added to the College's Reserve Fund for the year ending March 31, 2024. If there were no increase to the annual fee, and without modifying of any of the planned projects, the draft budget would have a projected deficit of \$-14,694.

[March 24, 2023 Meeting]

The audited reserve fund balance as at March 31, 2022 was \$3,896,732.

RECOMMENDATION

That Council approve of the draft budget for the 2023 - 2024 fiscal year, as recommended by the Executive Committee.

ATTACHMENTS

- Appendix 1 – Draft Budget
- Appendix 2 – Notes to the budget
- Appendix 3 – Capital Budget

COLLEGE OF DIETITIANS OF ONTARIO
APPENDIX 1 - ADMINISTRATIVE DRAFT BUDGET
COMPARISON of FISCAL 2024 BUDGET to FISCAL 2023 BUDGET & FISCAL 2022 ACTUALS
FOR THE FISCAL YEAR ENDING MARCH 31, 2024

DRAFT

	Operating Actual Audited Results March 31, 2022	Operating Budget March 31, 2023	Operating Budget March 31, 2024	Inc (Dec) BUDGET	NOTE
REVENUE					
Membership Fees	2,772,248	2,832,499	2,925,454	3%	(1)
Temporary Registration Fees	27,682	27,600	26,400	-4%	(2)
Application, KCAT Application & Assessment Fees	72,880	72,750	66,150	-9%	(2)
Performance Based Assessment Exam Fees	36,800	16,100	36,800	129%	(2)
Penalty and Appeal Fees & Misc Income	10,887	5,975	5,145	-14%	(2)
Investment Income	114,677	186,000	143,000	-23%	(3)
TOTAL REVENUE	\$ 3,035,174	\$ 3,140,924	3,202,949	2%	
GENERAL ADMINISTRATIVE EXPENSE					
Salaries and Benefits	\$ 1,728,678	\$ 1,905,400	\$ 1,990,000	4%	(4)
Temporary Wage Subsidy	-	-	-		
Contracted Services & Bookkeeping	12,200	12,400	41,600	235%	(5)
Computer	82,771	114,750	129,100	13%	(6)
Communication Initiatives (includes Public Education)	92,719	90,700	136,500	50%	(7)
Annual Report	-	6,400	2,500	-61%	
Staff Development	12,519	19,440	19,800	2%	
Staff Travel	1,849	2,000	500	-75%	
Membership Dues	24,053	29,500	29,900	1%	
Rent	141,505	142,800	45,000	-68%	(8)
Telephone/Internet	30,149	30,400	10,350	-66%	(9)
Insurance	7,758	7,900	7,960	1%	
Office Expense	20,175	20,500	21,000	2%	
Printing/Postage/Delivery	4,655	3,500	3,000	-14%	
Translation	139	1,000	1,000	0%	
Legal Fees	13,223	5,000	13,300	166%	(10)
Professional Fees / Consultants	116,542	38,340	43,000	12%	(11)
Bank charges	2,732	2,500	3,000	20%	
Total General Administrative Expenses	\$ 2,356,334	2,432,530	2,497,510	3%	
OTHER ADMINISTRATIVE EXPENSE					
Council	58,745	94,985	107,576	13%	(12)
Executive Committee	6,295	13,157	12,372	-6%	(13)
Governance Committee	600	4,648	9,514	105%	(14)
Audit Committee	-	1,038	1,675	61%	(15)
Total Other Administrative Expense	65,640	113,828	131,137	15%	
TOTAL ADMINISTRATIVE EXPENSES	\$ 2,421,974	\$ 2,546,358	\$ 2,628,647	3%	
PROGRAMS: ADMIN & COMMITTEE EXPENSES					
Registration	146,104	199,714	208,877	5%	(16)
Quality Assurance	47,697	154,901	125,011	-19%	(17)
Practice Advisory	11,494	40,864	38,785	-5%	(18)
Patient Relations (Committee only)	-	1,125	1,725	53%	
Standards & Compliance	230,639	193,325	190,466	-1%	(19)
TOTAL PROGRAM ADMIN & COMMITTEE EXPENSES	\$ 435,934	\$ 589,929	\$ 564,864	-4%	
SURPLUS BEFORE FUND EXPENSES	\$ 169,558	\$ 4,637	\$ 9,438		

**COLLEGE OF DIETITIANS OF ONTARIO
APPENDIX 2 - ADMINISTRATIVE DRAFT BUDGET NOTES
FOR THE FISCAL YEAR ENDING MARCH 31, 2024**

NOTES:

- (1) The increase in general membership fees is based on assumption that that **general membership will increase by 2%** in Fiscal 2023/24 **with a 2% increase to the registration fee.**

Also taken into account are historical growth rates and analyses of resignations and graduates expected to become full members. An audit adjustment is made each year to defer a portion of revenues to the next fiscal year to reflect the fee revenue applicable from April to October of the next fiscal year.

- (2) Increases and decreases in other fees are based on an analysis of the current fiscal year's activities and those anticipated for the next fiscal year. Penalty fees for late payments and submissions have seen a reduction due to fee increases effective during the 2022 renewal. Performance Based Assessment (PBA) Fees are expected to increase since candidates from the 2021 assessment who were unsuccessful and experienced technical issues, were given a free rewrite in 2022.
- (3) Interest and dividend income is estimated using the current value of the CDO's investment portfolio, anticipated interest rates and earnings trends in the last fiscal year. Gains and losses on the value of the investment portfolio cannot be budgeted for.
- (4) Salaries & Benefits will increase due to regular salary increases accounting for inflation plus modest merit increases. Benefits premiums may be decreasing this year, based on projections from the College's broker. There will also be some overlapping of staff to accommodate parental leaves.
- (5) The increase in contracted services is due to the fact that more external assistance is anticipated for bookkeeping and other administrative functions.
- (6) The increase in computer expenses is attributed to changes to IT services and cybersecurity initiatives related to remote work to improve efficiency and reduce operational risk to the College.
- (7) The increase in communication initiatives expenses is due to an anticipated website project due to critical changes in the platform, necessitating a new website build. Funds have been maintained for a smaller public education campaign compared to prior years.
- (8) The decrease in rent is due to the office move from 5775 Yonge to shared space at 175 Bloor.
- (9) The decrease in telecom fees are due to the office move, which are included in the licensing fee (rent) as well as due to efficiencies gained by moving to a new phone provider.
- (10) The increase in legal fees is due to anticipated work on the College's personnel policies, and a contingency for matters requiring legal advice in line with fiscal 2023 organizational needs.
- (11) The professional fees budgeted for Fiscal 2024 are for:
- the annual financial audit
 - recruitment advertisements of staff positions (a contingency)

- records & data management consulting
 - incorporating Equity, Diversity & Inclusion (EDI) principles into the College's operations
- (12) The board will be meeting 2x per year in person, and will engage in training in the areas of EDI, meeting facilitation and the public interest. Legal and consulting fees are related to governance modernization initiatives around Board evaluation and screening. Honoraria and expenses for the board and all committees have been budgeted on the assumptions as set out in the draft honoraria policy.
- (13) The decrease in Executive Committee expenses are due to the offset in some of its work allocated to the Governance Committee. Funds are budgeted for Registrar performance review consulting.
- (14) The Governance Committee will continue to meet to carry out the Board governance modernization action plan.
- (15) Audit committee has typically been allocated to Executive Committee. In 2024, this will be allocated separately.
- (16) The increase in Registration Program expenses is attributed to consulting fees, which are anticipated for the implementation of the new national dietetic competencies to the PBA and for two RDs to conduct credential assessments. In addition, legal fees are expected for work on issues related to unusual files, Emergency Class of Registration, Registration Regulation and cross-border practice. Consulting fees are also allocated for planning around the collection of EDI demographic data.
- (17) The Quality Assurance Program costs are related to the revision of the Peer & Practice Assessment (PPA), for which a consultant will be hired to incorporate and validate the tool with the new national dietetic competencies.
- (18) The decrease in the Practice Advisory Program expenses is due to the fact that most of the annual workshop series will be conducted virtually. Consulting fees are allocated for workshop design and legal fees allocated to the development of two standards.
- (19) Standards & Compliance Program continues to see high levels of case management and investigations of complaints related to RDs. These costs are difficult to predict but are based on the current year's activity and the expected activity in the next fiscal year. The costs 1, 3-day (contested) hearing have been budgeted for in the Hearings Reserve Fund.

**COLLEGE OF DIETITIANS OF ONTARIO
APPENDIX 3 - CAPITAL ASSET PURCHASES DRAFT BUDGET
FOR THE FISCAL YEAR ENDED MARCH 31, 2024**

	Budget 2023/2024
<u>I - Computer equipment (hardware) replacements</u>	
7 laptops 5 replacements and 2 contingency + deployment	12,194
4 Docking Stations	1,790
Subtotal (Computer Hardware)	13,984
<u>II - Leasehold Improvements</u>	
Changes to Office Space - CDO Sign at 175 Bloor	2,500
Subtotal (Leasehold Improvements)	2,500
<u>III - Office equipment</u>	
Office furniture	-
Subtotal (Office Furniture & Equipment)	-
<u>IV - Non-iMIS Software</u>	
Subtotal (Computer Software - non-iMIS)	-
<u>V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of Average Hours)</u>	
VA: General project management/ongoing fixes/unplanned task, tickets (30 hrs x \$205 x 1.13)	6,950
VA: Gen Admin - iMIS Upgrade - PCI Compliance (8 hrs x \$205 x 1.13)	1,853
VA: iMIS Dev Site Refresh (6 hrs x \$205 x 1.13)	1,390
QA SDL Tool Updates (57.5 hrs x \$205 x 1.13)	13,320
QA 10 SSRS Reports (7 hrs x \$205 x 1.13)	1,622
QA PPA Pre-Assessment and Step 2 (74 hrs x 205 x 1.13)	17,142
QA Practicing <500 hrs (22 hrs x 205 x 1.13)	5,096
Registration - Liability Insurance (6 hrs x \$205 x 1.13)	1,390
Registration - Renewal and Project Management (41 hrs x \$205 x 1.13)	9,498
Subtotal (Computer Software - iMIS)	58,260
Capital Assets Purchases Budget F'2023-24	\$ 74,744



Board Briefing Note

Topic:	Proposed Revisions to By-law 2
Purpose:	Decision Required
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement
From:	Executive Committee

ISSUE

To consider updates to certain College's fees, including the annual fee, as set out in By-law 2: Fees.

PUBLIC INTEREST RATIONALE

As a regulatory college, CDO is mandated to protect the public interest through the delivery of programs and services. To ensure CDO's long-term sustainability and effectiveness at fulfilling its regulatory mandate, adequate resources are needed to fund its operations.

BACKGROUND

The operations of CDO are almost exclusively funded by annual fees collected from registrants. CDO also charges fees for other services and penalties, including applications, assessments, and late fees.

In June 2014, the Board approved amendments to By-law 2 which allowed for an annual fee increase for a five-year period, from November 1, 2015 to November 1, 2019¹. Fee increases were set on the basis of the lesser of the annual inflation rate, as measured by the Canadian Consumer Price Index for Ontario (CPI), or 2%.

The annual renewal fee of \$641 has not increased since the expiry of the by-law provision in 2019. The Board determined that a renewal fee increase was not essential during the COVID-19 pandemic as it wished to provide some financial relief to dietitians.

¹ Annual fees from registrants are due every year by October 31.

In 2021, By-law 2 was amended to change the late renewal fee from \$70 to 20% of the annual renewal fee. The purpose of this fee increase was to recover the costs associated with managing late renewals, which exceeded the \$70 it was previously set at. The fee increase became effective in the 2022 renewal.

CONSIDERATIONS

The costs of regulation are increasing. There are higher volumes of complaints and more complex investigations. Compliance with the Ministry of Health's requirements and regulatory modernization requires French translation, governance consulting and legal support. The work required to achieve the Board's strategic goals by 2025 requires sufficient funding and staff resources. Rising inflation has impacted the costs for consulting and professional services, equipment, and information technology costs which are essential for the operation of CDO.

The College makes considerable effort to limit costs, maximize operational resources and create efficiencies, however, this alone is not enough to address the impact of rising inflation and increased operating costs on the College. Even the future cost-savings resulting from the relocation to a shared office space will not offset the need to increase revenue to cover planned expenses and ensure CDO is fiscally sustainable now and in the future.

Based on current projections, if fees remain static, operating expenses will need to be covered by the reserve fund this year. However, this would be contrary to the purpose of the reserve fund, which is to provide a segregated "savings" account to cover extraordinary expenses or circumstances, without jeopardizing the College's ability to continue operations.

Annual Fee and Certificate of Authorization Fee

In February 2023, the Executive Committee reviewed the 2023 – 2024 draft budget and determined that a 2% increase to the annual fee would be prudent at this time.

The proposed updates to By-law 2 are included as *Appendix 1* and *2*. The draft proposes that the fee be increased to \$654.00 for 2023, and that in subsequent years the Board shall annually review the fees and where the Board deems it appropriate, the annual fee may be increased by not more than 2% each year, rounded up to the nearest dollar. (See section 3)

Modest and gradual fees increases, when required, will balance the need to maintain adequate resources for CDO to fulfill its regulatory mandate while not imposing undue financial hardship on registrants which may be felt if a large increase were required.

An increase to the Certificate of Authorization Fee is also being proposed since this fee is typically aligned with the annual fee. (See section 9)

SDL and Certificate of Authorization Late Fees

The by-law also proposes to increase the fees for late submissions of the SDL tool and renewals of certificates of authorization (incorporation) in alignment with the same cost-recovery model as the late annual renewal fee increase.

Currently, both late fees are set at \$70. The draft by-law proposes the fee to be 20% of the annual fee. (See sections 5.1 and 9.5)

Fee for Emergency Class of Registration

Following the Board's motion at the special meeting on February 15, 2023, the fee for the Emergency Class registration, including a renewal fee as recommended by legal counsel, is included in the proposed revisions. (See section 7)

As set out in 12.1 of by-law 2, the registrar may in exceptional circumstances, waive or reduce a fee, except for the annual or temporary certificate fee. Provision 12.1 could be used depending on the circumstances for which the Emergency Class is opened.

Housekeeping Changes

Section 10 of the by-law, setting out the types of payments accepted by the College is also being updated to reflect the current and future-anticipated methods of payment accepted by CDO.

RECOMMENDATION/NEXT STEPS

1. That the Board approve the draft amendments to By-law 2, as recommended by the Executive Committee (or approve with further amendments, as determined by the Board).
2. If approved, By-law 2 will be circulated for a 60-day public consultation as required by the RHPA. The results of the consultation will be available to the Board at a subsequent meeting and By-law 2 will be considered by the Board for approval at that time.

ATTACHMENTS

- Appendix 1: Summary 3- Column Chart with Proposed Amendments to By-law 2
- Appendix 2: By-law 2 with tracked changes

Current	Proposed Change	Rationale
<p>3. ANNUAL FEE</p> <p>3.1 Subject to the provisions of this by-law, every registrant holding either a General or Provisional Certificate of Registration shall pay an annual fee of \$590.00 plus the increases in the annual fee set out in Article 3.3.</p> <p>3.2 The annual fee shall be applicable to the year commencing on November 1 and ending on October 31 and shall be payable on or before the 31st day of October, immediately preceding that year.</p> <p>3.3 Effective for the annual fee payable for the year commencing November 1, 2015, the annual fee (payable by virtue of Article 3.1 by registrants holding a General Certificate of Registration 2 and by virtue of Article 3.4 by registrants first issued a General Certificate of Registration) shall be increased each and every year from the year commencing November 1, 2015 to the year commencing November 1, 2019 by the lesser of</p> <p>(a) two percent of the annual fee payable for the previous year, rounded up to the nearest dollar; and</p>	<p>3. ANNUAL FEE</p> <p>3.1 Subject to the provisions of this by-law, every registrant holding either a General or Provisional Certificate of Registration shall pay an annual fee of \$590.00 <u>plus the increases in the annual fee set out in Article 3.3-654.00 for 2023, and in subsequent years the Board shall annually review the fees and where the Board deems it appropriate, the annual fee may be increased by not more than 2% each year, rounded up to the nearest dollar.</u></p> <p>3.2 The annual fee shall be applicable to the year commencing on November 1 and ending on October 31 and shall be payable on or before the 31st day of October, immediately preceding that year.</p> <p>3.3 Effective for the annual fee payable for the year commencing November 1, 2015, the annual fee (payable by virtue of Article 3.1 by registrants holding a General Certificate of Registration 2 and by virtue of Article 3.4 by registrants first issued a General Certificate of Registration) shall be increased each and every year from the year commencing November 1, 2015 to the year commencing November 1, 2019 by the lesser of</p>	<p>The current annual fee is \$641 and has not been increased since 2019. The proposed fee of \$654 is a 2% (\$13) increase from the current fee.</p> <p>Increases to the annual renewal fee will be determined by the Board each year depending on the resource requirements of the College. The fee will not automatically increase on a yearly basis. Any increase will not be greater than 2%.</p>

Current	Proposed Change	Rationale
<p>(b) a percentage of the annual fee payable for the previous year equal to the increase, if any, of the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.</p> <p>3.4 The annual fee to be paid by every registrant for the year in which the person is issued a General Certificate of Registration shall be the amount determined by multiplying the annual fee otherwise payable under Article 3.1 by a fraction, the numerator of which is the number of calendar months from the issuance of that Certificate to the end of the year for which the annual fee is being paid, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.</p>	<p>(a) two percent of the annual fee payable for the previous year, rounded up to the nearest dollar; and</p> <p>(b) a percentage of the annual fee payable for the previous year equal to the increase, if any, of the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.</p> <p>3.4-3 The annual fee to be paid by every registrant for the year in which the person is issued a General Certificate of Registration shall be the amount determined by multiplying the annual fee otherwise payable under Article 3.1 by a fraction, the numerator of which is the number of calendar months from the issuance of that Certificate to the end of the year for which the annual fee is being paid, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.</p>	
<p>4.3 The College may charge a registrant a late fee of \$70 if the registrant fails to provide to the College by the specified due date any information that the College is required or authorized to request and receive from the registrant.</p>	<p>4.3 The College may charge a registrant a late fee of \$70 if the registrant fails to provide to the College by the specified due date any information that the College is required or authorized to request and receive from the registrant.</p>	

Current	Proposed Change	Rationale
<p>5. QUALITY ASSURANCE FEE</p> <p>5.1 If a registrant fails to provide within 60 days of the date of a written request by the Quality Assurance Committee, a record, survey or other document which the registrant is required by the Regulation governing quality assurance to submit to the Committee, the registrant shall pay a fee of \$70.00.</p>	<p>5. QUALITY ASSURANCE FEE</p> <p>5.1 If a registrant fails to provide within 60 days of the date of a written request by the Quality Assurance Committee, a record, survey or other document which the registrant is required by the Regulation governing quality assurance to submit to the Committee, the registrant shall pay a fee of \$70.00 <u>20% of the annual fee.</u></p>	<p>The proposed change provides better cost recovery for CDO and aligns with the late fee for annual renewal.</p>
<p>7. TEMPORARY CERTIFICATES</p> <p>7.1 The fee for the issuance of a Temporary Certificate of Registration is \$120.00, which fee is non-refundable.</p> <p>7.2 No fee for the issuance of a Temporary Certificate of Registration shall be payable under Article 7.1 where the person held a Provisional Certificate of Registration immediately prior to the issuance of a Temporary Certificate of Registration to that registrant.</p> <p>7.3 The fee for any extension of a Temporary Certificate of Registration is the amount determined by multiplying the annual fee otherwise payable under Article 2.1 the numerator of which is the number of calendar months from the issuance of that Certificate until 10 weeks after the examination, including the month in which the Certificate is to be issued, and the</p>	<p>7. TEMPORARY <u>AND EMERGENCY</u> CERTIFICATES</p> <p>7.1 The fee for the issuance of a Temporary <u>or Emergency</u> Certificate of Registration is \$120.00, which fee is non-refundable.</p> <p>7.2 No fee for the issuance of a Temporary Certificate of Registration shall be payable under Article 7.1 where the person held a Provisional Certificate of Registration immediately prior to the issuance of a Temporary Certificate of Registration to that registrant.</p> <p>7.3 The fee for any extension of a Temporary Certificate of Registration is the amount determined by multiplying the annual fee otherwise payable under Article 2.1 the numerator of which is the number of calendar months from the issuance of that Certificate until 10 weeks after the examination, including the month in which</p>	<p>The proposed changes are included in preparation for the draft new Emergency Class of Registration, which has an anticipated approval date of August 2023.</p> <p>The fee will be applicable if or when the Emergency Class is opened by the Board or the Minister of Health.</p> <p>As set out in 12.1 of By-law 2, the Registrar may in <i>exceptional circumstances</i>, waive or reduce a fee, except for the annual or temporary certificate fee.</p>

Current	Proposed Change	Rationale
<p>denominator of which is 12, rounded up to the nearest dollar.</p>	<p>the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.</p> <p><u>7.4 The fee for the renewal of an Emergency Certificate of Registration is \$120.00, which fee is non-refundable.</u></p>	
<p>9.3 The fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof is \$500.00, if in relation to the year commencing November 1, 2015 and \$608.00 if in relation to the year commencing November 1, 2016.</p> <p>9.4 Effective for the year commencing November 1, 2017, the fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof, namely \$608.00 (as set out in Article 9.3 in relation to the year commencing November 1, 2016) shall be increased each and every year from the year commencing November 1, 2017 to the year commencing November 1, 2019 by the lesser of</p> <p>(a) two percent of the fee payable for the previous year, rounded up to the nearest dollar; and</p> <p>(b) a percentage of the fee payable for the previous year equal to the increase, if any, of</p>	<p>9.3 The fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof is \$500.00, if in relation to the year commencing November 1, 2015 and \$608.00 if in relation to the year commencing November 1, 2016. <u>654.00 for 2023, and in subsequent years the Board shall annually review the fees and where the Board deems it appropriate, the fees for issuance and annual renewal of a certificate of authorization, whether initial or revised, may be increased by not more than 2% each year, rounded up to the nearest dollar.</u></p> <p>9.4 Effective for the year commencing November 1, 2017, the fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof, namely \$608.00 (as set out in Article 9.3 in relation to the year commencing November 1, 2016) shall be increased each and every year from the year commencing November 1, 2017 to the year commencing November 1, 2019 by the lesser of</p>	<p>The current certificate of authorization (incorporation) fee is \$641 and has not been increased since 2019. The proposed fee of \$654 is a 2% increase to the current fee (\$13).</p> <p>Increases to the certificate of authorization fee will be determined by the Board each year depending on the resource requirements of the College. The fee will not automatically increase on a yearly basis. Any fee increase will not be greater than 2%.</p> <p>The addition of 9.4 allows for a reduced fee depending on the number of months for which the certificate of authorization is being requested.</p> <p>The proposed late fee for renewals of certificates of authorization provides better cost recovery and aligns with the late fee for annual renewal.</p>

Current	Proposed Change	Rationale
<p>the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.</p> <p>9.5 A dietetic professional corporation or a registrant listed in the College's records as a shareholder of a dietetic professional corporation shall pay an administrative fee of \$70.00 for each notice sent by the Registrar to the corporation or registrant for failure of the corporation to renew its certificate of authorization on time, which fee is due within 30 days of the notice being sent.</p>	<p>(a) two percent of the fee payable for the previous year, rounded up to the nearest dollar; and</p> <p>(b) a percentage of the fee payable for the previous year equal to the increase, if any, of the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.</p> <p><u>9.4 The fee for issuance of a certificate of authorization shall be the amount determined by multiplying the annual fee otherwise payable under Article 9.3 by a fraction, the numerator of which is the number of calendar months from the issuance of that Certificate to the end of the year for which the annual fee is being paid, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.</u></p> <p>9.5 A dietetic professional corporation or a registrant listed in the College's records as a shareholder of a dietetic professional corporation shall pay an administrative fee <u>of \$70.00 which is 20% of the annual fee,</u> for each notice sent by the Registrar to the corporation or registrant for failure of the corporation to renew its certificate of</p>	

Current	Proposed Change	Rationale
	authorization on time, which fee is due within 30 days of the notice being sent.	
<p>10.2 A fee or monies payable to the College shall be considered paid</p> <p>(a) if payment is made by VISA, MasterCard or other credit card accepted by the College, on the date upon which appropriate authorization is actually received at the offices of the College;</p> <p>(b) if payment is made by cheque, the date of the cheque or the date the cheque is actually received at the offices of the College, whichever is later, provided that the cheque is ultimately honoured on first presentation to the financial institution of the payer; or</p> <p>(c) if payment is made by money order, on the date upon which the money order is actually received at the offices of the College.</p> <p>10.3 Payment by any other means other than those specified in Article 10.2 above is not to be considered payment under this by-law.</p> <p>10.4 A fee of \$35.00 shall be payable by a registrant where the registrant purports to make payment to VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College.</p>	<p>10.2 A fee or monies payable to the College shall be considered paid</p> <p>(a) if payment is made by VISA, MasterCard or other credit card accepted by the College, on the date upon which appropriate authorization is actually received at the offices of the College;</p> <p>(b) if payment is made by cheque, the date of the cheque or the date the cheque is actually received at the offices of the College, whichever is later, provided that the cheque is ultimately honoured on first presentation to the financial institution of the payer; or</p> <p>(c) if payment is made by money order, on the date upon which the money order is actually received at the offices of the College.</p> <p><u>(b) if payment is made by debit card, electronic bill payment, electronic funds transfer or other electronic means approved by the Registrar, the date upon which the funds are actually received by the College.</u></p> <p>10.3 Payment by any other means other than those specified in Article 10.2 above is not to be considered payment under this by-law.</p>	<p>The proposed changes reflect CDO's currently accepted methods of online payment and builds in flexibility and adaptability as technologies evolve.</p>

Current	Proposed Change	Rationale
<p>10.5 A fee of \$55.00 shall be payable by a registrant where payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.</p>	<p>10.4 A fee of \$35.00 shall be payable by a registrant where the registrant purports to make payment to VISA, MasterCard or other credit card accepted by the College and payment is refused by the credit card provider on first submission by the College.</p> <p>10.5 A fee of \$55.00 shall be payable by a registrant where payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.</p>	
<p>11. REFUNDS</p> <p>11.1 If a registrant having paid the annual fee resigns or dies prior to May 1 of the year for which the annual fee was paid, the Registrar shall, if a request in writing is received prior to November 1 of the year for which the annual fee was paid, issue a refund to the former registrant or his or her estate, the amount of which shall be determined by multiplying the annual fee paid for that year by a fraction, the numerator of which is the number of calendar months from the date of the registrant's resignation or death until and including the following October, but excluding the month in which the registrant resigned or died, and the denominator of which is 12, rounded up to the nearest dollar.</p> <p>11.2 The Registrar shall not exercise her authority under Article 12.1 for a former</p>	<p>11. REFUNDS</p> <p>11.1 If a registrant having paid the annual fee resigns or dies prior to May 1 of the year for which the annual fee was paid, the Registrar shall, if a request in writing is received prior to November 1 of the year for which the annual fee was paid, issue a refund to the former registrant or his or her estate, the amount of which shall be determined by multiplying the annual fee paid for that year by a fraction, the numerator of which is the number of calendar months from the date of the registrant's resignation or death until and including the following October, but excluding the month in which the registrant resigned or died, and the denominator of which is 12, rounded up to the nearest dollar.</p> <p>11.2 The Registrar shall not exercise <u>thei</u>r authority under Article 12.1 for a former</p>	<p>Refunds for certificates of authorization are currently non-refundable and are included in the draft for transparency.</p>

Current	Proposed Change	Rationale
registrant who ceased to be a registrant as a result of a decision or order of a committee or a panel of a committee of the College or in circumstances where the Registrar reasonably believes that the person ceased to be a registrant to avoid the imposition of such decision or order.	registrant who ceased to be a registrant as a result of a decision or order of a committee or a panel of a committee of the College or in circumstances where the Registrar reasonably believes that the person ceased to be a registrant to avoid the imposition of such decision or order. <u>11.3 Fees relating to professional corporations are non-refundable.</u>	



BY-LAW 2: FEES

June 2021

APPENDIX 2

1. DEFINITIONS

1.1 In this By-Law,

"College's Registration Regulation" means the current Regulation under the Act which sets out the requirements for the issuance of a certificate of registration by the College (currently Part III.1 of Ontario Regulation 593/94, as amended to O.Reg. 374/12).

2. APPLICATION FEE

- 2.1 The application fee for a certificate of registration shall be calculated by adding the fee set out in Article 2.2 to any applicable assessment fee in Articles 2.3 through 2.5.
- 2.2 Subject to the additional fees in Articles 2.3 through 2.5, the fee for each application for a certificate of registration is \$185.00, which fee is non-refundable.
- 2.3 An additional fee of \$425.00 shall be payable where the application requires an assessment to determine whether the requirements of sub-subparagraph 1i B or C of subsection 6(1) of the College's Registration Regulation have been met.
- 2.4 An additional fee of \$425.00 shall be payable where the application requires an assessment to determine whether the requirements of under sub-subparagraph 1ii A, B or D of subsection 6(1) of the College's Registration Regulation have been met.
- 2.5 An additional fee of \$425.00 shall be payable where the applicant is required to satisfy the requirements of clause (a) of subsection 6(2) of the College's Registration Regulation.

3. ANNUAL FEE

- 3.1 Subject to the provisions of this by-law, every registrant holding either a General or Provisional Certificate of Registration shall pay an annual fee of ~~\$590.00~~\$654.00 for 2023, and in subsequent years the Board shall annually review the fees and where the Board deems it appropriate, the annual fee may be increased by not more than 2% each year, rounded up to the nearest dollar.~~plus the increases in the annual fee set out in Article 3.3.~~
- 3.2 The annual fee shall be applicable to the year commencing on November 1 and ending on October 31 and shall be payable on or before the 31st day of October, immediately preceding that year.

~~3.3~~ Effective for the annual fee payable for the year commencing November 1, 2015, the annual fee (payable by virtue of Article 3.1 by registrants holding a General Certificate of Registration and by virtue of Article 3.4 by registrants first issued a General Certificate of Registration) shall be increased each and every year from the year commencing November 1, 2015 to the year commencing November 1, 2019 by the lesser of

~~(a)~~ two percent of the annual fee payable for the previous year, rounded up to the nearest dollar; and

~~(b)~~(a) a percentage of the annual fee payable for the previous year equal to the increase, if any, of the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.

3.43.3 The annual fee to be paid by every registrant for the year in which the person is issued a General Certificate of Registration shall be the amount determined by multiplying the annual fee otherwise payable under Article 3.1 by a fraction, the numerator of which is the number of calendar months from the issuance of that Certificate to the end of the year for which the annual fee is being paid, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.

4. LATE FEES

4.1 No later than 60 days before the date the annual fee is due, the Registrar shall notify the registrant of the amount of the fee and the date on which the fee is due.

4.2 If a registrant fails to pay an annual fee, on or before the date the annual fee is due, the registrant shall pay a late payment fee of 20% of the annual fee.

4.3 The College may charge a registrant a late fee of \$70 if the registrant fails to provide to the College by the specified due date any information that the College is required or authorized to request ~~and receive~~ from the registrant.

5. QUALITY ASSURANCE FEE

5.1 If a registrant fails to provide within 60 days of the date of a written request by the Quality Assurance Committee, a record, survey or other document which the registrant is required by the Regulation governing quality assurance to submit to the Committee, the registrant shall pay a fee of ~~\$70.00~~20% of the annual fee.

6. FEE TO LIFT SUSPENSION AND FOR REINSTATEMENT

6.1 A person who is otherwise entitled to the lifting of a suspension relating to the failure to pay a fee or to provide information to the College or Registrar must pay all outstanding fees and an additional fee of \$70 payable at the time the person requests the lifting of the suspension.

6.2 A person who is otherwise entitled to reinstatement of his or her certificate of registration must pay all outstanding fees and a reinstatement fee of \$185 payable at the time the person requests reinstatement.

7. TEMPORARY AND EMERGENCY CERTIFICATES

- 7.1 The fee for the issuance of a Temporary or Emergency Certificate of Registration is \$120.00, which fee is non-refundable.
- 7.2 No fee for the issuance of a Temporary Certificate of Registration shall be payable under Article 7.1 where the person held a Provisional Certificate of Registration immediately prior to the issuance of a Temporary Certificate of Registration to that registrant.
- 7.3 The fee for any extension of a Temporary Certificate of Registration is the amount determined by multiplying the annual fee otherwise payable under Article 2.1 the numerator of which is the number of calendar months from the issuance of that Certificate until 10 weeks after the examination, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.

~~7.37.4~~ The fee for the renewal of an Emergency Certificate of Registration is \$120.00, which fee is non-refundable.

8. FEES IN RELATION TO PRIOR LEARNING ASSESSMENTS

- 8.1 Where a person applies to be eligible to undergo a prior learning assessment, as referred to in paragraph 2 of subsection 6(1) of the College's Registration Regulation, the person shall pay a fee of \$185.00, which fee is non-refundable.
- 8.2 A person who is eligible for and wishes to undergo a Performance Based Assessment (which may be done as part of a prior learning assessment), shall pay a fee of \$2300 payable to the College prior to the College arranging for that assessment.
- 8.3 Where a person wishes to appeal a decision in relation to the person's eligibility to undergo a prior learning assessment or in relation to the disqualification from or the results of any component of a -prior learning assessment, the applicant shall pay a fee of \$75.00, which fee shall be payable prior to the consideration of the appeal.

9. CERTIFICATES OF AUTHORIZATION-HEALTH PROFESSIONAL CORPORATIONS

- 9.1 The fee for the application for a certificate of authorization for a dietetic professional corporation, including on any application for reinstatement of a certificate of authorization, is \$185.00, which fee is non-refundable.
- 9.2 The fee for the annual renewal of a certificate of authorization shall be applicable to the year commencing on November 1 and ending on October 31 and shall be payable on or before the 31st day of October, immediately preceding that year.
- 9.3 The fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof is ~~\$500~~ 654.00, ~~if in relation to the year commencing November 1, 2015 and \$608.00 if in relation to the year commencing November 1, 2016~~ for 2023, and in subsequent years the Board shall annually review the fees and where the Board deems it appropriate, the fees for issuance and annual renewal of a certificate of authorization, whether initial or revised, may be increased by not more than 2% each year, rounded up to the nearest dollar.

9.4 The fee for issuance of a certificate of authorization shall be the amount determined by multiplying the annual fee otherwise payable under Article 9.3 by a fraction, the numerator of which is the number of calendar months from the issuance of that Certificate to the end of the year for which the annual fee is being paid, including the month in which the Certificate is to be issued, and the denominator of which is 12, rounded up to the nearest dollar.

~~9.4 — Effective for the year commencing November 1, 2017, the fee for the issuance of a certificate of authorization, whether initial or revised, and the fee for each annual renewal thereof, namely \$608.00 (as set out in Article 9.3 in relation to the year commencing November 1, 2016) shall be increased each and every year from the year commencing November 1, 2017 to the year commencing November 1, 2019 by the lesser of~~

~~(a) — two percent of the fee payable for the previous year, rounded up to the nearest dollar; and~~

~~(b) — a percentage of the fee payable for the previous year equal to the increase, if any, of the Canadian Consumer Price Index for the Province of Ontario for the previous 12 months ending in April, rounded up to the nearest dollar.~~

9.5 A dietetic professional corporation or a registrant listed in the College's records as a shareholder of a dietetic professional corporation shall pay an administrative fee, which is of 20% of the annual fee, ~~\$70.00~~ for each notice sent by the Registrar to the corporation or registrant for failure of the corporation to renew its certificate of authorization on time, which fee is due within 30 days of the notice being sent.

9.6 The fee for the issuing of a document or certificate respecting a dietetic professional corporation, other than the first certificate of authorization or one annual renewal of that certificate of authorization is \$50.00.

10. OTHER FEES/RULES RESPECTING PAYMENTS

10.1 If a person requests the Registrar to do anything that the Registrar is required or authorized to do by statute, by Regulation or by by-law, the person shall pay the fee required by the applicable by-law or if there is no fee provided by the by-law, the fee set by the Registrar for doing so.

10.2 A fee or monies payable to the College shall be considered paid

(a) if payment is made by ~~VISA, MasterCard or other~~ credit card accepted by the College, on the date upon which appropriate authorization is actually received at the offices of the College;

~~(b) — if payment is made by cheque, the date of the cheque or the date the cheque is actually received at the offices of the College, whichever is later, provided that the cheque is ultimately honoured on first presentation to the financial institution of the payer; or~~

~~— if payment is made by money order, on the date upon which the money order is actually received at the offices of the College, or.~~

~~(e)(b)~~ if payment is made by debit card, electronic bill payment, electronic funds transfer or other electronic means approved by the Registrar, the date upon which the funds are actually received by the College.

10.3 Payment by any other means other than those specified in Article 10.2 above is not to be considered payment under this by-law.

~~10.4 A fee of \$35.00 shall be payable by a registrant where the registrant purports to make payment to by VISA, MasterCard or other credit card acceptable by the College and payment is refused by the credit card provider on first submission by the College.~~

~~10.5 A fee of \$55.00 shall be payable by a registrant where payment is made by cheque and the cheque is not honoured on first presentation to the financial institution of the payer.~~

11. REFUNDS

11.1 If a registrant having paid the annual fee resigns or dies prior to May 1 of the year for which the annual fee was paid, the Registrar shall, if a request in writing is received prior to November 1 of the year for which the annual fee was paid, issue a refund to the former registrant or his or her estate, the amount of which shall be determined by multiplying the annual fee paid for that year by a fraction, the numerator of which is the number of calendar months from the date of the registrant's resignation or death until and including the following October, but excluding the month in which the registrant resigned or died, and the denominator of which is 12, rounded up to the nearest dollar.

11.2 The Registrar shall not exercise her authority under Article 12.1 for a former registrant who ceased to be a registrant as a result of a decision or order of a committee or a panel of a committee of the College or in circumstances where the Registrar reasonably believes that the person ceased to be a registrant to avoid the imposition of such decision or order.

~~11.211.3~~ Fees relating to professional corporations are non-refundable.

12. WAIVER/REDUCTION OF FEES

12.1 The Registrar may in exceptional circumstances waive or reduce any fee referred to in this by-law, other than the annual fee or the fee for the issuance of a Temporary Certificate of Registration, provided the waiver or reduction is not based on the individual's ability to pay the fee.

13. PAYMENT BY CASH

13.1 Payment by cash shall not be accepted by the College.



Board Briefing Note

Topic:	Draft Amendments to By-law 1
Purpose:	For Decision
Strategic Plan Relevance:	Governance Modernization and Enhancing Public Trust
From:	Governance Committee

ISSUE

To review and approve the draft amendments to by-law 1 as recommended by the Governance Committee. The proposed by-law amendments reflect governance modernization changes previously approved in principle by the board.

PUBLIC INTEREST RATIONALE

Good governance is at the heart of effective professional regulation and decision-making in the public interest. The proposed by-law changes are reflective of modern governance practices intended to strengthen public trust in the regulatory framework and reduce any misconceptions about the role of professional board directors.

BACKGROUND

At its June 2022 meeting, the Board approved a governance modernization framework that reflects best practices in regulatory governance. To begin operationalizing the modernization plan, the Governance Committee presented the following recommendations to the Board for consideration and approval:

- Update role terminology (chair, vice-chair, registrant, board, etc...)
- Adopt a single electoral district that encompasses all of Ontario
- Eliminate the requirement for electoral candidates to be nominated by six dietitians
- Adopt a competency and attribute framework as an election eligibility criteria
- Gradually restructure the composition of the Board from eight to six elected directors by 2025

At its September and December 2022 meetings, the Board reviewed and approved the recommendations in principle, pending by-law review. The recommendation to update the role terminology was approved for immediate implementation.

At its February 2023 meeting the Governance Committee approved draft by-law 1 amendments for recommendation to the Board. The draft amendments were also reviewed by the Executive Committee at its February and March meetings.

CONSIDERATIONS

A summary and rationale for the proposed amendments to by-law 1 is included as *Appendix 1*. The summary does not identify all instances of the repeating changes in the by-law, particularly relating to changes to terminology. The track changed version of by-law 1 (*Appendix 2*), details the comprehensive amendments to the by-law.

In addition to the election and board composition revisions to the by-law, the following additional changes were made:

Inclusive Terminology – EDI-B

To further CDO's work in EDI-B, by-law 1 has been updated with inclusive language. References to gendered pronouns (e.g. "his" or "her"), have been replaced with the singular "they." Gender neutral language is more inclusive and respectful of individuals who do not identify as either male or female. Using the singular "they" instead of gendered pronouns like "he" or "she" recognizes and respects non-binary and gender non-conforming individuals.

Remuneration of the Officers of the Board

Although the definition of officers of the Board has not changed, in that they remain the Chair of the Board, the Vice-Chair of the Board and the Registrar, section 2.19 Remuneration and Expenses, has been amended to specify that the policy does not apply to public directors. This is the current practice as per legislation, and has been added for transparency and clarity.

Cooling-off Period for Oncoming Board Directors

The cooling-off period in section 3.10(x), which relates to the eligibility criteria for electoral candidates, was increased from one-year to three-years, aligning it with the cooling-off period for Board directors and Committee members who reach their term-limits and governance best practices. The purpose of increasing the cooling-off period is to reduce the likelihood that an electoral candidate has a conflict of interest by virtue of having competing fiduciary obligations and that their previous advocacy role does not compromise CDO's mandate to protect the public. Clarification was also made to how the cooling-off period is calculated to avoid misinterpretation in determining eligibility.

RECOMMENDATION/NEXT STEPS

1. That the board approves the draft by-law for circulation, as recommended by the Governance Committee (or approve with further amendments, as determined by the Board).
2. If approved, By-law 1 will be circulated for a 60-day public consultation as required by the RHPA. The results of the consultation will be available to the Board at a subsequent meeting and By-law 1 will be considered by the Board for approval at that time.

ATTACHMENTS

- Appendix 1: Summary 3-Column Chart with Proposed Amendments to By-law 1
- Appendix 2: Bylaw 1 with tracked changes

Summary of Proposed Changes to By-law 1

Existing Clause	Proposed New Clause	Rationale for Change
<p>1.1 Definitions</p> <p>In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,</p> <p>[...]</p> <p>“committee appointee” means a member of the College who is not a councillor (as defined below) and who is appointed to a committee of the College;</p>	<p>1.1 Definitions</p> <p>In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,</p> <p>[...]</p> <p>“Board” or “Board of Directors” <u>means the board of directors or Council of the College;</u></p> <p>“Chair of the Board” <u>means the Chair of the Board of Directors, referred to in the <i>Regulated Health Professions Act, 1991</i> and previously referred to in these by-laws as the “President”, and does not include a committee chair or a person appointed as the chair or presiding officer of a Board meeting pursuant to section 7.8 of these by-laws;</u></p> <p>“committee appointee” means a member-registrant of the College who is not a councillor-director (as defined below) and who is appointed to a committee of the College;</p>	<p>The revised definitions reflect changes to CDO’s terminology, which have been amended throughout the document.</p> <p>The title of “Council” has been replaced with “Board of Directors” or “Board.”</p> <p>The title of “Chair of the Board” has been added to the definitions for clarity and will replace the term “President.”</p> <p>The title of “Councillor” has been replaced by “Director.”</p> <p>The title of “Member” has been replaced by “Registrant.”</p> <p>The title of “Vice-Chair of the Board” has been added to the definitions for clarity and will replace the term “Vice-President.”</p>

<p>“committee member” means a member of a committee of the College;</p> <p>“Council” means the Council of the College;</p> <p>“councillor” means a member of Council and includes public and elected councillors;</p> <p>“elected councillor” means a member of the Council described in clause 5(1)(a) of the Act and includes a member elected or appointed to fill a vacancy;</p> <p>“member” means a member of the College as that term is used in the <i>Regulated Health Professions Act, 1991</i> and the Act;</p> <p>“public councillor” means a councillor who is appointed to Council by the Lieutenant Governor in Council;</p>	<p>“committee member” means a member of a committee of the College;</p> <p>“Council” means the Council of the College;</p> <p>“councillor director” means a member of Council the <u>Board of Directors</u> and includes public and elected councillors <u>directors</u>, <u>previously known as public and elected “councillors” in these by-laws</u>;</p> <p>“elected councillor director” means a member of the <u>Council Board of Directors</u> described in clause 5(1)(a) of the Act and includes a member elected or appointed to fill a vacancy;</p> <p>“member” means a member of the College as that term is used in the <i>Regulated Health Professions Act, 1991</i> and the Act;</p> <p>“public councillor director” means a councillor <u>director</u> who is appointed to Council by the Lieutenant Governor in Council;</p> <p>“registrant” means a member of the College as that term is used in the <i>Regulated Health Professions Act,</i></p>	
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	<p><u>1991 and the Act and as previously used in these by-laws;</u></p> <p><u>“Vice-Chair of the Board” means the Vice-Chair of the Board of Directors, referred to in the Regulated Health Professions Act, 1991 and previously referred to in these by-laws as the “Vice-President” and does not include a committee vice-chair;</u></p>	
<p>2.19 Remuneration and Expenses</p> <p>Council officers, elected councillors and committee appointees shall be paid a stipend and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with policies approved from time to time by Council.</p>	<p>2.19 Remuneration and Expenses</p> <p><u>Council officers, elected councillors directors, and committee appointees, and officers who are not public directors</u> shall be paid a stipend and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with policies approved from time to time by Council.</p>	<p>Although the definition of officers of the Board has not changed, this section has been amended to specify that remuneration by the College does not apply to public directors (formerly public councillors). This is the current practice as per legislation and has been added for transparency and clarity.</p>
<p>3.1 Electoral Districts</p> <p>The following are the electoral districts for the purpose of the election of members to Council (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts):</p> <p>(a) Electoral district 1, the south-western area, composed of the counties of Elgin, Essex, Kent, Lambton,</p>	<p>3.1 Electoral Districts</p> <p><u>(a) For all Board of Directors elections up to and including the Board of Directors election in 2023, and for any by-elections prior to the Board of Directors election in 2024,</u></p> <p>The following are the electoral districts for the purpose of the election of members to Council (with necessary modifications by the Registrar to ensure that the entire province is</p>	<p>Elections will no longer be based on 7 electoral districts beginning in 2024. Elections will be based on a single electoral district, encompassing all of Ontario.</p> <p>Any by-elections before the 2024 election will occur within the existing 7 electoral districts.</p>

<p>Middlesex, Oxford, Bruce, Grey, Perth and Huron.</p>	<p>covered and that there is no overlap of districts):</p>	
<p>(b) Electoral district 2, the central-western area, composed of the counties of Brant, Dufferin and Wellington and the Regional Municipalities of Haldimand, Norfolk, Halton, Hamilton Wentworth, Niagara and Waterloo.</p>	<p>(a)i. Electoral district 1, the south-western area, composed of the counties of Elgin, Essex, Kent, Lambton, Middlesex, Oxford, Bruce, Grey, Perth and Huron.</p> <p>(b)ii. Electoral district 2, the central-western area, composed of the counties of Brant, Dufferin and Wellington and the Regional Municipalities of Haldimand, Norfolk, Halton, Hamilton Wentworth, Niagara and Waterloo.</p>	
<p>(c) Electoral district 3, the central area, composed of the Municipality of Metropolitan Toronto, and the Regional Municipality of York.</p>	<p>(c)iii. Electoral district 3, the central area, composed of the Municipality of Metropolitan Toronto, and the Regional Municipality of York.</p>	
<p>(d) Electoral district 4, the eastern area, composed of the counties of Frontenac, Hastings, Lanark, Prince Edward and Renfrew, and the united counties of Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and The Regional Municipality of Ottawa, Carleton.</p>	<p>(d)iv. Electoral district 4, the eastern area, composed of the counties of Frontenac, Hastings, Lanark, Prince Edward and Renfrew, and the united counties of Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and The Regional Municipality of Ottawa, Carleton.</p>	
<p>(e) Electoral district 5, the north-eastern area, composed of the territorial districts of Algoma, Cochrane, Manitoulin, Nipissing, Parry Sound, Sudbury, Timiskaming and The District Municipality of Muskoka.</p>	<p>(e)v. Electoral district 5, the north-eastern area, composed of the territorial districts of Algoma, Cochrane,</p>	
<p>(f) Electoral district 6, the north-western area, composed of the territorial</p>		

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<p>districts of Kenora, Rainy River and Thunder Bay.</p> <p>(g) Electoral district 7, the central-eastern area, composed of the counties of Haliburton, Northumberland, Peterborough, City of Kawartha Lakes, Simcoe, and the Regional Municipalities of Peel and Durham.</p>	<p>Manitoulin, Nipissing, Parry Sound, Sudbury, Timiskaming and The District Municipality of Muskoka.</p> <p>(f)vi. Electoral district 6, the north-western area, composed of the territorial districts of Kenora, Rainy River and Thunder Bay.</p> <p>(g)vii. Electoral district 7, the central-eastern area, composed of the counties of Haliburton, Northumberland, Peterborough, City of Kawartha Lakes, Simcoe, and the Regional Municipalities of Peel and Durham.</p> <p><u>(b) Beginning with the Board of Directors election in 2024 and for all elections thereafter, there will be one single electoral district that encompasses all of Ontario, and all elected directors will be elected in this electoral district.</u></p> <p><u>(c) As of the date upon which the directors elected in the 2024 Board of Directors election take office, all directors then serving on the Board of Directors who were elected in one of the former seven electoral districts will be deemed to have been elected in the single electoral district of Ontario. The terms of office of these directors on the Board of Directors and on any committees will be otherwise unaffected and all references in</u></p>	
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	<u>these by-laws to elected directors will apply equally to these directors.</u>	
<p>3.2 Number of Elected Councillors</p> <p>Eight members of the College shall be elected to the Council as elected councillors.</p>	<p>3.2 Number of Elected CouncillorsDirectors</p> <p>Eight members of the College shall be elected to the Council as elected councillors.<u>In the years 2024 and 2025, the number of elected directors shall be reduced from eight to six members, according to the following schedule and the election timeline set out in section 3.8 of these by-laws:</u></p> <p><u>(a) As of the date upon which the directors elected in the 2024 Board of Directors election take office, there will be seven elected directors on the Board of Directors.</u></p> <p>(a)<u>(b) As of the date upon which the directors elected in the 2025 Board of Directors election take office, there will be six elected directors on the Board of Directors.</u></p>	<p>The Board will be comprised of six of elected directors. The reduction in directors will take place over a two-year period (2024-2025).</p> <p>In this gradual approach, 2 director seats will be eliminated as terms expire over two years, beginning in 2024.</p> <p>In 2024, one director seat will be eliminated, creating a Board consisting of 7 elected directors.</p> <p>In 2025, a second director seat will be eliminated, creating a Board consisting of 6 elected directors.</p>
<p>3.3 Elected Councillors from Each District</p> <p>The number of members elected in an electoral district is,</p> <p>(a) one for each of electoral districts 1, 2, 4, 5, 6 and 7; and</p> <p>(b) two for electoral district 3.</p>	<p>3.3 Elected CouncillorsDirectors from Each District</p> <p><u>For Board of Directors elections and by-elections prior to April 2024, the number of members-registrants elected in an electoral district is,</u></p>	<p>In 2024, terms will end in the current districts 5, 6 and 7. At this time, the number of Board directors will be reduced by one, leaving two director seats open for the 2024 election.</p> <p>In 2025, the terms of the three directors in the current districts 1 and 3 will expire and as in the previous year, the number of Board directors will be reduced by one. This will</p>

	<p>(i) one for each of electoral districts 1, 2, 4, 5, 6 and 7; and</p> <p>(ii) two for electoral district 3.</p>	result in a Board comprised of six professional directors by June 2025.
<p>3.4 Eligibility to Vote in an Electoral District</p> <p>A member is eligible to vote in an election being held for an electoral district if on the thirty-fifth day before the date fixed for the election, the member principally practises in that electoral district, or if the member is not engaged in the practice of dietetics, the member principally resides in the electoral district.</p>	<p>3.4 Eligibility to Vote in an Electoral DistrictElection</p> <p><u>(a) For Board of Directors by-elections held in an electoral district prior to April 2024, a member-registrant is eligible to vote in an election being held for an electoral district if on the thirty-fifth day before the date fixed for the election, the member principally practises in that electoral district, or if the member is not engaged in the practice of dietetics, the member principally resides in the electoral district.</u></p> <p><u>(b) For Board of Directors elections and by-elections held in and after April 2024, a registrant is eligible to vote if on the thirty-fifth day before the date fixed for the election, the registrant principally practises in Ontario, or if the registrant is not engaged in the practice of dietetics, the registrant principally resides in Ontario.</u></p>	
<p>3.8 Timing of Elections</p> <p>Elections for elected councillors shall be held simultaneously as follows:</p>	<p>3.8 Timing of Elections</p> <p><u>(a) Until the year 2023, elections for elected councillors directors shall be held simultaneously as follows:</u></p>	<p>This affirms that current rules are to remain for the 2023 election (i.e. no reduction in board size), and beginning in 2024, two directors will be elected annually.</p>

<p>in April of the year 2004 and in April of every third year thereafter for electoral districts 1 and 3;</p> <p>in April of the year 2002 and in April of every third year thereafter for electoral districts 2 and 4;</p> <p>in April of the year 2003 and in April of every third year thereafter for electoral districts 5, 6 and 7.</p>	<p>in April of the year 2004 and in April of every third year thereafter for electoral districts 1 and 3;</p> <p>in April of the year 2002 and in April of every third year thereafter for electoral districts 2 and 4;</p> <p>in April of the year 2003 and in April of every third year thereafter for electoral districts 5, 6 and 7.</p> <p><u>(b) Beginning in April of the year 2024, two directors shall be elected each year in April who will serve in the single electoral district of Ontario.</u></p> <p><u>(c) In the event that an election cannot be held in April of a given year, the election shall be held as soon as possible thereafter, and all references in these by-laws to the Board of Directors elections in April will apply equally to the delayed election.</u></p>	<p>This provision will work together with section 3.2 (board reduction from 8 – 6 elected directors over two years).</p> <p>Provision (c) has also been added to account for the possibility that an election cannot be held in April.</p>
<p>3.10 Eligibility for Election to Council</p> <p>A member is eligible for election in an electoral district if, on the date of election or acclamation:</p> <p>(a) the member is engaged in the practice of dietetics in the electoral district for which he or she is nominated or, if the member is not engaged in the practise of dietetics,</p>	<p>3.10 Eligibility for Election to CouncilBoard of Directors</p> <p>A member-registrant is eligible for election in an electoral district to the Board of Directors if, on the date of election or acclamation, whichever is later:</p> <p>(a) the member-registrant is engaged in the practice of dietetics in the electoral district for which he or she</p>	<p><u>This affirms that a single, Ontario-wide electoral district will be used for elections 3.10(a).</u></p> <p><u>Clarification was made to how the cooling-off period is calculated to avoid misinterpretation in determining eligibility 3.10(r)(s).</u></p> <p>The eligibility criteria for Board elections has been expanded to include competency and</p>

<p>principally resides in the electoral district for which he or she is nominated;</p> <p>[...]</p>	<p>is nominated Ontario or, if the member-registrant is not engaged in the practise of dietetics, principally resides in the electoral district for which he or she is nominated Ontario, or in the case of a by-election prior to April 2024, in the electoral district for which he or she is nominated;</p> <p>[...]</p> <p>(r) the member-registrant is not an employee of the College and has not been an employee of the College during within the previous two (2) years;</p> <p>(s) the member-registrant is not an applicant for employment at the College and has not applied for employment at the College during within the previous year;</p> <p><u>(t.1) the registrant meets the competency and attribute framework requirements as set out in the applicable College policy approved by the Board of Directors and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the applicable College policy;</u></p>	<p>attribute requirements and a screening process approved by the Board <u>3.10(t.1)</u>.</p> <p><u>The cooling-off period for registrants with a prior leadership, employment or contractual role with an association or other organization that advances the interests of dietitians has been extended from one-year to three-years. This is to reduce the likelihood of oncoming Board directors having competing fiduciary duties and that their previous advocacy role does not compromise CDO's mandate to protect the public interest 3.10(x.1).</u></p>
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	<p>(x) the registrant does not hold a position that would cause the registrant, if elected as a Board director, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization;</p> <p>(x.1) including but not limited to having or had duringthe registrant does not, and did not within the previous <u>three (3) years</u>, hold a leadership, employment or contractual role with an international, national or provincial association or organization that advances the interests of dietitians, has policy making responsibilities for dietitians, or oversees the regulation of dietitians;</p>	
<p>3.13 Notification of Election</p> <p>No later than 90 days before the date of an election, the Registrar shall notify every member eligible to vote of the date, time and electoral district of the election and of the nomination procedure.</p>	<p>3.13 Notification of Election</p> <p>No later than 90 days before the date of an election, the Registrar shall notify every member-registrant eligible to vote of the date, time and electoral district of the election and of the nomination-application procedure.</p>	<p>Nominations will be replaced by applications to align with the new competency and attribute-based election and screening process.</p>
<p>3.14 Nominations</p> <p>The nomination of a candidate for election as a member of Council shall be in writing and</p>	<p>3.14 NominationsApplications</p> <p>The nomination ofA registrant who seeks to be a candidate for election as a member of</p>	<p>Candidates for Board elections will be required to submit an application.</p>

<p>shall be given to the Registrar at least 60 days before the date of the election (the “nomination deadline”). The nomination must be signed by the candidate and by at least six members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</p>	<p>Council director shall be apply in writing and shall be given submit the application to the Registrar at least 60 days before the date of the election (the “nomination application deadline”). The nomination must be signed by the candidate and by at least six members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.</p>	<p>The requirement for electoral candidates to have their nomination form signed by six dietitians eligible to vote in the electoral district in which the election is being held, has been removed. Registrants will not be required to be nominated by dietitians to be eligible to run in an election.</p>
<p>3.15 Acclamation</p> <p>If the number of candidates nominated for an electoral district is less than or equal to the number of members to be elected in that electoral district, the Registrar shall declare the candidates or candidates elected by acclamation.</p>	<p>3.15 Acclamation</p> <p><u>(a) For elections and by-elections prior to April 2024, if the number of candidates nominated who have applied for and are eligible for election to the Board of Directors</u> for an electoral district is less than or equal to the number of members-registrants to be elected in that electoral district, the Registrar shall declare the candidates or candidates elected by acclamation.</p> <p><u>(b) For elections and by-elections in and after April 2024, if the number of candidates who have applied for and are eligible for election to the Board of Directors is less than or equal to the number of registrants to be elected in that election, the Registrar shall declare the candidate or candidates elected by acclamation. If the number of candidates elected by acclamation is less than the number of registrants that were to be elected in that election, the Registrar shall, as soon as</u></p>	<p>Amended to clarify acclamation process until 2024 (where there are 7 electoral districts).</p> <p>Amended to reflect a single, Ontario-wide electoral district for elections after 2024 where candidates are acclaimed.</p>

	<u>possible, call a by-election for the remaining seat or seats.</u>	
<p>3.16 No Candidates for Election</p> <p>If there are no candidates who are eligible for election, the Registrar shall, as soon as possible, call a by-election.</p>	<p>3.16 No Candidates for Election</p> <p>If there are no candidates who <u>have applied for and</u> are eligible for election, the Registrar shall, as soon as possible, call a by-election.</p>	Amended to reflect the new application process for Board elections.
<p>3.17 Information about Candidates</p> <p>A candidate shall provide to the Registrar by the nomination deadline or such later date as the Registrar permits, biographical information in a manner acceptable to the Registrar for the purpose of distribution to members eligible to vote in the election.</p>	<p>3.17 Information about Candidates</p> <p>A candidate shall provide to the Registrar by the nomination application deadline or such later date as the Registrar permits, biographical information in a manner acceptable to the Registrar for the purpose of distribution to members-registrants eligible to vote in the election.</p>	Amended to reflect the new application process for Board elections.
<p>3.18 Administering and Supervising Elections</p> <p>The Registrar will supervise and administer the election process and may for the purpose of carrying out that duty and subject to the by-laws:</p> <p>[...]</p> <p>(e) if there has been a non-compliance with an application or election requirement, determine whether the non-compliance should be waived in circumstances where</p>	<p>3.18 Administering and Supervising Elections</p> <p>The Registrar will supervise and administer the election process and may for the purpose of carrying out that duty and subject to the by-laws:</p> <p>[...]</p> <p>(e) if there has been a non-compliance with a nomination an <u>application</u> or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness or</p>	Amended to reflect the new application process for Board elections.

the fairness or integrity of the election will not be affected; [...]	integrity of the election will not be affected; [...]	
3.19 Voting Package No later than thirty days before the date of an election the Registrar shall send by electronic or other means a voting package to every registrant eligible to vote. The package will include a list of candidates and a ballot or electronic access to a ballot and an explanation of the voting procedure.	3.19 Voting Package No later than thirty days before the date of an election the Registrar shall send by electronic or other means a voting package to every member-registrant eligible to vote in the district election, and in the case of elections held prior to April 2024, eligible to vote in the district. The package will include a list of candidates in the electoral district and a ballot or electronic access to a ballot and an explanation of the voting procedure.	Amended to reflect a single, Ontario-wide electoral district as of 2024.
3.20 Voting A member eligible to vote may cast as many votes on a ballot as there are members to be elected from that electoral district. A member shall not cast more than one vote for any one eligible candidate.	3.20 Voting A member-registrant eligible to vote may cast as many votes on a ballot as there are members-registrants to be elected from that electoral district in that election . A member-registrant shall not cast more than one vote for any one eligible candidate.	Amended to reflect terminology changes.
4.4 Disqualification and Removal of Public Councillor The following procedure applies to the disqualification and removal of a Public Councillor:	4.4 Disqualification- and Removal of Public CouncillorDirector The following procedure applies to the disqualification and removal of a p Public Councillor director :	Public directors will be required to meet the same competency and attribute requirements as elected directors.

<p>(a) If a councillor believes that a public councillor does not meet one of the criteria set out in clauses (d), (f), (g), (i), (q), (r), (s), (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), he or she shall advise the Registrar and Executive Committee in writing.</p> <p>(b) If the Registrar receives information suggesting that a public councillor does not meet one or more of the criteria in clauses (d), (f), (g), (i), (q), (r), (s), (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), the Registrar shall advise the Executive Committee in writing.</p> <p>(c) The procedure in section 4.3 clauses (c) through (e) shall govern the disqualification of a Public Councillor with necessary modifications.</p>	<p>(a) If a councillor director believes that a public councillor director does not meet one of the criteria set out in clauses (d), (f), (g), (i), (q), (r), (s), (t.1), (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), he or she shall advise the Registrar and Executive Committee in writing.</p> <p>(b) If the Registrar receives information suggesting that a public councillor director does not meet one or more of the criteria in clauses (d), (f), (g), (i), (q), (r), (s), (t.1), (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), the Registrar shall advise the Executive Committee in writing.</p> <p>(c) The procedure in section 4.3 clauses (c) through (e) shall govern the disqualification of a pPublic Councillor director with necessary modifications.</p>	
<p>5.2 Filling Vacancy – Less than One Year</p> <p>If the seat of an elected councillor becomes vacant in an electoral district less than one year before the next election in that electoral district, the Council may:</p> <p>(a) leave the seat vacant;</p>	<p>5.2 Filling Vacancy – Less than One Year</p> <p>(a) If prior to the 2024 Board of Directors election, the seat of an elected councillor director becomes vacant in an electoral district less than one year before the next election in that electoral district expiry of the director's term of office, the Council Board of Directors may:</p>	<p>Amended to clarify the process for handling vacancies of less than one year prior to and after 2024.</p>

<p>(b) appoint as an elected councillor the eligible candidate who had the most votes of all of the unsuccessful candidates for that position in that electoral district in the last election; or</p> <p>(c) direct the Registrar to hold a by-election for that electoral district.</p>	<p>(a)i. _____ leave the seat vacant;</p> <p>i.ii. _____ appoint as an elected councillor <u>director</u> the eligible candidate who had the most votes of all of the unsuccessful candidates for that position in that the director's electoral district in the last election; or</p> <p>ii.iii. _____ direct the Registrar to hold a by-election for that electoral district.</p> <p><u>(b) If following the 2024 Board of Directors election the seat of an elected director becomes vacant less than one year before the expiry of the director's term of office, the Board of Directors may:</u></p> <p>i. _____ <u>leave the seat vacant;</u></p> <p>ii. _____ <u>appoint as an elected director the eligible candidate who had the most votes of all of the unsuccessful candidates in the last election; or</u></p> <p>(a)iii. _____ <u>direct the Registrar to hold a by-election.</u></p>	
<p>5.3 Filling Vacancy – More than One Year</p> <p>If the seat of an elected councillor becomes vacant more than one year before the expiry of the member's term of office, the Registrar</p>	<p>5.3 Filling Vacancy – More than One Year</p> <p><u>(a) If prior to the 2024 Board of Directors election</u> the seat of an elected councillor <u>director</u> becomes vacant more than one year before the expiry of the member's <u>director's</u></p>	<p>Amended to clarify the by-election process for vacancies of more than one year prior to and after 2024.</p>

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<p>will hold a by-election for that electoral district.</p>	<p>term of office, the Registrar will hold a by-election for that electoral district.</p> <p><u>(b) If following the 2024 Board of Directors election the seat of an elected director becomes vacant more than one year before the expiry of the director’s term of office, the Registrar will hold a by-election for that seat.</u></p>	
<p>8.4 Eligibility for Committee Appointment</p> <p>Council may appoint a member who is not a councillor to serve on a committee if,</p> <p>[...]</p>	<p>8.4 Eligibility for Committee Appointment</p> <p>Council<u>The Board of Directors</u> may appoint a member-registrant who is not a councillor <u>director</u> to serve on a committee if,</p> <p>[...]</p> <p><u>(u.1) the registrant meets the competency and attribute framework requirements set out in the applicable College policy as approved by the Board of Directors and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the applicable College policy;</u></p> <p>[...]</p>	<p>The eligibility criteria for committee appointments has been expanded to include competency and attribute requirements and a screening process approved by the Board. This aligns with the eligibility requirements for elected directors.</p>

**Table of Contents**

1. Interpretation	6
1.1 Definitions.....	6
1.2 Calculating Time.....	7
1.3 Holidays.....	7
2. Business Practices	7
2.1 Head Office.....	7
2.2 Seal.....	7
2.3 Affixing Seal.....	7
2.4 Banking.....	7
2.5 Bank Signing Authority.....	8
2.6 Expenditures.....	8
2.7 Signing Authority.....	8
2.8 Execution of Documents.....	8
2.9 Execution of Documents –the Board of Directors may Appoint.....	8
2.10 Investments.....	8
2.11 Borrowing.....	9
2.12 Fiscal Year.....	9
2.13 Financial Audit.....	9
2.14 Financial Statements.....	9
2.15 Auditors Right of Access.....	9
2.16 Attendance at Board of Directors Meeting.....	9
2.17 Grants.....	9
2.18 Membership in National Organizations.....	10
2.19 Remuneration and Expenses.....	10
2.20 Indemnity.....	10
2.21 Protection for Employees.....	10
3. Election of DIRECTORS	11
3.1 Electoral Districts.....	11
3.2 Number of Elected Directors.....	12
3.3 Elected Directors from Each District.....	12
3.4 Eligibility to Vote in an Election.....	12
3.5 Term of Office.....	12
3.6 Maximum Term or Service as Committee Member.....	13

3.7	Term of Office for Directors Filling Vacancies	13
3.8	Timing of Elections	13
3.9	Date of Election	13
3.10	Eligibility for Election to Board of Directors	14
3.11	Withdrawal of Candidate	16
3.12	Eligibility and Election Disputes.....	16
3.13	Notification of Election.....	16
3.14	Applications	17
3.15	Acclamation.....	17
3.16	No Candidates for Election	17
3.17	Information about Candidates	17
3.18	Administering and Supervising Elections	17
3.19	Voting Package.....	18
3.20	Voting.....	18
3.21	Tie Vote.....	18
3.22	Modifying Time Periods	18
3.23	By-Elections	18
4.	Disqualification and Removal of DIRECTORS.....	19
4.1	Disqualification	19
4.2	Temporary Exclusion	19
4.3	Removal of Elected Director	19
4.4	Disqualification and Removal of Public Director	20
4.5	Notice to Minister.....	21
4.6	Suspension of Public Director	21
5.	Vacancies	21
5.1	Creation of Vacancy	21
5.2	Filling Vacancy – Less than One Year	21
5.3	Filling Vacancy – More than One Year.....	22
6.	Officers.....	22
6.1	Officers	22
6.2	Chair of the Board (Chair)	22
6.3	Vice-Chair of the Board (Vice-Chair).....	22
6.4	Appointment of Registrar.....	22
6.5	Registrar Terms of Employment.....	22
6.6	Registrar Duties.....	23
6.7	Appointment of Acting Registrar	23
6.8	Authority of Acting Registrar	23
6.9	Removal of Officers	23

7. Meetings of The board of directors.....	23
7.1 Board of Directors Meetings.....	23
7.2 Reasonable Notice for Board of Directors Meetings	23
7.3 Business at Regular Meetings	23
7.4 Special Meetings.....	24
7.5 Business at Special Meetings	24
7.6 Manner of Holding Meetings	24
7.7 Chair or Vice-Chair of the Board Presides	24
7.8 Presiding Officer.....	25
7.9 Quorum	25
7.10 Adjournments	25
7.11 Voting at Meetings.....	25
7.12 Rules of Order.....	25
7.13 Unanimous Resolutions.....	25
8. Committee ESTABLISHMENT AND AppointMENTS	26
8.1 Establishment and Appointees	26
8.2 Appointment to Committees	26
8.3 Notice and Application.....	26
8.4 Eligibility for Committee Appointment.....	26
8.5 Term of Office of Committee Members	29
8.6 Continuation of Term of Office.....	29
8.7 Committee Vacancies	29
8.8 Executive Committee Vacancies.....	29
9. Disqualification and Removal of Committee Appointees	29
9.1 Disqualification Criteria.....	29
9.2 Temporary Exclusion.....	30
9.3 Removal of Committee Appointee	30
10. Committee Meetings	30
10.1 Non-Application to Hearings	30
10.2 Location and Notice	30
10.3 Manner of Holding Meetings	30
10.4 Chair of Meetings.....	31
10.5 Quorum for Committees.....	31
10.6 Voting.....	31
10.7 Meeting Minutes	31
11. Statutory Committees.....	31
11.1 Executive Committee Composition	31
11.2 Executive Committee Duties.....	31

11.3	Nomination Procedure for Executive Committee Election.....	32
11.4	Election of Executive Committee	32
11.5	Executive Committee Term of Office.....	33
11.6	Composition of Registration Committee.....	33
11.7	Composition of Inquiries, Complaints and Reports Committee.....	33
11.8	Quorum for the Inquiries, Complaints and Reports Committee and Panels	33
11.9	Composition of Discipline Committee.....	33
11.10	Composition of Fitness to Practise Committee.....	33
11.11	Composition of Quality Assurance Committee	34
11.12	Composition of the Patient Relations Committee.....	34
12.	Non-Statutory Committees.....	34
12.1	Composition of Elections Committee	34
12.2	Responsibilities of the Elections Committee.....	34
12.3	Composition of Registrar Performance and Compensation Review Committee	34
12.4	Responsibilities of the Registrar Performance and Compensation Review Committee..	35
12.5	Composition of the Audit Committee.....	35
12.6	Composition of the Professional Practice Committee	35
	The Professional Practice Committee shall be composed of:.....	35
12.7	Responsibilities of the Professional Practice Committee.....	36
	The Professional Practice Committee's responsibilities are as follows:	36
12.8	Composition of the Governance Committee	36
	The Governance Committee shall be composed of at least five members:	36
12.9	Responsibilities of the Governance Committee	36
	The Governance Committee's responsibilities are as follows:.....	36
13.	Register	37
13.1	Names in the Register.....	37
13.2	Additional Register Information.....	37
13.3	Public Information.....	42
13.4	Registrar's Discretion.....	42
14.	Information from registrants and Professional Corporations.....	42
14.1	Registrant to Provide Particulars on Request.....	42
14.2	Registrant to Immediately Provide Particulars.....	42
14.3	Registrant to Provide Information on Request.....	42
14.4	Registrant to Notify Registrar of Changes.....	43
14.5	Suspension for Failure to Provide Information	43
14.6	Health Professional Corporation to Provide Information	44
14.7	Health Professional Corporation to Notify Registrar of Changes.....	44
14.8	Changes in Shareholders.....	44

<u>15. Professional Liability Insurance</u>	<u>44</u>
<u>15.1 Professional Liability Insurance Coverage Requirements</u>	<u>44</u>
<u>16. Conflict of Interest.....</u>	<u>45</u>
<u>16.1 Definition of Conflict of Interest.....</u>	<u>45</u>
<u>16.2 Duty to Avoid and Consult</u>	<u>45</u>
<u>16.3 Process for Resolution of Conflicts</u>	<u>45</u>
<u>16.4 Undeclared Conflict.....</u>	<u>45</u>
<u>17. By-laws and Amendments</u>	<u>46</u>
<u>17.1 Making By-laws.....</u>	<u>46</u>
<u>17.2 Notice</u>	<u>46</u>
<u>17.3 Record of By-laws.....</u>	<u>46</u>

1. INTERPRETATION

1.1 Definitions

In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision,

“Act” means the *Dietetics Act, 1991*;

“Board” or “Board of Directors” means the board of directors or Council of the College;

“Chair of the Board” means the Chair of the Board of Directors, referred to in the *Regulated Health Professions Act, 1991* and previously referred to in these by-laws as the “President”, and does not include a committee chair or a person appointed as the chair or presiding officer of a Board meeting pursuant to section 7.8 of these by-laws;

“Code” means the Health Professions Procedural Code being Schedule 2 of the *Regulated Health Professions Act, 1991*;

“College” means the College of Dietitians of Ontario;

“committee” means a statutory, non-statutory or ad hoc committee of the College;

“committee appointee” means a ~~member-registrant~~ of the College who is not a ~~councillor-director~~ (as defined below) and who is appointed to a committee of the College;

“committee member” means a member of a committee of the College;

~~“Council” means the Council of the College;~~

~~“councillor-director” means a member of Council-the Board of Directors and includes public and elected councillors-directors, previously known as public and elected “councillors” in these by-laws;~~

~~“elected councillor-director” means a member of the Council-Board of Directors described in clause 5(1)(a) of the Act and includes a member elected or appointed to fill a vacancy;~~

~~“member” means a member of the College as that term is used in the *Regulated Health Professions Act, 1991* and the Act;~~

~~“public councillor-director” means a councillor-director who is appointed to Council by the Lieutenant Governor in Council;~~

~~“registrant” means a member of the College as that term is used in the *Regulated Health Professions Act, 1991* and the Act and as previously used in these by-laws;~~

“Registrar” means the Registrar of the College;

“Regulation” means a regulation to the Act or the RHPA; and

“RHPA” means the *Regulated Health Professions Act, 1991*.

“Vice-Chair of the Board” means the Vice-Chair of the Board of Directors, referred to in the *Regulated Health Professions Act, 1991* and previously referred to in these by-laws as the “Vice-President” and does not include a committee vice-chair;

1.2 Calculating Time

In College by-laws, a reference to the number of days between two events means calendar days and excludes the day on which the first event happens and includes the day on which the second event happens.

1.3 Holidays

In College by-laws, a time limit that would otherwise expire on a holiday or a weekend is extended to include the next day that is not a holiday or a weekend. Holidays are as identified in the *Legislation Act, 2006*.

2. BUSINESS PRACTICES

2.1 Head Office

The head office of the College is in the City of Toronto or at such other place as the Council may determine from time to time.

2.2 Seal

An impression of the College’s seal is in Appendix A.

2.3 Affixing Seal

Any person authorized to sign a document on behalf of the College may affix the College’s seal to it if required.

2.4 Banking

~~Council~~The Board of Directors shall appoint from time to time one or more banks chartered under the *Bank Act* (Canada) for the use of the College. All money belonging to the College shall be deposited in the name of the College at one or more banks, but the Registrar may approve a reasonable amount of cash to be on hand at the College offices to cover incidental day-to-day expenses.

2.5 Bank Signing Authority

The Registrar or another person authorized by ~~Council~~the Board of Directors may endorse any negotiable instrument for collection on account of the College through the bank or for deposit to the credit of the College with the bank. The College's stamp, if any, may be used for the endorsement.

2.6 Expenditures

The College may purchase or lease goods or acquire services if it is authorized by:

- (a) the Registrar if the expenditure is set out in the College's budget as approved by ~~Council~~the Board of Directors;
- (b) the Registrar, if the expenditure does not exceed \$10,000 and the Registrar is satisfied that the expenditure will not result in the budget being exceeded for the fiscal year; or
- (c) a resolution of ~~Council~~the Board of Directors or the Executive Committee.

2.7 Signing Authority

Signing authority for cheques and payments on behalf of the College is as follows:

- (a) the Registrar, ~~President~~Chair of the Board or Vice-~~President~~Chair of the Board for amounts not exceeding \$25,000, or such other amount as ~~Council~~the Board of Directors determines from time to time; and
- (b) any two of the Registrar, ~~President~~Chair of the Board or Vice-~~President~~Chair of the Board for amounts in excess of \$25,000, or such other amount as ~~Council~~the Board of Directors determines from time to time.

2.8 Execution of Documents

Except as required by section 2.7 and subject to section 2.9, the Registrar will sign contracts, agreements, instructions and other documents on behalf of the College.

2.9 Execution of Documents –~~Council~~the Board of Directors may Appoint

~~Council~~The Board of Directors may appoint, from time to time, any one or more officers or persons to sign contracts, documents and instruments in writing on behalf of the College either generally or in relation to specific contracts, documents or instruments in writing.

2.10 Investments

The Registrar may authorize the investment of money on behalf of the College in compliance with applicable College policy as approved by ~~Council~~the Board of Directors from time to time. All share certificates, bonds and other records of investments shall be issued in the name of the College.

2.11 Borrowing

~~Council~~The Board of Directors may from time to time by resolution,

- (a) borrow money upon the credit of the College;
- (b) limit or increase the amount or amounts which may be borrowed; and
- (c) secure any present or future borrowing or any debt, obligation or liability of the College by charging, mortgaging, hypothecating or pledging all or any real or personal property of the College, whether present or future.

2.12 Fiscal Year

The fiscal year of the College is from April 1 to March 31 of the following year.

2.13 Financial Audit

~~Council~~The Board of Directors shall appoint an auditor licensed under the *Public Accounting Act* to audit the accounts of the College and to hold office for a term determined by ~~Council~~the Board of Directors.

2.14 Financial Statements

Financial statements for the College shall be prepared promptly at the close of each fiscal year and audited financial statements shall be presented annually to the ~~Council~~Board of Directors.

2.15 Auditors Right of Access

The auditors shall have a right of access at all reasonable times to all records, documents, books, accounts and vouchers of the College and are entitled to require from the ~~councillors~~directors, officers and employees such information as is necessary in their opinion to enable them to report as required by law or under this by-law.

2.16 Attendance at ~~Council~~Board of Directors Meeting

The auditor is entitled to attend the meeting at which the audited financial statements are presented to ~~Council~~the Board of Directors.

2.17 Grants

~~Council~~The Board of Directors may by a vote of at least two-thirds of the ~~councillors~~directors present at a meeting duly called for that purpose make grants to third parties for one or both of the following:

- (a) to advance the scientific knowledge or the education of persons wishing to practise the profession; and

- (b) to maintain or improve the standards of practice of the profession.

2.18 Membership in National Organizations

~~Council~~The Board of Directors may authorize the College to obtain membership in a national organization of a body whose objects are not inconsistent with those of the College and may authorize the payment of such annual fees and costs for representation at meetings of the organization.

2.19 Remuneration and Expenses

~~Board of Directors Council officers, e~~Elected ~~councillors-directors, and~~committee appointees, ~~and officers who are not public directors~~ shall be paid a stipend and shall be reimbursed by the College for travelling and other expenses reasonably incurred in relation to the performance of their duties in accordance with policies approved from time to time by ~~Council~~the Board of Directors.

2.20 Indemnity

Every ~~councillor~~director, or committee member ~~or officer~~ and ~~his or her~~their heirs, executors, administrators and estate shall at all times be indemnified and saved harmless by College from and against:

- (a) all costs, charges and expenses whatsoever that such person sustains or incurs in respect of any action, suit or proceeding that is proposed, brought, commenced or prosecuted against him or her for or in respect of anything done or permitted by the person in respect of the execution of the duties of ~~his or her~~their office; and
- (b) subject to any policies and procedures of the College, all other costs and expenses that ~~he or she~~they sustains or incurs in respect in respect of the affairs of the College,

except any costs, charges or expenses resulting from ~~his or her~~their wilful neglect or default or failure to act honestly and in good faith with a view to the best interests of the College. The College shall obtain appropriate insurance coverage in connection with this indemnity.

2.21 Protection for Employees

If an employee (including a lawyer who is an employee) of the College is named in a civil suit or, in the case of a lawyer, in a law society proceeding, and the subject matter relates to the person's employment by the College, the College will pay for the employee's legal representation in the proceedings and any appeal, and will pay any sum of money the employee or the employee's estate becomes liable to pay in connection with the matter unless the court finds that the employee has been deliberately dishonest or has committed a criminal offence.

3. ELECTION OF ~~COUNCIL MEMBERS~~DIRECTORS

3.1 Electoral Districts

(a) For all Board of Directors elections up to and including the Board of Directors election in 2023, and for any by-elections prior to the Board of Directors election in 2024, the following are the electoral districts for the purpose of the election of ~~members to Council~~Board directors (with necessary modifications by the Registrar to ensure that the entire province is covered and that there is no overlap of districts):

~~(b)~~i. Electoral district 1, the south-western area, composed of the counties of Elgin, Essex, Kent, Lambton, Middlesex, Oxford, Bruce, Grey, Perth and Huron.

~~(c)~~ii. Electoral district 2, the central-western area, composed of the counties of Brant, Dufferin and Wellington and the Regional Municipalities of Haldimand, Norfolk, Halton, Hamilton Wentworth, Niagara and Waterloo.

~~(d)~~iii. Electoral district 3, the central area, composed of the Municipality of Metropolitan Toronto, and the Regional Municipality of York.

~~(e)~~iv. Electoral district 4, the eastern area, composed of the counties of Frontenac, Hastings, Lanark, Prince Edward and Renfrew, and the united counties of Leeds and Grenville, Lennox and Addington, Prescott and Russell, Stormont, Dundas and Glengarry and The Regional Municipality of Ottawa, Carleton.

~~(f)~~v. Electoral district 5, the north-eastern area, composed of the territorial districts of Algoma, Cochrane, Manitoulin, Nipissing, Parry Sound, Sudbury, Timiskaming and The District Municipality of Muskoka.

~~(g)~~vi. Electoral district 6, the north-western area, composed of the territorial districts of Kenora, Rainy River and Thunder Bay.

~~(h)~~vii. Electoral district 7, the central-eastern area, composed of the counties of Haliburton, Northumberland, Peterborough, City of Kawartha Lakes, Simcoe, and the Regional Municipalities of Peel and Durham.

~~(b)~~(b) Beginning with the Board of Directors election in 2024 and for all elections thereafter, there will be one single electoral district that encompasses all of Ontario, and all elected directors will be elected in this electoral district.

~~(c)~~(c) As of the date upon which the directors elected in the 2024 Board of Directors election take office, all directors then serving on the Board of Directors who were elected in one of the former seven electoral districts will be deemed to have been elected in the single electoral district of Ontario. The terms of office of these directors on the Board of Directors and on any committees will be otherwise unaffected and all references in these by-laws to elected directors will apply equally to these directors.

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3.2 Number of Elected ~~Councillors~~Directors

~~Eight members of the College shall be elected to the Council as elected councillors. In the years 2024 and 2025, the number of elected directors shall be reduced from eight to six members, according to the following schedule and the election timeline set out in section 3.8 of these by-laws:~~

- ~~(a)~~ As of the date upon which the directors elected in the 2024 Board of Directors election take office, there will be seven elected directors on the Board of Directors.
- ~~(a)~~(b) As of the date upon which the directors elected in the 2025 Board of Directors election take office, there will be six elected directors on the Board of Directors.

3.3 Elected ~~Councillors~~Directors from Each District

~~For Board of Directors elections and by-elections prior to April 2024, t~~he number of
~~members-registrants~~ elected in an electoral district is,

- (a) one for each of electoral districts 1, 2, 4, 5, 6 and 7; and
- (b) two for electoral district 3.

3.4 Eligibility to Vote in an ~~Electoral District~~Election

- ~~(a)~~ For Board of Directors by-elections held in an electoral district prior to April 2024, a~~A member registrant~~ is eligible to vote ~~in an election being held for an electoral district~~ if on the thirty-fifth day before the date fixed for the election, the member principally practises in that electoral district, or if the member is not engaged in the practice of dietetics, the member principally resides in the electoral district.
- ~~(a)~~(b) For Board of Directors elections and by-elections held in and after April 2024, a
registrant is eligible to vote if on the thirty-fifth day before the date fixed for the election, the registrant principally practises in Ontario, or if the registrant is not engaged in the practice of dietetics, the registrant principally resides in Ontario.

3.5 Term of Office

The term of an elected ~~councillor-director~~ is approximately three (3) years starting at the first ~~Council~~Board of Directors meeting after the election of ~~councillors-directors~~ and the ~~councillor-director~~ will continue in office until ~~his or her~~their successor takes office in accordance with the by-laws.

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3.6 Maximum Term or Service as Committee Member

Subject to section 3.7, a ~~councillor-director~~ or ~~member-registrant~~ who has served nine consecutive years on ~~Council-the Board of Directors~~ or as a committee appointee, or in any combination of the two offices, is ineligible for election to ~~Council-the Board of Directors~~ until the third calendar year after the year in which the ~~member-registrant~~ last served as an elected ~~councillor-director~~ or committee appointee.

3.7 Term of Office for ~~Councillors-Directors~~ Filling Vacancies

The term of an elected ~~councillor-director~~ elected in a by-election or appointed under these by-laws expires when the former elected ~~councillor's-director's~~ term would have expired. Time spent as an elected ~~councillor-director~~ as a result of a by-election or an appointment by ~~Council-the Board of Directors~~ to fill a vacancy is not included for the purpose of determining the maximum term under section 3.6.

3.8 Timing of Elections

~~(a) Until the year 2023, E~~elections for elected ~~councillors-directors~~ shall be held simultaneously as follows:

i. ~~(a)~~ in April of the year 2004 and in April of every third year thereafter for electoral districts 1 and 3;

ii. ~~(b)~~ in April of the year 2002 and in April of every third year thereafter for electoral districts 2 and 4;

iii. ~~(c)~~ in April of the year 2003 and in April of every third year thereafter for electoral districts 5, 6 and 7.

~~(b) Beginning in April of the year 2024, two directors shall be elected each year who will serve in the single electoral district of Ontario.~~

~~(c) In the event that an election cannot be held in April of a given year, the election shall be held as soon as possible thereafter, and all references in these by-laws to the Board of Directors election in April will apply equally to the delayed election.~~

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3.9 Date of Election

Unless otherwise approved by ~~Council-the Board of Directors~~,

- (a) the date for each election is the third Wednesday of April; and
- (b) the deadline for the receipt of ballots is 5:00 p.m. on the date for each election.

3.10 Eligibility for Election to ~~Council~~Board of Directors

A member-registrant is eligible for election ~~in an electoral district to the Board of Directors~~ if, on the date of election or acclamation:

- (a) the member-registrant is engaged in the practice of dietetics in ~~the electoral district for which he or she is nominated~~Ontario or, if the member-registrant is not engaged in the practise of dietetics, principally resides in ~~the electoral district for which he or she is nominated~~Ontario, or in the case of a by-election prior to April 2024, in the electoral district for which he or she is they are nominated;
- (b) the member-registrant is the holder of a general class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all members-registrants of the class;
- (c) the member-registrant is not in default of the payment of any fee payable to the College;
- (d) the member-registrant is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dietetics or any other profession;
- (e) the member's-registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the election for any reason other than non-payment of fees;
- (f) the member-registrant has not been found to have committed professional misconduct by the Discipline Committee or by any discipline committee in any jurisdiction relating to dietetics or any other profession;
- (g) the member-registrant has not been disqualified by the ~~Council~~Board of Directors in the three years preceding the date of the election as a result of a breach of a code of conduct or policy on conduct approved by ~~Council~~the Board of Directors or a breach of the conflict of interest provisions of this by-law;
- (h) the member-registrant does not have a notation on the College register of a finding of professional negligence or malpractice made against the member-registrant;
- (i) the member-registrant is not the subject of a charge under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (j) the member-registrant does not have a notation on the College register of a charge in relation to any offence;

- (k) the member-registrant does not have a criminal finding of guilt as an adult under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (l) the member-registrant does not have a notation on the College register of a finding of guilt made by a court with respect to any offence;
- (m) the member-registrant does not have a notation on the College register of an undertaking provided to the College with respect to a matter involving the Inquiries, Complaints and Reports Committee or the Discipline Committee;
- (n) The member-registrant is not currently the subject of an undertaking provided to the College with respect to a fitness to practise issue;
- (o) the member-registrant is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- (p) the member-registrant has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee or been required to complete a specified continuing -education or remediation program by a panel of the Inquiries, Complaints and Reports Committee in the preceding six (6) years;
- (q) the member-registrant is not a member of the Board of Directors or council of any other RHPA college;
- (r) the member-registrant is not an employee of the College and has not been an employee of the College during-within the previous two (2) years;
- (s) the member-registrant is not an applicant for employment at the College and has not applied for employment at the College during-within the previous year;
- (t) the member-registrant is not in default of completing and submitting any information or form required under the regulations of the RHPA or Act, or the by-laws of the College;
 - (t.1) the registrant meets the competency and attribute framework requirements as set out in the Board Competency and Attribute policy set out in the applicable College policy approved by the Board of Directors from time to time and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the Board Competency and Attribute policy and set out in the applicable College policy;
- (u) the member-registrant has successfully completed the College's current training program relating to the duties, obligations and expectations of Council Board of Directors and committee members;

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- (v) the ~~member-registrant~~ is not party to a legal proceeding against the College;
- (w) the ~~member-registrant~~ has completed and filed with the Registrar a conflict of interest declaration by the deadline and in the form approved by the Registrar, and the ~~member-registrant~~ does not have a conflict of interest to serve as a ~~member of Council~~~~director~~;
- (x) the ~~member-registrant~~ does not hold a position that would cause the ~~member-registrant~~, if elected as a ~~councillor~~~~director~~, to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization

~~(x.1) including but not limited to having or had during the registrant does not, and did not within the previous three (3) years, hold a leadership, employment or contractual role with an international, national or provincial association or organization that advances the interests of dietitians, has policy making responsibilities for dietitians, or oversees the regulation of dietitians;~~
- (y) the ~~member-registrant~~ has served nine consecutive years as a ~~councillor~~~~director~~ or committee appointee, or in any combination of the two offices, and at least three calendar years have passed after the year in which the ~~member-registrant~~ last served as a ~~councillor~~~~director~~ or committee appointee; or
- (z) the ~~member-registrant~~ is not ineligible because of section 3.6.

3.11 Withdrawal of Candidate

A candidate may withdraw from an election by giving notice in writing to the Registrar. If the notice in writing is received at least five (5) days before the date that the Registrar sends the voting package to ~~members-registrants~~ eligible to vote, the name of the person shall not be included on the ballot. In all other cases the Registrar shall make reasonable efforts to remove the name from the ballot or to notify the ~~members-registrants~~ eligible to vote that the candidate has withdrawn from the election.

3.12 Eligibility and Election Disputes

Disputes as to whether a ~~member-registrant~~ is eligible for election or to vote in an election will be determined by the Elections Committee. Disputes relating to the election of an elected ~~councillor~~~~director~~ shall be dealt with by the Elections Committee which shall investigate the facts and report its findings and recommendations to ~~Council~~ the Board of Directors for such decision as ~~Council~~ the Board of Directors considers appropriate.

3.13 Notification of Election

No later than 90 days before the date of an election, the Registrar shall notify every ~~member-registrant~~ eligible to vote of the date, time and electoral district of the election and of the ~~nomination~~ application procedure.

Commented [A1]: Optional change; see discussion below. - MK

3.14 ~~Nominations~~Applications

~~The nomination of~~ A registrant who seeks to be a candidate for election as a member of Council director shall ~~be apply~~ in writing and shall ~~be given submit the application~~ to the Registrar at least 60 days before the date of the election (the "~~nomination application~~ deadline"). ~~The nomination must be signed by the candidate and by at least six members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.~~

3.15 Acclamation

- (a) ~~For elections and by-elections prior to April 2024, if~~ the number of candidates ~~nominated who have applied for and are eligible for election to the Board of Directors~~ for an electoral district is less than or equal to the number of ~~members-registrants~~ to be elected in that electoral district, the Registrar shall declare the candidates or candidates elected by acclamation.
- (b) ~~For elections and by-elections in and after April 2024, if the number of candidates who have applied for and are eligible for election to the Board of Directors is less than or equal to the number of registrants to be elected in that election, the Registrar shall declare the candidate or candidates elected by acclamation. If the number of candidates elected by acclamation is less than the number of registrants that were to be elected in that election, the Registrar shall, as soon as possible, call a by-election for the remaining seat or seats.~~

3.16 No Candidates for Election

If there are no candidates who ~~have applied for and~~ are eligible for election, the Registrar shall, as soon as possible, call a by-election.

3.17 Information about Candidates

A candidate shall provide to the Registrar by the ~~nomination application~~ deadline or such later date as the Registrar permits, biographical information in a manner acceptable to the Registrar for the purpose of distribution to ~~members-registrants~~ eligible to vote in the election.

3.18 Administering and Supervising Elections

The Registrar will supervise and administer the election process and may for the purpose of carrying out that duty and subject to the by-laws:

- (a) appoint returning officers and scrutineers;
- (b) establish procedures and deadlines for the receiving and sending of elections materials, including establishing a deadline for the receiving of ballots and procedures for opening, counting and verifying ballots;

Commented [A2]: This language change from "nominations" to "applications" was made by the College of Pharmacists. A benefit is that it is a step closer to a true application process rather than an election process and so it minimizes the changes that will be needed if elections are eliminated. However, the concept of "applying" for "election" may be confusing. Accordingly, it is also reasonable to continue to call it a nomination process in which candidates nominate themselves. In this case, here is proposed wording for this bylaw change:

The nomination of a candidate for election as a member-of-Council director shall be in writing and shall be given to the Registrar at least 60 days before the date of the election (the "nomination deadline"). The nomination must be signed by the candidate and by at least six members who support the nomination and who are eligible to vote in the electoral district in which the election is to be held.
- MK

Commented [A3R2]: I like "application" LD

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- (c) establish reliable and secure voting processes;
- (d) provide for the notification of all candidates and ~~members-registrants~~ of the results of the election;
- (e) if there has been a non-compliance with ~~a nomination an application~~ or election requirement, determine whether the non-compliance should be waived in circumstances where the fairness or integrity of the election will not be affected;
- (f) establish deadlines for any recounts and provide for the destruction of voting information following an election; and
- (g) do anything else that ~~he or she~~they deems necessary and appropriate to ensure that the election is fair and effective.

3.19 Voting Package

No later than thirty days before the date of an election the Registrar shall send by electronic or other means a voting package to every ~~member-registrant~~ eligible to vote in the ~~district election, and in the case of elections held prior to April 2024, eligible to vote in the district~~. The package will include a list of candidates ~~in the electoral district~~ and a ballot or electronic access to a ballot and an explanation of the voting procedure.

3.20 Voting

A ~~member-registrant~~ eligible to vote may cast as many votes on a ballot as there are ~~members registrants~~ to be elected from that electoral district ~~in that election~~. A ~~member-registrant~~ shall not cast more than one vote for any one eligible candidate.

3.21 Tie Vote

If there is a tie in an election of ~~members-registrants~~ to the ~~Council~~Board of Directors, the Registrar shall break the tie by lot.

3.22 Modifying Time Periods

In exceptional circumstances, the Registrar may modify any time period respecting elections as the Registrar considers necessary to compensate for such circumstances.

3.23 By-Elections

A by-election is held in the same manner and is subject to the same criteria and processes as a regular election, subject to any necessary modifications.

4. DISQUALIFICATION AND REMOVAL OF ~~COUNCIL MEMBERS~~DIRECTORS

4.1 Disqualification

An elected ~~councillor~~director is disqualified from sitting on ~~Council~~the Board of Directors if the ~~member~~registrant meets one or more of the following criteria:

- (a) ~~Council~~the Board of Directors determines that the ~~member~~registrant had not met one or more of the eligibility requirements in section 3.10;
- (b) the ~~member~~registrant ceases to meet one or more of the eligibility requirements in section 3.10;
- (c) the ~~member~~registrant fails, without reasonable cause, to attend two consecutive meetings of the ~~Council~~Board of Directors;
- (d) the ~~member~~registrant fails, without reasonable cause, to attend three consecutive meetings of a committee of which ~~he or she is~~they are a member;
- (e) the ~~member~~registrant fails, without reasonable cause, to attend a hearing or proceeding of a panel for which ~~he or she~~they have ~~has~~ been selected; or
- (f) the ~~member~~registrant fails, in the opinion of ~~Council~~the Board of Directors, to discharge ~~his or her~~their duties to the College, including without limitation having acted in a conflict of interest or otherwise in breach of a College by-law or policy, or the *Regulated Health Professions Act, 1991*.

4.2 Temporary Exclusion

An elected ~~councillor~~director who becomes the subject of any disciplinary or incapacity proceeding at the College, a Registrar's investigation under the RHPA, or an interim order under the RHPA will not be disqualified under section 4.1 during the proceeding but shall not serve on ~~council~~the Board of Directors or on any committee until the proceeding is finally completed.

4.3 Removal of Elected ~~Councillor~~Director

The following procedure applies to the disqualification and removal of an elected ~~councillor~~director:

- (a) If another ~~councillor~~director believes that an elected ~~councillor~~director meets one or more of the criteria for disqualification in section 4.10, ~~he or she~~they shall advise the Registrar and Executive Committee in writing.
- (b) If the Registrar receives information suggesting that an elected ~~councillor~~director meets one or more of the criteria for disqualification in section 4.1, the Registrar shall advise the Executive Committee in writing.

- (c) If the Executive Committee believes the matter requires ~~Council's~~ the Board of Director's consideration, it shall notify the elected ~~councillor-director~~ about the nature of the concern and provide him or her with a reasonable opportunity to respond before bringing the matter to ~~Council~~ the Board of Directors.
- (d) If after considering the elected ~~councillor's~~ director's response, if any, the Executive Committee decides that the matter warrants ~~Council's~~ the Board of Directors' consideration, it shall place the matter on the agenda for the next meeting of ~~Council~~ the Board of Directors, or the ~~president~~ Chair of the Board shall call a special ~~Council~~ Board of Directors meeting for the purpose of determining whether the ~~member-registrant~~ meets any of the criteria for disqualification under section 4.1. The Registrar shall advise the ~~councillor~~ director who is potentially subject to disqualification of the date of the ~~Council~~ Board of Directors meeting and that the ~~councillor-director~~ may make written or oral submissions to ~~Council~~ the Board of Directors at the meeting.
- (e) Disqualification of an elected ~~councillor-director~~ requires a resolution passed by a majority of not less than two-thirds of the votes cast on the resolution by ~~councillors~~ directors present at the meeting. The elected ~~councillor-director~~ who is the subject of a motion for disqualification shall not be present during the debate following submissions, if any, or during the vote on the motion. ~~Council~~ The Board of Directors shall not consider the ~~member-registrant~~ for the purpose of establishing quorum or counting votes.
- (f) A disqualified ~~councillor-director~~ ceases to be a member of ~~Council~~ the Board of Directors and any of its committees.

4.4 Disqualification- and Removal of Public ~~Councillor~~ Director

The following procedure applies to the disqualification and removal of a ~~p~~Public ~~Councillor~~ director:

- (a) If a ~~councillor-director~~ believes that a public ~~councillor-director~~ does not meet one of the criteria set out in clauses (d), (f), (g), (i), (q), (r), (s), ~~(t.1)~~, (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), ~~he or she~~ they shall advise the Registrar and Executive Committee in writing.
- (b) If the Registrar receives information suggesting that a public ~~councillor-director~~ does not meet one or more of the criteria in clauses (d), (f), (g), (i), (q), (r), (s), ~~(t.1)~~, (u), (v), (w), (x) and (y) of section 3.10, or clauses 4.1 (c) through (f), the Registrar shall advise the Executive Committee in writing.
- (c) The procedure in section 4.3 clauses (c) through (e) shall govern the disqualification of a ~~p~~Public ~~Councillor~~ director with necessary modifications.

4.5 Notice to Minister

Following the disqualification of a public ~~councillor~~director, the ~~Council~~Board of Directors may advise the Minister of Health and Long-Term Care of its determination and request the Minister to ensure the removal of the public ~~councillor~~director from ~~Council~~the Board of Directors.

4.6 Suspension of Public ~~Councillor~~Director

If ~~Council~~the Board of Directors passes a resolution to disqualify ~~the member a public~~director under section 4.3, it may suspend the public ~~councillor~~director from serving on ~~Council~~the Board of Directors or on any of its committees, or both.

5. VACANCIES

5.1 Creation of Vacancy

The office of an elected ~~council member~~director is deemed vacant on the death, resignation or removal of that ~~member~~director.

5.2 Filling Vacancy – Less than One Year

(a) If prior to the 2024 Board of Directors election, the seat of an elected ~~councillor~~director becomes vacant in an electoral district less than one year before the ~~next election in that electoral district~~expiry of the director's term of office, the ~~Council~~Board of Directors may:

- i. leave the seat vacant;
- ii. appoint as an elected ~~councillor~~director the eligible candidate who had the most votes of all of the unsuccessful candidates for that position in ~~that~~the director's electoral district in the last election; or
- iii. direct the Registrar to hold a by-election for that electoral district.

(b) If following the 2024 Board of Directors election the seat of an elected director becomes vacant less than one year before the expiry of the director's term of office, the Board of Directors may:

- i. leave the seat vacant;
- ii. appoint as an elected director the eligible candidate who had the most votes of all of the unsuccessful candidates in the last election; or
- iii. direct the Registrar to hold a by-election.

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5.3 Filling Vacancy – More than One Year

- (a) If ~~prior to the 2024 Board of Directors election~~ the seat of an elected ~~councillor~~ ~~director~~ becomes vacant more than one year before the expiry of the ~~member's~~ ~~director's~~ term of office, the Registrar will hold a by-election for that electoral district.
- (b) ~~If following the 2024 Board of Directors election the seat of an elected director becomes vacant more than one year before the expiry of the director's term of office, the Registrar will hold a by-election for that seat.~~

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6. OFFICERS

6.1 Officers

The officers of the College shall be the ~~President~~ ~~Chair of the Board~~, the Vice-~~President~~ ~~Chair of the Board~~ and the Registrar and such other officers as the ~~Council~~ ~~Board of Directors~~ may determine from time to time. A person must not hold more than one office.

6.2 ~~President~~ ~~Chair of the Board (Chair)~~

The ~~President~~ ~~Chair of the Board~~ shall perform all duties and responsibilities pertaining to ~~his~~ ~~or her~~ ~~their~~ office, which include the responsibilities set by ~~Council~~ ~~Board of Directors~~ policy and such other duties that ~~Council~~ ~~the Board of Directors~~ from time to time assigns.

6.3 ~~Vice~~ ~~President~~ ~~Chair of the Board (Vice-Chair)~~

The Vice-~~President~~ ~~Chair of the Board~~ will act and has all the powers and duties of the ~~President~~ ~~Chair of the Board~~ if the ~~President~~ ~~Chair of the Board~~ is absent or is unable or refuses to act, and will perform the responsibilities set by ~~Council~~ ~~Board of Directors~~ policy and such other duties that ~~Council~~ ~~the Board of Directors~~ from time to time assigns.

6.4 Appointment of Registrar

The Registrar shall be appointed by ~~Council~~ ~~the Board of Directors~~ and shall be the Executive Director of the College. The Executive Committee shall not exercise the authority of the ~~Council~~ ~~Board of Directors~~ with respect to the appointment or removal of the Registrar.

6.5 Registrar Terms of Employment

The terms of employment of the Registrar shall be set out in a written employment contract approved by the Executive Committee and shall be consistent with any College personnel policies in effect at the time such contract is approved. No candidate for the position of Registrar shall be offered a contract of employment until that candidate has been approved by ~~Council~~ ~~the Board of Directors~~.

6.6 Registrar Duties

The Registrar shall perform those duties set out in the RHPA, the Act and the by-laws of the College in addition to such duties and responsibilities as are set by ~~Council~~Board of Directors policy and such other duties that ~~Council~~the Board of Directors from time to time assigns.

6.7 Appointment of Acting Registrar

During extended absences of the Registrar, the ~~Council~~Board of Directors may appoint an Acting Registrar. If a vacancy or prolonged or indefinite absence occurs in the Registrar's office, the Executive Committee or the ~~Council~~Board of Directors shall appoint an Acting Registrar. If the Executive Committee appoints an Acting Registrar, the appointment or approval is subject to ~~Council~~Board of Directors approval at the next meeting of ~~Council~~the Board of Directors.

6.8 Authority of Acting Registrar

A person appointed as Acting Registrar under section 6.7 shall have all the authority, duties and responsibilities of the Registrar.

6.9 Removal of Officers

~~Council~~The Board of Directors may remove an officer of the College by a two-thirds majority vote of the ~~councillors~~directors present at a ~~Council~~Board of Directors meeting duly held for that purpose. The removal from office of an officer who is also an employee of the College shall not of itself constitute termination of employment.

7. MEETINGS OF ~~COUNCIL~~THE BOARD OF DIRECTORS

7.1 ~~Council~~Board of Directors Meetings

~~Council~~The Board of Directors shall have at least four regular meetings during each calendar year, with no more than four months between meetings. ~~Council~~Board of Directors meetings shall be held at the head office of the College or at any other place as may be determined by the Registrar or ~~Council~~the Board of Directors from time to time.

7.2 Reasonable Notice for ~~Council~~Board of Directors Meetings

Written notification of the date, time and place of a ~~Council~~Board of Directors meeting will be delivered to each ~~councillor~~director not less than five days before the date of the meeting. The accidental omission to give notice or the non-receipt of any notice by any ~~councillor~~director will not invalidate a resolution that ~~Council~~the Board of Directors passes at the meeting or any action or proceeding it takes at the meeting.

7.3 Business at Regular Meetings

~~Council~~The Board of Directors may consider at a regular meeting:

- (a) matters contained within the agenda approved by the Executive Committee;
- (b) matters brought by the Executive Committee;
- (c) recommendations and reports by committees;
- (d) motions or matters where notice was given by a ~~councillor-director~~ at a preceding ~~Council Board of Directors~~ meeting;
- (e) such other matters, not included in the agenda, that at least two-thirds of the ~~councillors-directors~~ in attendance determine to be of an urgent nature; and
- (f) routine and procedural matters.

7.4 Special Meetings

A special meeting of ~~Council the Board of Directors~~ may be called by the ~~President Chair of the Board~~ or the majority of ~~Council Members-directors~~ by submitting to the Registrar a written request for the meeting containing the matter or matters for decision at the meeting. The Registrar shall provide notice of the meeting to each ~~councillor-director~~ not less than five days before the date of the special meeting. The notice shall state the date, time and place of the meeting and the general nature of the business to be transacted.

7.5 Business at Special Meetings

Business at a special meeting is limited to the following:

- (a) the matter or matters for decision at the meeting contained in the written request submitted to the Registrar;
- (b) matters brought by the Executive Committee; and
- (c) routine and procedural matters.

7.6 Manner of Holding Meetings

Any meeting of the ~~Council Board of Directors~~ may be conducted by means of teleconference or any other means that permit all persons participating in the meeting to communicate with each other adequately. Persons participating in the meeting by such means are deemed to be present at the meeting. Meetings held in this manner are deemed to be held at the head office of the College, unless ~~Council the Board of Directors~~ determines otherwise.

7.7 ~~President Chair or Vice-President Chair of the Board~~ Presides

In the absence of a presiding officer appointed under section 7.8, the ~~President Chair of the Board~~, or ~~his or her~~their delegate, shall preside over meetings. The ~~Vice-President Chair of the Board~~ shall preside if the ~~President Chair of the Board~~ is absent. In the absence of both the ~~President Chair~~ and the ~~Vice-President Chair of the Board~~, the ~~councillors-directors~~ present shall select from among themselves a ~~councillor-director~~ to chair the meeting.

7.8 Presiding Officer

For the purpose of conducting meetings the ~~Council~~Board of Directors may appoint a non-voting presiding officer who is not a member of ~~Council~~the Board of Directors or of the College to preside at all meetings or at a meeting. The presiding officer shall continue in ~~his or her~~their role until dismissed by ~~Council~~the Board of Directors or the Executive Committee. The presiding officer shall act solely as chair of ~~Council~~Board of Directors meeting proceedings in accordance with these by-laws and any rules of order that ~~Council~~the Board of Directors approves and shall not take a role in ~~Council~~Board of Directors deliberations. Before assuming ~~his or her~~their duties, the presiding officer shall agree to maintain the same standard of confidentiality and conflict of interest applicable to a ~~councillor~~director.

7.9 Quorum

A quorum for any meeting of ~~Council~~the Board of Directors is as set out in the RHPA. A ~~Council~~Board of Directors vacancy is not counted in determining whether a quorum is present.

7.10 Adjournments

Whether or not a quorum is present, the chair or presiding officer may adjourn any ~~Council~~Board of Directors meeting and reconvene it at any time and any business may be transacted at the adjourned meeting that could have been transacted at the original meeting. No notification shall be required of any such adjournment.

7.11 Voting at Meetings

Unless otherwise required by law or by the by-laws, every motion which properly comes before ~~Council~~the Board of Directors shall be decided by a simple majority of the votes cast at the meeting by ~~councillors~~directors present. In the event of a tie vote, the motion is defeated.

Except where a secret ballot is required or at a meeting held by teleconference, every vote at a ~~Council~~Board of Directors meeting shall be by a show of hands but, if any two ~~councillors~~directors so require, a roll call vote shall be taken.

7.12 Rules of Order

Except where inconsistent with the RHPA, the Act, the Regulations or the by-laws of the College, any questions of procedure at or for any meetings of ~~Council~~the Board of Directors shall be determined by the chair or presiding officer of such meeting in accordance with the rules of order that the ~~Council~~Board of Directors adopts from time to time.

7.13 Unanimous Resolutions

A resolution or by-law signed by all members of the ~~Council~~Board of Directors is as valid and effective as if passed at a meeting of ~~Council~~the Board of Directors held for the purpose, and

a ~~councillor's-director's~~ signature may be an identifying mark created or communicated using electronic means.

8. COMMITTEE ESTABLISHMENT AND APPOINTMENTS

8.1 Establishment and Appointees

~~Council-The Board of Directors~~ may from time to time establish non-statutory or ad hoc committees and set the duties and composition and appoint the members of each committee. In appointing members to a non-statutory or ad hoc committee ~~Council-the Board of Directors~~ will give due consideration to the recommendations, if any, of the Executive Committee.

8.2 Appointment to Committees

~~Council-The Board of Directors~~ will at the first regular ~~Council Board of Directors~~ meeting following each scheduled election of ~~councillors-directors~~ appoint the members of each committee and a chair of each committee in a manner prescribed by ~~Council-the Board of Directors~~ from time to time. In appointing members to committees ~~Council-the Board of Directors~~ will give due consideration to the recommendations, if any, of the Executive Committee. ~~Council-The Board of Directors~~ may from time to time vary appointments and remove the chair of any committee.

8.3 Notice and Application

The Registrar shall,

- (a) notify ~~members-registrants~~ of the opportunity to apply for appointment to a committee;
- (b) approve a form of application relating to appointment; and
- (c) set a deadline for the receipt of applications.

8.4 Eligibility for Committee Appointment

~~Council-The Board of Directors~~ may appoint a ~~member-registrant~~ who is not a ~~councillor-director~~ to serve on a committee if,

- (a) the ~~member-registrant~~ has completed and filed with the Registrar an application for appointment in the form approved by the Registrar prior to the deadline for applications established by the Registrar;
- (b) the ~~member-registrant~~ is the holder of a general class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all ~~members-registrants~~ of the class;

- (c) the member-registrant is not in default of the payment of any fee payable to the College;
- (d) the member-registrant is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dietetics or any other profession;
- (e) the member's-registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the appointment for any reason other than non-payment of fees;
- (f) the member-registrant has not been found to have committed professional misconduct by the Discipline Committee or by any discipline committee in any jurisdiction relating to dietetics or any other profession;
- (g) the member-registrant has not been disqualified by the Council-Board of Directors in the three years preceding the date of the appointment as a result of a breach of a code of conduct or policy on conduct approved by Council-the Board of Directors or a breach of the conflict of interest provisions of this by-law;
- (h) the member-registrant practises dietetics in Ontario or resides in Ontario;
- (i) the member-registrant does not have a notation on the College register of a finding of professional negligence or malpractice made against the member-registrant;
- (j) the member-registrant is not the subject of a charge under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (k) the member-registrant does not have a notation on the College register of a charge in relation to any offence;
- (l) the member-registrant does not have a criminal finding of guilt as an adult under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada);
- (m) the member-registrant does not have a notation on the College register of a finding of guilt made by a court with respect to any offence;
- (n) the member-registrant does not have a notation on the College register of an undertaking provided to the College with respect to a matter involving the Inquiries, Complaints and Reports Committee or the Discipline Committee;
- (o) The member-registrant is not currently the subject of an undertaking provided to the College with respect to a fitness to practise issue;

- (p) the member-registrant is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- (q) the member-registrant has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee or been required to complete a specified continuing education or remediation program by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;
- (r) the member-registrant is not a member of the Board of Directors or council of any other RHPA college;
- (s) the member-registrant is not an employee of the College and has not been an employee of the College during the previous two (2) years;
- (t) the member-registrant is not an applicant for employment at the College and has not applied for employment at the College during the previous year;
- (u) the member-registrant is not in default of completing and submitting any information or form required under the regulations of the RHPA or Act, or the by-laws of the College;
 - (u.1) the registrant meets the competency and attribute framework requirements set out in the Board Competency and Attribute policy set out in the applicable College policy as approved by the Board of Directors from time to time and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the Board Competency and Attribute policy and set out in the applicable College policy;
- (v) the member-registrant has successfully completed the College's current training program relating to the duties, obligations and expectations of Council Board of Directors and committee members;
- (w) the member-registrant is not party to a legal proceeding against the College;
- (x) the member-registrant has completed and filed with the Registrar a conflict of interest declaration by the deadline and in the form approved by the Registrar, and the member-registrant does not have a conflict of interest to serve as a member of Council the Board of Directors;
- (y) the member-registrant does not hold a position that would cause the member-registrant to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization. including but not limited to having or had during the previous year a leadership, employment or contractual role with an international, national or provincial association or organization that advances the interests of dietitians, has policy

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making responsibilities for dietitians, or oversees the regulation of dietitians;
or

- (z) the ~~member-registrant~~ is not ineligible because of section 8.5.

8.5 Term of Office of Committee Members

The term of office of a committee appointee is approximately three (3) years from the date of appointment or re-appointment to a committee. A committee appointee shall not be a member of the same committee of the College for more than nine (9) consecutive years. A member who has served as a committee appointee for nine (9) consecutive years is not eligible for appointment as a committee appointee until at least one year has passed since the member last served as a committee appointee.

8.6 Continuation of Term of Office

The term of office of committee members shall continue if for any reason ~~Council~~ the Board of Directors fails to appoint a new committee at the time or times set out in the by-laws, provided a quorum exists.

8.7 Committee Vacancies

The Executive Committee may appoint persons to fill any vacancies in the membership or chair of a committee, other than the Executive Committee, and it must make an appointment to fill a vacancy on a committee if it is necessary for the committee to achieve quorum or to comply with the Act or regulations. A member of a committee appointed by the Executive Committee is subject to confirmation by ~~Council~~ the Board of Directors at its next meeting.

8.8 Executive Committee Vacancies

If a vacancy occurs on the Executive Committee, ~~Council~~ the Board of Directors shall fill the vacancy by election.

9. DISQUALIFICATION AND REMOVAL OF COMMITTEE APPOINTEES

9.1 Disqualification Criteria

A committee appointee is disqualified from sitting on a committee if the member meets one or more of the following criteria:

- (a) the Executive Committee determines that the appointee had not met one or more of the eligibility requirements in section 3.10;
- (b) the appointee after being appointed ceases to meet one or more of the eligibility requirements in section 3.10;
- (c) the appointee fails, without reasonable cause, to attend three consecutive meetings of the committee of which ~~he or she is~~ they are a member;

- (d) the appointee fails, without reasonable cause, to attend a hearing or proceeding of a panel for which ~~he or she has~~they have been selected; or
- (e) the appointee fails, in the opinion of ~~Council~~the Board of Directors, to discharge ~~his or her~~their duties to the College, including without limitation having acted in a conflict of interest or otherwise in breach of a College by-law, of the *Regulated Health Professions Act, 1991*, or the College's Governance Policy.

9.2 Temporary Exclusion

A committee member who becomes the subject of any disciplinary or incapacity proceeding at the College, a Registrar's investigation under the RHPA, or an interim order under the RHPA may be subject to disqualification and shall not serve on any committee until the proceeding is finally completed.

9.3 Removal of Committee Appointee

~~Council~~The Board of Directors or the Executive Committee may remove a committee appointee who is a member-registrant of the College by resolution requiring a simple majority. ~~The~~is Board of Directors ~~Council~~ or the Executive Committee has the power to remove a committee appointee whether or not one of the disqualification criteria in section 9.1 applies.

If a ~~councillor~~director or committee appointee believes that a committee appointee meets one or more of the criteria for disqualification in section 9.1, ~~he or she~~they shall advise the Registrar in writing. A disqualified committee appointee ceases to be a member of any ~~Council~~Board of Directors committee.

10. COMMITTEE MEETINGS

10.1 Non-Application to Hearings

This Article 10 does not apply to a proceeding of a committee or a panel of a committee held for the purpose of conducting a hearing.

10.2 Location and Notice

Committee meetings shall be held at the head office of the College or at another place determined by the committee chair or Registrar. No formal notice is required for committee meetings but meeting dates will be set in advance and College will make reasonable efforts notify all of the committee members of every meeting and to arrange meeting dates and times that are convenient to the committee members.

10.3 Manner of Holding Meetings

Committee meetings may be conducted by means of teleconference or any other means that permit all persons participating in the meeting to communicate with each other adequately.

Persons participating in the meeting by such means are deemed to be present at the meeting. Meetings held in this manner are deemed to be held at the head office of the College, unless ~~Council~~the Board of Directors determines otherwise.

10.4 Chair of Meetings

The committee chair or ~~his or her~~their appointee shall preside over meetings of a committee.

10.5 Quorum for Committees

Unless specifically provided for otherwise under the Act, the RHPA, a Regulation or the by-laws, a majority of committee members constitutes a quorum for a meeting of a committee. A committee vacancy is not counted in determining whether a quorum is present.

10.6 Voting

Unless otherwise required by law or by the by-laws, every motion which properly comes before a committee shall be decided by a simple majority of the votes cast at the meeting. In the event of a tie vote, the motion is defeated. Roll call votes shall be taken for teleconference meetings and with respect to committee members attending an in-person meeting by teleconference.

10.7 Meeting Minutes

Committee chairs are responsible for ensuring there is an accurate record taken of committee meetings.

11. STATUTORY COMMITTEES

11.1 Executive Committee Composition

The Executive Committee shall be composed of the ~~President~~Chair of the Board, the Vice-~~President~~Chair of the Board and two other members of the ~~Council~~Board of Directors. At least one member of the Executive Committee must be a public ~~councillor~~director.

11.2 Executive Committee Duties

In addition to the duties provided to the Executive Committee under the RHPA and by-laws of the College, the Executive Committee will act in an advisory capacity to ~~Council~~the Board of Directors on the financial affairs of the College and without limiting the generality of the foregoing shall:

- (a) recommend annual operating and capital budgets to ~~Council~~the Board of Directors;
- (b) make recommendations relating to the financial reserves of the College;
- (c) report at least annually to the ~~Council~~Board of Directors on the financial affairs of the College;

- (d) liaise with and provide support to the Registrar.

11.3 Nomination Procedure for Executive Committee Election

Before the first meeting of the newly elected ~~Council~~ Board of Directors, the Registrar will send an invitation to all ~~councillors-directors~~ requesting written expressions of interest to stand for election to any of the offices of President~~Chair of the Board~~, Vice-~~President~~Chair of the Board and member of the Executive Committee.

11.4 Election of Executive Committee

At the first ~~Council~~ Board of Directors meeting after the election of ~~councillors~~directors, the Registrar shall conduct an election to determine the members of the Executive Committee in the order of President~~Chair of the Board~~, Vice-~~President~~Chair of the Board, and other Executive Committee members. The following provisions apply to the election:

- (a) the Registrar will present the names of candidates who have indicated their interest for the office of President~~Chair of the Board~~;
- (b) ~~Council~~ the Board of Directors may also approve nominations for the office of President~~Chair of the Board~~ at the time of the election (and a ~~councillor~~ director may nominate herself or himself as a candidate);
- (c) before the first vote, each of the nominees will have an opportunity to speak to ~~Council~~ the Board of Directors for up to two minutes about her or his candidacy;
- (d) if there is only one candidate, the Registrar shall declare the candidate elected by acclamation;
- (e) if there is more than one candidate, voting will be through secret ballot;
- (f) if there are more than two candidates in an election, there will be successive ballots until one candidate receives a majority of the votes cast, with the candidate or candidates who receive the fewest votes in a ballot dropped in the next ballot;
- (g) if there is a tie, the Registrar will break tie by lot;
- (h) after ~~Council~~ the Board of Directors elects the President~~Chair of the Board~~, it will elect the Vice-~~President~~Chair of the Board in a similar manner;
- (i) After ~~Council~~ the Board of Directors elects the Vice-~~President~~ Chair of the Board it will elect the remaining Executive Committee positions in a similar manner with reference to the composition of the Committee set out in section 11.1.

11.5 Executive Committee Term of Office

Unless otherwise provided in this by-law, the term of office of the President Chair and Vice-President Chair of the Board and other members of the Executive Committee shall start immediately following their election and continue until the completion of the next election for the offices of President Chair and Vice-President Chair of the Board in the following year.

11.6 Composition of Registration Committee

The Registration Committee shall be composed of:

- (a) at least two elected councillorsdirectors;
- (b) at least two public councillorsdirectors; and
- (c) at least one committee appointee.

11.7 Composition of Inquiries, Complaints and Reports Committee

The Inquires, Complaints and Reports Committee shall be composed of:

- (a) at least three elected councillorsdirectors;
- (b) at least three public councillorsdirectors; and
- (c) at least two committee appointees.

11.8 Quorum for the Inquiries, Complaints and Reports Committee and Panels

Three members of the Inquiries, Complaints and Reports Committee, at least one of whom shall be a public councillordirector, constitute a quorum of that committee or a panel of that committee.

11.9 Composition of Discipline Committee

The Discipline Committee shall be composed of:

- (a) at least three elected councillorsdirectors;
- (b) at least two public councillorsdirectors; and
- (c) at least one committee appointee.

11.10 Composition of Fitness to Practise Committee

The Fitness to Practise Committee shall be composed of:

- (a) at least three elected councillorsdirectors;
- (b) at least two public councillorsdirectors; and

- (c) at least one committee appointee.

11.11 Composition of Quality Assurance Committee

The Quality Assurance Committee shall be composed of:

- (a) at least two elected ~~councillors~~directors;
- (b) at least two public ~~councillors~~directors; and
- (c) at least one committee appointee.

11.12 Composition of the Patient Relations Committee

The Patient Relations Committee shall be composed of:

- (a) at least two elected ~~councillors~~directors;
- (b) at least two public ~~councillors~~directors; and
- (c) at least one committee appointee.

12. NON-STATUTORY COMMITTEES

12.1 Composition of Elections Committee

The Elections Committee shall be a non-statutory committee of the College composed of three public ~~councillors~~directors.

12.2 Responsibilities of the Elections Committee

The Elections Committee's responsibilities are as follows:

- (a) dealing with disputes relating to election of elected ~~councillors~~directors;
- (b) dealing with disputes relating to the distribution by the College of election material prepared by a candidate for election;
- (c) studying and making recommendations to ~~Council~~Board of Directors on improving the election process; and
- (d) any other responsibilities as may be assigned by ~~Council~~Board of Directors or the Executive Committee from time to time.

12.3 Composition of Registrar Performance and Compensation Review Committee

The Registrar Performance and Compensation Review Committee shall be a non-statutory committee of the College composed of the members of the Executive Committee and one other ~~councillor~~director.

12.4 Responsibilities of the Registrar Performance and Compensation Review Committee

The Registrar Performance and Compensation Review Committee's responsibilities are as follows:

- (a) annually conduct a performance review of the Registrar and present the results of that review to the ~~Council~~ Board of Directors;
- (b) every three years conduct a compensation review for the Registrar, which must include a market survey, and present the results of the review to ~~Council~~ Board of Directors;
- (c) present recommendations annually to the ~~Council~~ Board of Directors respecting changes to the compensation (including salary and benefits) to be provided to the Registrar; and
- (d) any other responsibilities as may be assigned by ~~Council~~ the Board of Directors or the Executive Committee from time to time.

12.5 Composition of the Audit Committee

The Audit Committee shall be a non-statutory committee of the College composed of two members of the Executive Committee, excluding the ~~President~~ Chair and Vice-~~President~~ Chair of the Board, and two other ~~councillors~~ directors. There must be two elected ~~councillors~~ directors and two publicly appointed ~~councillors~~ directors on the Committee.

The Audit Committee's responsibilities are as follows:

- (a) meet at least once a year with the College's auditors;
- (b) review draft audit reports prepared by the College's auditors;
- (c) receive and oversee the implementation of recommendations made by the College's auditors; and
- (d) any other responsibilities as may be assigned by ~~Council~~ the Board of Directors or the Executive Committee from time to time.

12.6 Composition of the Professional Practice Committee

The Professional Practice Committee shall be composed of:

- (a) at least two elected ~~councillors~~ directors;
- (b) at least two public ~~councillors~~ directors; and
- (c) at least one committee appointee.

12.7 Responsibilities of the Professional Practice Committee

The Professional Practice Committee's responsibilities are as follows:

- (a) anticipate and work on professional practice standards, policies and guidelines.
- (b) make recommendations to ~~Council~~ the Board of Directors regarding professional practice standards, policies, and guidelines to enhance safe, competent, and ethical dietetic practice;
- (c) make recommendations to ~~Council~~ the Board of Directors regarding legislative issues/changes pertaining to the practice of dietetics;
- (d) provide direction to prepare the College submission on legislative initiatives and recommend responses to Health Professions Regulatory Advisory Council (HPRAC) referrals to ~~Council~~ the Board of Directors; and
- (e) any other responsibilities as may be assigned by ~~Council~~ the Board of Directors or the Executive Committee from time to time.

12.8 Composition of the Governance Committee

The Governance Committee shall be composed of at least five members:

- (a) at least one elected ~~councillor~~ director;
- (b) at least one public ~~councillor~~ director; and
- (c) at least one committee appointee.

12.9 Responsibilities of the Governance Committee

The Governance Committee's responsibilities are as follows:

- (a) review and consider the College's existing governance model and recommend changes that are consistent with leading evidence-based practices in governance and are within the College's control;
- (b) oversee the implementation of changes to the governance model that ~~Council~~ the Board of Directors adopts;
- (c) Consider and make recommendations to ~~Council~~ the Board of Directors on College's EDI plan and strategy.
- (d) ongoing appraisal of the College's governance structure, processes, and policies to promote longstanding governance excellence at both the ~~Council~~ Board of Directors -and Committee level; and
- (e) any additional responsibilities as directed by ~~Council~~ the Board of Directors.

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13. REGISTER

13.1 Names in the Register

Subject to paragraph 1 of section 13.2, a ~~member's-registrant's~~ name in the register shall be the ~~member's-registrant's~~ name as provided in the documentary evidence used to support the ~~member's-registrant's~~ initial registration.

13.2 Additional Register Information

In addition to the information required under subsection 23(2) of the Code, the register shall contain the following information with respect to each ~~member-registrant~~:

1. Any change to the ~~member's-registrant's~~ name that has been made in the register of the College from the date of the ~~member's-registrant's~~ initial registration with the College and any names that the ~~member-registrant~~ uses in any place of practice other than as provided in section 13.1, including any common names or abbreviations.
2. Each ~~member's-registrant's~~ certificate of registration number.
3. The classes of certificate of registration held by each ~~member-registrant~~ and the date on which each was issued.
4. A list of the languages in which each ~~member-registrant~~ is capable of practising.
5. The name, address and telephone number of the primary business through which or at which the ~~member-registrant~~ practices dietetics in Ontario and ~~his or her~~their position at that business, and any other business and location at which the ~~member-registrant~~ regularly practices dietetics in Ontario, and ~~his or her~~their position at that business or location.
6. If a ~~member-registrant~~ has resigned, the date upon which the resignation took effect.
7. If the College is aware of an outstanding charge against a ~~member-registrant~~ on or after May 1, 2018 for any offence in any jurisdiction other than an offence under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if the Registrar believes the offence is relevant to the ~~member's-registrant's~~ suitability to practice,
 - a) the fact and content of the charge, and
 - b) the date and place of the charge.

The information shall be removed once the charges are no longer outstanding, and the dismissal of the charges is not the subject of an appeal.

8. A summary of any existing restriction that relates to or otherwise impacts a ~~member's-registrant's~~ practice imposed by a court or other lawful authority against the ~~member-registrant~~, of which the College is aware, including the date of and a summary of the restriction imposed.
9. If the College is aware of a finding of guilt against a ~~member-registrant~~ on or after May 1, 2018 for any offence in any jurisdiction other than under the *Criminal Code* (Canada) or the *Controlled Drugs and Substances Act* (Canada) and if the Registrar believes the offence is relevant to the ~~member's-registrant's~~ suitability to practice,
 - a) a brief summary of the finding,
 - b) a brief summary of the sentence, and
 - c) if the finding is under appeal, a notation that it is under appeal until the appeal is finally disposed of.

If the conviction is overturned on appeal, the information shall be removed from the register once the appeal is final.

10. If a ~~member-registrant~~ has any terms, conditions or limitations in effect on ~~his or her~~ their certificate of registration, the effective date of those terms, conditions and limitations and where applicable, the Committee responsible for the imposition of those terms, conditions and limitations.
11. If a ~~member-registrant~~ has terms, conditions or limitations on ~~his or her~~ their certificate of registration varied, the effective date of the variance or removal of those terms, conditions and limitations and where applicable, the Committee responsible for the variance of those terms, conditions and limitations.
12. If a ~~member's-registrant's~~ certificate of registration is reinstated, the effective date of the reinstatement and where reinstated by a panel of the Discipline or Fitness to Practise Committee, the name of the Committee responsible for the reinstatement.
13. If a suspension on a ~~member's-registrant's~~ certificate of registration is lifted or otherwise removed, the effective date of the lifting or removal of that suspension and where applicable, the Committee responsible for the lifting or removal of the suspension.
14. If a ~~member's-registrant's~~ certificate of registration is revoked, suspended, cancelled, or otherwise terminated, a notation of that fact and the effective

date and the basis of the revocation, suspension, cancellation, or other termination which shall include but not be limited to circumstances where

- a) a member's-registrant's certificate of registration is subject to an interim order of the Executive Committee or the Inquiries, Complaints and Reports Committee;
 - b) a member's-registrant's certificate of registration is suspended for non-payment of the annual fee or any fee required by the College, or
 - c) a member's-registrant's certificate of registration is suspended for failure to submit to a physical or mental examination as ordered by the Inquiries, Complaints and Reports Committee.
15. If a member's-registrant's temporary or provisional class certificate of registration expires, the effective date of the expiry of that class of certificate.
16. If a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after January 1, 2016 includes a requirement that the member-registrant attend before a panel of that committee to be cautioned as authorized by paragraph 3 of subsection 26(1) of the Code,
- a) a summary of the caution;
 - b) the date of the panel's decision;
 - c) once the member-registrant has received the caution a notation to that effect, and the date the member-registrant received the caution; and
 - d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

If the panel's decision referred to in this paragraph is overturned on appeal or review, the information shall be removed from the register once the appeal or review is final.

17. If a decision of a panel of the Inquiries, Complaints and Reports Committee made on or after January 1, 2016 includes a requirement that the member-registrant complete a specified continuing education or remediation program as authorized by paragraph 4 of subsection 26(1) and subsection 26(3) of the Code,
- a) a summary of the specified continuing education or remediation program;
 - b) the date of the panel's decision;

- c) once the member-registrant completes the program a notation to that effect, and the date on which the member-registrant completed the program; and
- d) if applicable, a notation that the panel's decision is subject to a review or appeal and therefore not yet final.

If the Panel's decision referred to in this paragraph is overturned on appeal or review, the information shall be removed from the register once the appeal or review is final.

- 18. A summary of any restriction on a member's-registrant's right to practise that has resulted from an undertaking given by the member-registrant to the College or an agreement entered into between the member-registrant and the College.
- 19. If an allegation of professional misconduct or incompetence has been referred to the Discipline Committee in respect of the member-registrant and is outstanding,
 - a) the date of the referral,
 - b) a summary of each specified allegation,
 - c) the status of the hearing , including the date of the hearing, if set; and
 - d) the notice of hearing.
- 20. If the question of the member's-registrant's capacity has been referred to the Fitness to Practise Committee and not yet decided,
 - a) a notation of that fact; and
 - b) the date of the referral.
- 21. If the Registrar has referred an application for reinstatement to the Discipline Committee for reinstatement and it is not finally resolved,
 - a) a notation of the referral, including the date of referral;
 - b) the anticipated date of the hearing, if the hearing date has been set or the next scheduled date for continuation of the hearing if the hearing has commenced;
 - c) if the hearing has been adjourned and no future date has been set, the fact of that adjournment; and

- d) if the hearing of evidence and arguments is completed and the parties are waiting for a decision of the panel of the Discipline Committee, a statement of that fact.
22. If an application for reinstatement has been decided by a panel of the Discipline Committee, the results of the hearing including the date of the decision and any order made.
23. If the result of a disciplinary proceeding is contained in the College's register,
- a) the date on which the panel of the Discipline Committee made its decision,
 - b) the date on which the Discipline Committee ordered any penalty, and
 - c) the decision and reasons.
24. If the College is aware that a restriction on a member-registrant or a member's registrant's practice has been made against a member-registrant registered or licensed to practise a profession inside or outside of Ontario and that finding has not been reversed on appeal,
- a) a notation of that fact;
 - b) the date of the finding and the name of the governing body that made the finding if available;
 - c) the order made if available; and
 - d) information regarding any appeals of the finding or order if available.
25. If the result of an incapacity proceeding is contained in the College's register, the date on which the panel made the finding of incapacity and the effective date of any order made by the panel.
26. If a finding of professional negligence or malpractice is contained in the College's register, the following information:
- a) the notice of and a description of the finding;
 - b) the date the finding was made against the member-registrant;
 - c) the name and location of the court that made the finding against the member-registrant; and
 - d) the status of any appeal respecting the finding made against the member-registrant.

27. Any information the College and a ~~member~~registrant, or health profession corporation, have agreed should be included in the register.
28. The date on which the College issued a certificate of authorization for a health profession corporation, and the effective date of any revocation, suspension, or cancellation of the certificate.

13.3 Public Information

All of the information referred to in section 13.2 is designated as public for the purpose of subsection 23(5) of the Code.

13.4 Registrar's Discretion

All of the information referred to in section 13.2 is information designated to be withheld from the public pursuant to subsection 23(6) of the Code such that the Registrar may refuse to disclose to an individual or post on the College's website any or all of that information if the Registrar has reasonable grounds to believe that disclosure of that information may jeopardize the safety of an individual.

14. INFORMATION FROM ~~MEMBERS-REGISTRANTS~~ AND PROFESSIONAL CORPORATIONS

14.1 ~~Member-Registrant~~ to Provide Particulars on Request

A ~~member-registrant~~ shall, upon written request of the Registrar,

- (a) immediately provide particulars of any information required to be in the College's register pursuant to the by-laws, the RHPA, the Act, or the regulations under the RHPA or the Act;
- (b) within thirty days, provide particulars of any information which was not information required to be in the College's register but was information that the ~~member-registrant~~ was required to provide to the College under the by-laws, the RHPA, the Act or a Regulation; and
- (c) within 10 days, confirm the accuracy of any information previously provided to the College by the member and where that information is no longer accurate, provide accurate information.

14.2 ~~Member-Registrant~~ to Immediately Provide Particulars

Notwithstanding section 14.1, a ~~member-registrant~~ shall immediately provide the particulars of any information required under paragraphs 7, 8 or 9 of section 13.2.

14.3 ~~Member-Registrant~~ to Provide Information on Request

The College may forward to its ~~members-registrants~~ from time to time requests for information in a printed or electronic form approved by the Registrar. Each ~~member~~

registrant shall accurately and fully complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for member-registrant information may include (but is not limited to) the following:

- (a) the member's-registrant's residential address, telephone and personal e-mail address;
- (b) whether the member-registrant wishes the College to communicate with him or her in French or English;
- (c) information required to be contained in the College's register pursuant to the by-laws, the RHPA, the Act, or Regulation;
- (d) information required to be provided to the College pursuant to the by-laws, the RHPA, the Act, or Regulation;
- (e) information respecting his or her/their participation in the Quality Assurance Program;
- (f) information that relates to the professional characteristics and activities of the member-registrant that may assist the College in carrying out its objects, including but not limited to:
 - a. information about actions taken by other regulatory authorities with respect to the member-registrant;
 - b. information that relates to the member's-registrant's health;
 - c. information relating to civil law suits involving the member-registrant;
 - d. information relating to criminal charges, arrests, bail conditions and other restrictions; and
 - e. information relating to offences;
- (g) information for the purposes of compiling statistical information to assist the College in fulfilling its objects;

14.4 Member-Registrant to Notify Registrar of Changes

If there is a change to the information provided under section 14.3 or any other information provided by the member-registrant, the member-registrant shall notify the Registrar in writing of the change within thirty (30) days of the effective date of the change.

14.5 Suspension for Failure to Provide Information

Regulation 593/94 applies to a failure of a member-registrant to provide information to the College as required under the by-laws and any such failure may result in the suspension of that member-registrant under the Regulation.

14.6 Health Professional Corporation to Provide Information

The College may forward to each professional corporation from time to time requests for information in a printed or electronic form approved by the Registrar. Each professional corporation shall accurately and fully complete and return such form, electronically or otherwise as specified by the College, by the due date set by the College. A request for member-registrant information may include (but is not limited to) the following:

- (a) the information required under the applicable statutes and regulations;
- (b) the title or office held by each director and officer of the corporation;
- (c) the registered office address of the corporation;
- (d) the address and telephone number of locations where the corporation regularly provides dietetic services, other than client or residences; and
- (e) a brief description of the dietetic professional activities of the corporation.

14.7 Health Professional Corporation to Notify Registrar of Changes

If there is any change to the information that a health profession corporation provided to the Registrar under section 14.6 the corporation must notify the College in writing of any change within thirty (30) days of the effective date of the change.

14.8 Changes in Shareholders

Despite section 14.7, a health profession corporation must notify the Registrar within ten (10) days of the effective date of any change in shareholders of the corporation.

15. PROFESSIONAL LIABILITY INSURANCE

15.1 Professional Liability Insurance Coverage Requirements

A member-registrant engaging in the practice of dietetics must maintain professional liability insurance coverage with the following characteristics:

- (a) minimum coverage of no less than \$2,000,000 per occurrence;
- (b) aggregate coverage of no less than \$5,000,000;
- (c) any deductible must be \$1,000 or less;
- (d) if coverage is through a "claims made" policy, an extended reporting period provision of at least two (2) years; and
- (e) any exclusionary conditions and terms must be consistent with standard industry practice with respect to insurance of this type.

16. CONFLICT OF INTEREST

16.1 Definition of Conflict of Interest

A conflict of interest exists if a reasonable person would conclude that a ~~councillor-director~~ or committee member's personal, professional or financial interest or relationship may affect ~~his or her~~their judgement, impartiality or the discharge of ~~his or her~~their duties to the College. A conflict of interest may be real or perceived, actual or potential, or direct or indirect.

16.2 Duty to Avoid and Consult

~~Councillors-Directors~~ and committee members must whenever feasible avoid situations in which they have or might have a conflict of interest. If a ~~councillor-director~~ or committee member is in doubt about whether ~~he or she has~~they have or might have a conflict of interest, the ~~councillor-director~~ or committee member must consult with an appropriate person, for example the ~~President~~Chair of the Board, Registrar or legal counsel (if the conflict arises in a hearing context).

16.3 Process for Resolution of Conflicts

If a ~~councillor-director~~ or committee member believes that ~~he or she~~they may have a conflict of interest in any matter relating to ~~Council~~Board of Directors or committee business the ~~councillor-director~~ or committee member must consult with an appropriate person such as the ~~President~~Chair of the Board, Registrar or legal counsel (if the conflict arises in a hearing context). If there is any doubt as to whether a conflict exists the ~~director or committee~~ member must declare it to ~~Council~~the Board of Directors or the committee and accept the ~~Council's~~Board of Directors' or committee's decision as to whether a conflict exists. For adjudicative matters, a committee member should disclose the conflict at the earliest opportunity and in any case before the committee considers the matter.

A ~~councillor-director~~ or committee member who has a conflict of interest must:

- (a) before any consideration of the matter disclose the fact that ~~he or she has~~they have a conflict of interest;
- (b) not participate in any discussion of the matter;
- (c) not attend any meeting of part of a meeting involving the matter; and
- (d) not vote on the matter, or influence or try to influence the vote.

16.4 Undeclared Conflict

If a ~~councillor-director~~ or committee member believes another ~~councillor-director~~ or committee member has not declared a conflict of interest (despite informal notification or inquiry) the ~~councillor-director~~ or committee member who has that belief must advise an appropriate person such as the ~~President~~Chair of the Board, Registrar, or legal counsel (if the conflict arises in a hearing context). If ~~Council~~the Board of Directors or a committee chair

concludes that a ~~councillor-director~~ or committee member respectively has an undeclared conflict of interest, ~~Council-the Board of Directors~~ or the ~~committee~~ chair may direct the ~~councillor-director~~ or committee member to immediately comply with clauses (b), (c) and (d) of section 16.3.

17. BY-LAWS AND AMENDMENTS

17.1 Making By-laws

By-laws of the College may be enacted, amended, or revoked by a vote of at least two-thirds of the ~~councillors-directors~~ present at a ~~Council-Board of Directors~~ meeting duly called for the purpose of considering such enactment, amendment or revocation.

17.2 Notice

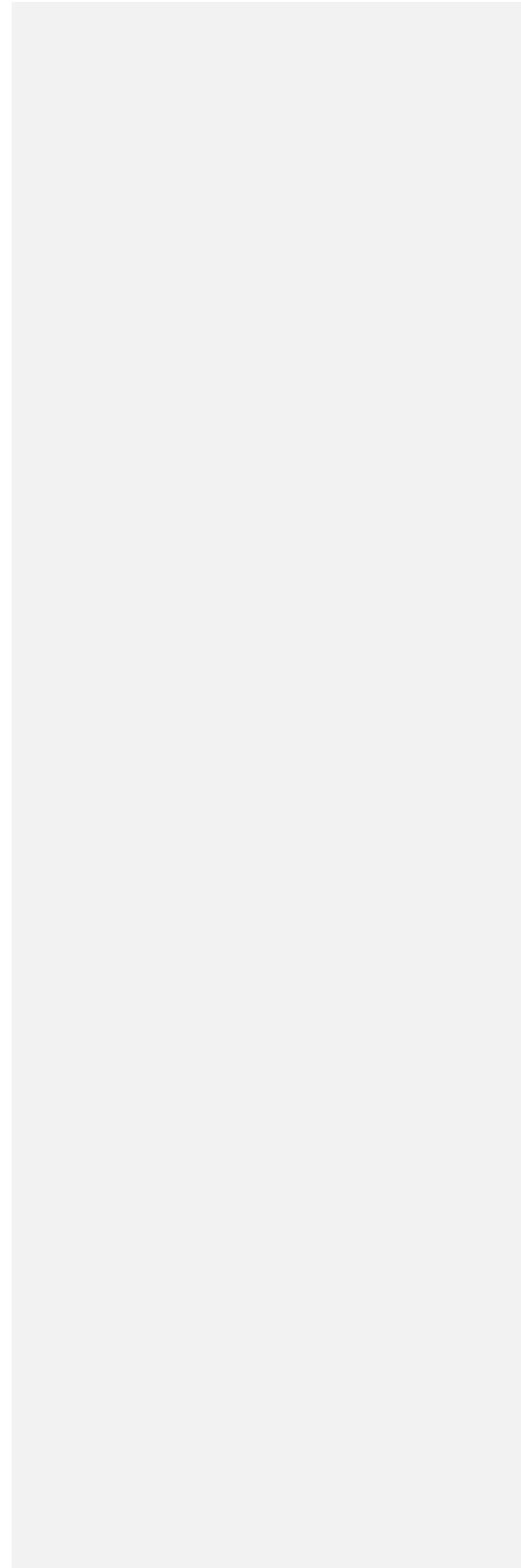
Notice of a motion to enact, amend, or revoke a by-law shall be given to ~~Council-the Board of Directors~~ at least ten days prior to the meeting referred to in section 15.1.

17.3 Record of By-laws

The Registrar shall maintain a consolidated set of College by-laws that reflect any revocation and amendment that ~~Council-the Board of Directors~~ makes to them.

APPENDIX A

Seal of the College





Board Attachment 16.1
Board Briefing Note

Topic:	Final Virtual Care Standards and Practice Guidelines for Dietitians in Ontario
Purpose:	Decision Required
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Effective and Transparent Communication Risk-Based and Right-Touch Regulation
From:	Professional Practice Program

ISSUE

To review and approve the final draft of *Virtual Care Standards and Practice Guidelines for Dietitians in Ontario* for publication and dissemination.

PUBLIC INTEREST RATIONALE

The *Virtual Care Standards and Guidelines for Dietitians in Ontario* is related to the following:

- a) CDO's regulatory authority to develop Standards of Professional Practice to protect the public interest;¹ and
- b) The Board's commitment to protecting the public by mitigating the risk of harm and ensuring safe, competent, and ethical dietetic practice.

BACKGROUND

In developing the draft, the Professional Practice Program took iterative steps, including environmental scans, engaging system partners, and working with the Professional Practice Committee.

In December 2022, the Board approved the draft Standard and Practice Guidelines, in principle, for consultation.

Background information, including its development from 2020 – November 2022, can be found

¹ College of Dietitians of Ontario (2013). Framework for Standards of Professional Practice. Retrieved from <https://www.collegeofdietitians.org/resources/about-the-college/standards-of-professional-practice-framework.aspx>
[March 24, 2023 Meeting]

Board Attachment 16.1

in the [materials](#) from the December 8, 2022 Board meeting.

The draft Standards and Practice Guidelines were circulated to dietitians and system partners for feedback from December 19, 2022 – January 31, 2023. Consultation included background information and survey questions about overall understandability, purpose, relevance/support, impacts to equity-deserving groups and allowed for additional comments.

CONSIDERATIONS

One hundred and sixty-six participants completed the survey. Key respondents by the group included:

- Dietitians (n=152; 91.6%),
- Regulators (n=9; 5.4%);
- Other health care professionals (n=2; 1.2%),
- Public (n=2; 1.2%) and,
- Employers (n=0.6, 1%).

Consultation feedback was incorporated into the final draft of the Virtual Care Standards and Guidelines for Dietitians in Ontario (Appendix 1).

EQUITY IMPACT ASSESSMENT

CDO acknowledges its commitment to Equity, Diversity, Inclusion and Belonging (EDI-B) and promotes learning and inclusive experiences that fulfill its mandate of serving and protecting the public. Specifically, EDI-B was considered through this policy development and content creation.

During the consultative process, survey respondents were asked if they foresee any positive or negative impacts on equity-deserving groups or client populations as a result of these standards and guidelines. Seventy participants responded to this survey question.

- 40% of respondents (n=28) indicated they foresee a positive impact,
- 30% said no impact/neutral impacts (n=21) and
- 14% of respondents (n=10) indicated they anticipate negative impacts.
- 16% did not respond to the question or indicated they did not understand the question (n=11).

Some respondents stated the practice guidelines did not fully consider communicating with patients with language barriers or hearing/visual impairments. For example, one respondent indicated that virtual care could have a negative impact on hearing-impaired clients. An additional standard statement (IV) and further clarifying language were added to Standard 1 to reflect this.

Some respondents asked for the document to be available in French, which is in keeping with our goal to make these resources available in both official languages.

[March 24, 2023 Meeting]

Board Attachment 16.1

Some individuals who indicated that there would be a negative impact misunderstood the question as asking about the impact on dietitians, rather than equity-deserving groups and felt this Standard would be restrictive to practice. For example, dietitians who practiced across provinces and misunderstood the Standard as restricting virtual care within each province.

During policy implementation, the Professional Practice Program will continue to monitor and evaluate for any negative policy impacts.

Policy Implementation

The Professional Practice program will assist registrants in the uptake of this new Virtual Care Standards and Practice Guidelines for Dietitians in Ontario through educational sessions and resources. The educational sessions and resources will also offer practice-based scenarios explaining the Standard and Practice Guidelines, including strategies to mitigate risk in practice, and will be provided to dietitians during policy implementation.

The Professional Practice Program will evaluate the impact of the Standard and Guidelines via a survey of dietitians once the policy has been implemented for a period of time.

If approved, a communications plan to registrants and other system partners will be developed. The standards will be incorporated into College programs and resources like the Jurisprudence Tool (JKAT) and Peer and Practice Assessment (PPA).

RECOMMENDATION

That the Board approve the final Standards and Practice Guidelines.

ATTACHMENTS

- Appendix 1: Virtual Care Standards and Practice Guidelines for Dietitians in Ontario (Track Changes)
- Appendix 2: Virtual Care Standards and Practice Guidelines for Dietitians in Ontario (Clean Copy).



College of
Dietitians
of Ontario



Virtual Care Standards and Guidelines for Dietitians in Ontario

Table of Contents	4
Purpose	5
Definition	5
Standard Statements	6
Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.	6
Standard 2: Dietitians must ensure the confidentiality, privacy and security of clients’ Personal Health Information (PHI) when practising virtually.	6
Standard 3: Dietitians must meet informed consent and record-keeping standards when providing virtual care.	8
Standard 4: Dietitians must know and comply with all the applicable legislation, Standards, and ethical expectations when providing virtual care, regardless of the dietitian or client’s geographic location.	9
Resources	10
Other	11

Purpose

The *Virtual Care Standards and Guidelines for Dietitians in Ontario* is meant to be used with relevant legislation, the Code of Ethics, and other College Standards and Guidelines. This document is intended to serve dietitians, the College and its committees when considering dietitian practice or conduct.

What are Standard statements?

Standard statements explain the minimum level of performance expectations for the professional conduct of dietitians while using virtual care, followed by a list of how the Standard is demonstrated in practice.

Practice Guidelines differ from Standard statements

The practice guidelines articulate best practice suggestions for safe, competent, and ethical dietetic practice. These are “should do” recommendations versus the “must do” expectations of Standard statements.

Definition

Virtual care² provides dietetic services, including nutrition assessment and/or treatment/intervention, to clients, groups of clients, substitute decision-makers (SDM), and caregivers using technology (such as telephone, videoconferencing or other electronic communication). Virtual care may also support collaboration with and between health care providers within the client’s [circle of care](#).

Virtual care may improve health care accessibility and is often a practical option for clients who prefer not to attend appointments in-person or who cannot. Virtual care uses information technologies to facilitate or maximize the quality and effectiveness of client care across many practice areas (e.g., nutrition care, public health, private practice, etc.).

Virtual care can be synchronous (interacting with the client or substitute decision maker in real-time) or asynchronous (interaction not occurring at the same time). In general, practice obligations do not change, regardless of how care is provided. The dietitian must practice the same way they would if conducting an in-person session, recognizing no change to their professional obligations, including relevant legislation.

Commented [ST1]: Updated Virtual Care definition based on consultation feedback

² also referred to as telepractice, telehealth, e-health, e-services.
[March 24, 2023 Meeting]

Standard Statements

Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.

A registered dietitian demonstrates the standard by:

- I. Assessing the appropriateness of virtual care for each client at all stages of the care process. Virtual care may not be appropriate for some clients and in some situations (e.g., a client requiring a physical assessment).
- II. Exercising professional judgement, which includes understanding the limitations of virtual care and how this impacts effective client interaction. Virtual care must align with your client's culture, cognition, knowledge of technology, and others.
- III. Showing sensitivity, respect and understanding of client-specific factors for virtual care (e.g., client's preference, [accessibility](#), comfort, competence, history of use, hearing and visual abilities, [language barriers/need for a translator](#), access to devices/internet etc.).
- III-IV. Ensuring that virtual care is in the client's best interest, where the quality of care will be comparable to in-person care and potential benefits to the client outweigh any potential risks.

Commented [ST2]: Added further clarity and expanded on EDI-B into standard 1 as it relates to survey feedback: To adequately address clients with hearing and visual abilities, and also language barriers. Failure to adequately address barriers when providing virtual care is a high risk for patients with such barriers.

Commented [ST3]: Added to standard 1 to capture consultation feedback on quality of care in-person vs virtual. (moved up from Standard 4)

Commented [ST4]: Moved these guidelines up from Standard 3, as they align better with Standard 1.

Practice Guidelines:

Dietitians are encouraged to:

- I. Collaborate with your clients to determine the best delivery option for care and consider client preferences and needs.
- II. Adapt assessment tools, approaches to care, resources, and communication to meet clients' needs, be appropriate for the virtual platform, and consider clients' progress and care plan, by keeping up with changes in virtual care technologies (advances, security features).
- III. Communicate necessary information to deliver safe, competent and ethical virtual care to clients (e.g., [consent](#) conversations, including details in your privacy policies, instructions for virtual care, software resources and support, policies for rescheduling appointments, refunds, etc.).
- IV. Anticipate technical problems and disruptions and the need to change virtual care technologies. This may include but is not limited to technical issues or failures and client progress, and preferences, which may consist of a client declining virtual care.

Standard 2: Dietitians must ensure the confidentiality, privacy and security of clients' Personal Health Information (PHI) when practising virtually.

A registered dietitian demonstrates the standard by:

- I. Taking all reasonable steps to ensure that the PHI in a dietitian's custody or control is protected against theft, loss, unauthorized use, or disclosure, including the transmission, management, and storage of PHI securely and confidentially.

[March 24, 2023 Meeting]

Practice Guidelines:

Dietitians are encouraged to:

- I. Be familiar with risks and benefits, evidence-informed and best practices around appropriate and secure technologies, privacy, virtual platforms, functions, security measures, employer requirements, and data collection.
- II. Complete a Privacy Impact Assessment (PIA) regarding collecting, using, and disclosing personal health information when deciding to use an app/platform. A PIA is a risk management tool and a process "to identify and manage privacy and information security risks associated with virtual health care"³. See the Information and Privacy Commissioner of Ontario's (IPC) [Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act](#) and [Planning for Success: Privacy Impact Assessment Guide](#).
- III. Identify administrative, technical, and physical safeguards to protect the security of PHI, and explain the functionality of virtual platforms before any virtual sessions, such as ensuring private space for both you and your client for the delivery of virtual sessions, sending client emails, and securing mobile devices when unattended. In individual and group settings, clarify with clients what PHI will be collected, used and/or disclosed. Dietitians should identify limitations (i.e. security risks) if clients disclose PHI in group settings and consider strategies for maintaining privacy and security as required. Refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#) or organizational policies.
- IV. Ensure risks of email correspondence that includes PHI are understood, addressed and have safeguards in place to allow for secure transmission of information. The IPC expects emails containing PHI from one health information custodian (HIC) to another will be encrypted, barring exceptional circumstances. Dietitians, who are HICs or agents, should use encrypted email with clients. If encryption is not feasible, dietitians should determine whether it is reasonable to communicate with clients through unencrypted email. Refer to the IPC [fact sheet](#) for details, or organizational policies.
- V. Use measures to ensure confidentiality, such as password protection, data encryption, two-factor authentication, and secure networks (e.g., encrypting a mobile device). Dietitians may wish to consult with the IPC or an information technology and/or privacy expert for up-to-date guidance and questions about technical support services, if warranted.
- VI. Keep up-to-date with the requirements of the IPC and the Office of the Privacy Commissioner of Canada, including safeguards outlined in the [Information and Privacy Commissioner's Privacy and Security Considerations for Virtual Health Care Visits](#).
- VII. Implement a cyber security plan (e.g., security software, updates, security scans to identify and eliminate viruses, malware, spyware, etc.) and maintain good information technology practices.

³ Information and Privacy Commissioner of Ontario (2021). Privacy and Security Considerations for Virtual Health Care Visits. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/2021/02/virtual-health-care-visits.pdf> [March 24, 2023 Meeting]

Board Attachment 16.1

- VIII. Work with their Health Information Custodian or Privacy Officer (as applicable) to ensure understanding and compliance with the IPC requirements. In private practice, dietitians can refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#).
- IX. Ensure virtual practice policies are updated and current, and consider the risks, benefits, and limitations of virtual care and the virtual care technology (e.g., when dietitians will use technology, the technical requirements, how dietitians will keep information and any recordings secure, etc.). Dietitians should communicate policies with clients, as required (e.g., email communication issues, etc.).

Standard 3: Dietitians must meet informed consent and record-keeping standards when providing virtual care.

A registered dietitian demonstrates the standard by:

- I. Complying with the [Professional Practice Standard for Consent to Treatment and the Collection, Use and Disclosure of Personal Health Information](#) when practising dietetics virtually.
- II. Respecting client decisions. If a client does not consent to virtual care services, dietitians must not discontinue services that are needed, unless alternate services are arranged, or the client is given notice to arrange alternative services⁴.
- III. Ensure that methods of obtaining consent are appropriate for virtual care and your client (e.g. electronic signatures, verbal consent, etc.)
- IV. Complying with the [Record Keeping Standard](#) by keeping records in the same manner as in-person practice.

Practice Guidelines:

Dietitians are encouraged to:

- I. Plan for client safety and potential emergencies by verifying the client's identity and developing a safety plan in case of emergency or service interruption. Be familiar with emergency and crisis resources and know how to access them.
- II. Document how the dietetic service was provided (e.g., via telephone or video conferencing), including billing records and invoices provided to clients.
- III. Develop processes and/or policies for a system of retention to secure client health records (e.g., clarify health record custody and retention requirements, particularly when working in multiple sites with numerous dietitians and interprofessional colleagues working together).
- IV. When using electronic records, plan a reliable backup system. Refer to the Record Keeping Standards, and the [Privacy of Personal Information Dietetic Practice Toolkit for Registered Dietitians in Ontario](#).

Commented [ST5]: Consultation feedback indicating clarification needed re: client safety issues:

⁴ [Professional Misconduct Regulation](#), O Reg 680/93, s 9-10.

Standard 4: Dietitians must know and comply with all the applicable [legislation](#), [Standards](#), and ethical expectations when providing virtual care, regardless of the dietitian or client's geographic location.

A registered dietitian demonstrates the standard by:

- I. Applying the [Code of Ethics](#) principles to guide evidence-informed dietetic practice: beneficence (to do good), non-maleficence (not harm), respect for persons/justice, and autonomy.
- II. If registered to practise dietetics in another province or country ("jurisdiction"), to report concurrent registration with another jurisdiction to the College of Dietitians of Ontario within 30 days.
- III. Ensuring and confirming that their liability insurance provides coverage for virtual care visits, particularly for dietitians who have insurance coverage through their employer and/or practise across borders.
- IV. Complying with all applicable laws and College guidance regarding cross-border (interjurisdictional) practice when providing virtual care.

Practice Guidelines:

Dietitians are encouraged to:

- I. Contact the regulatory body in the jurisdiction where the client is located prior to providing virtual care across borders. This ensures you know any applicable licensing or practice requirements before care.
- II. Be clear and transparent with non-Ontario clients that registration to practise dietetics is held in Ontario.

For externally registered dietitians:

Externally licensed dietitians, not registered with the College of Dietitians of Ontario, who use the title dietitian and/or provide dietetic services to clients in Ontario must be aware of the College's [Position Statement: Registration Requirement for Inter-Jurisdictional Practice](#).

Resources

College of Dietitians of Ontario – Jurisprudence and Professional Practice Resources:

- Confidentiality and Privacy resources
 - Privacy of Personal Information Dietetic Practice Tool Kit for Registered Dietitians in Ontario
 - Privacy Legislation and What it Means
 - Are You a Health Information Custodian?
 - PHIPA A Guide for Regulated Health Professionals eHealth Ontario
 - eHealth Ontario guides to information security for small offices
 - eHealth Ontario guides information security for large organizations

- Virtual Care, Social Media and Technology Page (includes webinars, FAQs, and resources). (2021) <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology.aspx>
 - Virtual Care FAQs (2020): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology/virtual-care-faqs.aspx>
 - Telephone and Web-Based Counseling (2017) [https://www.collegeofdietitians.org/resources/professional-practice/telepractice/telephone-web-based-counselling-\(2017\).aspx](https://www.collegeofdietitians.org/resources/professional-practice/telepractice/telephone-web-based-counselling-(2017).aspx)
 - Reg Talks Virtual Care Webinar (2020) <https://www.collegeofdietitians.org/cdo-masterpage/news/news-items/2020/virtual-care-webinar-recording-available.aspx>
 - Pandemic FAQs (2021): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/workplace-issues/pandemic-faqs.aspx>
 - All Things Privacy with Kate Dewhirst, LLB [Webinar](#) (June 2021)
 - All Things Privacy with Kate Dewhirst, LLB [Slides](#) (June 2021)
 - Virtual Care Quiz (2020): <https://www.collegeofdietitians.org/news/2020/quiz-virtual-care.aspx>
 - Dietetic Practice and Online Communications (2021)
 - Position Statement for Interjurisdictional Practice (2019): <https://www.collegeofdietitians.org/registration-policies/inter-jurisdictional-registration-requirement.aspx>

Legislation

- *Health Care Consent Act, 1996*. Available from: <http://www.ontario.ca/laws/statute/96h02>
- *Personal Health Information Protection Act, 2004*. Available from: <https://www.ontario.ca/laws/statute/04p03>

Board Attachment 16.1

Information and Privacy Commissioner of Ontario:

- [Privacy and Security Considerations for Virtual Health Care Visits](#) (2021)
- [Working from Home During the COVID-19 Pandemic](#) (2020)
- Planning for Success: [Privacy Impact Assessment Guide](#) (2015)
- [Communicating Personal Health Information by Email](#) (2016)

Other

- Alliance of Canadian Dietetic Regulatory Bodies (2022). Cross Border Dietetic Practice in Canada. <https://collegeofdietitians.ab.ca/wp-content/uploads/2022/03/Cross-Border-Practice-Position-Alliance-April-2022.pdf>
- Citizen Advisory Group. (May 2020). Resuming Non-essential Care During the COVID-19 Pandemic. <https://citizenadvisorygroup.files.wordpress.com/2020/05/citizen-advisory-group-13-may-2020-final-report.pdf>
- College of Physicians and Surgeons of Ontario. (June 2022). Virtual Care. <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Virtual-Care>
- Health Standards Organization (HSO). 2018. Standards Council of Canada and International Society for Quality in Health Care. Virtual Health. <https://healthstandards.org/standard/virtual-health-global/>



Appendix 2

College of Dietitians of Ontario



Virtual Care Standards and Guidelines for Dietitians in Ontario

Table of Contents 4

Purpose 5

Definition 5

Standard Statements 6

Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client. 6

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Resources 10

Other 11

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⁵ also referred to as telepractice, telehealth, e-health, e-services.
[March 24, 2023 Meeting]

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- I. Assessing the appropriateness of virtual care for each client at all stages of the care process. Virtual care may not be appropriate for some clients and in some situations (e.g., a client requiring a physical assessment).
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- VI. Keep up-to-date with the requirements of the IPC and the Office of the Privacy Commissioner of Canada, including safeguards outlined in the [Information and Privacy Commissioner's Privacy and Security Considerations for Virtual Health Care Visits](#).
- VII. Implement a cyber security plan (e.g., security software, updates, security scans to identify and eliminate viruses, malware, spyware, etc.) and maintain good information technology practices.
- VIII. Work with their Health Information Custodian or Privacy Officer (as applicable) to ensure understanding and compliance with the IPC requirements. In private practice, dietitians can refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#).

⁶ Information and Privacy Commissioner of Ontario (2021). Privacy and Security Considerations for Virtual Health Care Visits. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/2021/02/virtual-health-care-visits.pdf> [March 24, 2023 Meeting]

Board Attachment 16.1

- IX. Ensure virtual practice policies are updated and current, and consider the risks, benefits, and limitations of virtual care and the virtual care technology (e.g., when dietitians will use technology, the technical requirements, how dietitians will keep information and any recordings secure, etc.). Dietitians should communicate policies with clients, as required (e.g., email communication issues, etc.).

Standard 3: Dietitians must meet informed consent and record-keeping standards when providing virtual care.

A registered dietitian demonstrates the standard by:

- I. Complying with the [Professional Practice Standard for Consent to Treatment and the Collection, Use and Disclosure of Personal Health Information](#) when practising dietetics virtually.
- II. Respecting client decisions. If a client does not consent to virtual care services, dietitians must not discontinue services that are needed, unless alternate services are arranged, or the client is given notice to arrange alternative services⁷.
- III. Ensure that methods of obtaining consent are appropriate for virtual care and your client (e.g. electronic signatures, verbal consent, etc.)
- IV. Complying with the [Record Keeping Standard](#) by keeping records in the same manner as in-person practice.

Practice Guidelines:

Dietitians are encouraged to:

- I. Plan for client safety and potential emergencies by verifying the client's identity and developing a safety plan in case of emergency or service interruption. Be familiar with emergency and crisis resources and know how to access them.
- II. Document how the dietetic service was provided (e.g., via telephone or video conferencing), including billing records and invoices provided to clients.
- III. Develop processes and/or policies for a system of retention to secure client health records (e.g., clarify health record custody and retention requirements, particularly when working in multiple sites with numerous dietitians and interprofessional colleagues working together).
- IV. When using electronic records, plan a reliable backup system. Refer to the Record Keeping Standards, and the [Privacy of Personal Information Dietetic Practice Toolkit for Registered Dietitians in Ontario](#).

⁷ [Professional Misconduct Regulation](#), O Reg 680/93, s 9-10.

Standard 4: Dietitians must know and comply with all the applicable [legislation](#), [Standards](#), and ethical expectations when providing virtual care, regardless of the dietitian or client’s geographic location.

A registered dietitian demonstrates the standard by:

- I. Applying the [Code of Ethics](#) principles to guide evidence-informed dietetic practice: beneficence (to do good), non-maleficence (not harm), respect for persons/justice, and autonomy.
- II. If registered to practise dietetics in another province or country (“jurisdiction”), to report concurrent registration with another jurisdiction to the College of Dietitians of Ontario within 30 days.
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 - [Dietetic Practice and Online Communications](#) (2021)
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Legislation

- *Health Care Consent Act, 1996*. Available from: <http://www.ontario.ca/laws/statute/96h02>
- *Personal Health Information Protection Act, 2004*. Available from: <https://www.ontario.ca/laws/statute/04p03>

Board Attachment 16.1

Information and Privacy Commissioner of Ontario:

- [Privacy and Security Considerations for Virtual Health Care Visits](#) (2021)
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Other

- Alliance of Canadian Dietetic Regulatory Bodies (2022). Cross Border Dietetic Practice in Canada. <https://collegeofdietitians.ab.ca/wp-content/uploads/2022/03/Cross-Border-Practice-Position-Alliance-April-2022.pdf>
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- College of Physicians and Surgeons of Ontario. (June 2022). Virtual Care. <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Virtual-Care>
- Health Standards Organization (HSO). 2018. Standards Council of Canada and International Society for Quality in Health Care. Virtual Health. <https://healthstandards.org/standard/virtual-health-global/>



Virtual Care Standards and Guidelines for Dietitians in Ontario



Table of Contents	1
Purpose	2
Definition	2
Standard Statements.....	3
Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.	3
Standard 2: Dietitians must ensure the confidentiality, privacy and security of clients’ Personal Health Information (PHI) when practising virtually.	3
Standard 3: Dietitians must meet informed consent and record-keeping standards when providing virtual care.	5
Standard 4: Dietitians must know and comply with all the applicable legislation, Standards, and ethical expectations when providing virtual care, regardless of the dietitian or client’s geographic location.	5
Resources.....	7
Other.....	8

Purpose

The *Virtual Care Standards and Guidelines for Dietitians in Ontario* is meant to be used with relevant legislation, the Code of Ethics, and other College Standards and Guidelines. This document is intended to serve dietitians, the College and its committees when considering dietitian practice or conduct.

What are Standard statements?

Standard statements explain the minimum level of performance expectations for the professional conduct of dietitians while using virtual care, followed by a list of how the Standard is demonstrated in practice.

Practice Guidelines differ from Standard statements.

The practice guidelines articulate best practice suggestions for safe, competent, and ethical dietetic practice. These are “should do” recommendations versus the “must do” expectations of Standard statements.

Definition

Virtual care¹ provides dietetic services, including nutrition assessment and/or treatment/intervention, to clients, groups of clients, substitute decision-makers (SDM), and caregivers using technology (such as telephone, videoconferencing or other electronic communication). Virtual care may also support collaboration with and between health care providers within the client’s [circle of care](#).

Virtual care may improve health care accessibility and is often a practical option for clients who prefer not to attend appointments in-person or who cannot. Virtual care uses information technologies to facilitate or maximize the quality and effectiveness of client care across many practice areas (e.g., nutrition care, public health, private practice, etc.).

Virtual care can be synchronous (interacting with the client or substitute decision maker in real-time) or asynchronous (interaction not occurring at the same time). In general, practice obligations do not change, regardless of how care is provided. The dietitian must practice the same way they would if conducting an in-person session, recognizing no change to their professional obligations, including relevant legislation.

Commented [ST1]: Updated Virtual Care definition based on consultation feedback

¹ also referred to as telepractice, telehealth, e-health, e-services.

Standard Statements

Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.

A registered dietitian demonstrates the standard by:

- I. Assessing the appropriateness of virtual care for each client at all stages of the care process. Virtual care may not be appropriate for some clients and in some situations (e.g., a client requiring a physical assessment).
- II. Exercising professional judgement, which includes understanding the limitations of virtual care and how this impacts effective client interaction. Virtual care must align with your client's culture, cognition, knowledge of technology, and others.
- III. Showing sensitivity, respect and understanding of client-specific factors for virtual care (e.g., client's preference, [accessibility](#), comfort, competence, history of use, hearing and visual abilities, [language barriers/need for a translator](#), access to devices/internet etc.).
- III-IV. Ensuring that virtual care is in the client's best interest, where the quality of care will be comparable to in-person care and potential benefits to the client outweigh any potential risks.

Practice Guidelines:

Dietitians are encouraged to:

- I. Collaborate with your clients to determine the best delivery option for care and consider client preferences and needs.
- II. Adapt assessment tools, approaches to care, resources, and communication to meet clients' needs, be appropriate for the virtual platform, and consider clients' progress and care plan, by keeping up with changes in virtual care technologies (advances, security features).
- III. Communicate necessary information to deliver safe, competent and ethical virtual care to clients (e.g., [consent](#) conversations, including details in your privacy policies, instructions for virtual care, software resources and support, policies for rescheduling appointments, refunds, etc.).
- IV. Anticipate technical problems and disruptions and the need to change virtual care technologies. This may include but is not limited to technical issues or failures and client progress, and preferences, which may consist of a client declining virtual care.

Standard 2: Dietitians must ensure the confidentiality, privacy and security of clients' Personal Health Information (PHI) when practising virtually.

A registered dietitian demonstrates the standard by:

- I. Taking all reasonable steps to ensure that the PHI in a dietitian's custody or control is protected against theft, loss, unauthorized use, or disclosure, including the transmission, management, and storage of PHI securely and confidentially.

Commented [ST2]: Added further clarity and expanded on EDI-B into standard 1 as it relates to survey feedback: To adequately address clients with hearing and visual abilities, and also language barriers. Failure to adequately address barriers when providing virtual care is a high risk for patients with such barriers.

Commented [ST3]: Added to standard 1 to capture consultation feedback on quality of care in-person vs virtual. (moved up from Standard 4)

Commented [ST4]: Moved these guidelines up from Standard 3, as they align better with Standard 1.

Practice Guidelines:

Dietitians are encouraged to:

- I. Be familiar with risks and benefits, evidence-informed and best practices around appropriate and secure technologies, privacy, virtual platforms, functions, security measures, employer requirements, and data collection.
- II. Complete a Privacy Impact Assessment (PIA) regarding collecting, using, and disclosing personal health information when deciding to use an app/platform. A PIA is a risk management tool and a process "to identify and manage privacy and information security risks associated with virtual health care"². See the Information and Privacy Commissioner of Ontario's (IPC) [Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act](#) and [Planning for Success: Privacy Impact Assessment Guide](#).
- III. Identify administrative, technical, and physical safeguards to protect the security of PHI, and explain the functionality of virtual platforms before any virtual sessions, such as ensuring private space for both you and your client for the delivery of virtual sessions, sending client emails, and securing mobile devices when unattended. In individual and group settings, clarify with clients what PHI will be collected, used and/or disclosed. Dietitians should identify limitations (i.e. security risks) if clients disclose PHI in group settings and consider strategies for maintaining privacy and security as required. Refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#) or organizational policies.
- IV. Ensure risks of email correspondence that includes PHI are understood, addressed and have safeguards in place to allow for secure transmission of information. The IPC expects emails containing PHI from one health information custodian (HIC) to another will be encrypted, barring exceptional circumstances. Dietitians, who are HICs or agents, should use encrypted email with clients. If encryption is not feasible, dietitians should determine whether it is reasonable to communicate with clients through unencrypted email. Refer to the IPC [fact sheet](#) for details, or organizational policies.
- V. Use measures to ensure confidentiality, such as password protection, data encryption, two-factor authentication, and secure networks (e.g., encrypting a mobile device). Dietitians may wish to consult with the IPC or an information technology and/or privacy expert for up-to-date guidance and questions about technical support services, if warranted.
- VI. Keep up-to-date with the requirements of the IPC and the Office of the Privacy Commissioner of Canada, including safeguards outlined in the [Information and Privacy Commissioner's Privacy and Security Considerations for Virtual Health Care Visits](#).
- VII. Implement a cyber security plan (e.g., security software, updates, security scans to identify and eliminate viruses, malware, spyware, etc.) and maintain good information technology practices.
- VIII. Work with their Health Information Custodian or Privacy Officer (as applicable) to ensure understanding and compliance with the IPC requirements. In private practice, dietitians can refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#).

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- IX. Ensure virtual practice policies are updated and current, and consider the risks, benefits, and limitations of virtual care and the virtual care technology (e.g., when dietitians will use technology, the technical requirements, how dietitians will keep information and any recordings secure, etc.). Dietitians should communicate policies with clients, as required (e.g., email communication issues, etc.).

Standard 3: Dietitians must meet informed consent and record-keeping standards when providing virtual care.

A registered dietitian demonstrates the standard by:

- I. Complying with the [Professional Practice Standard for Consent to Treatment and the Collection, Use and Disclosure of Personal Health Information](#) when practising dietetics virtually.
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- III. Ensure that methods of obtaining consent are appropriate for virtual care and your client (e.g. electronic signatures, verbal consent, etc.)
- IV. Complying with the [Record Keeping Standard](#) by keeping records in the same manner as in-person practice.

Practice Guidelines:

Dietitians are encouraged to:

- I. Plan for client safety and potential emergencies by verifying the client's identity and developing a safety plan in case of emergency or service interruption. Be familiar with emergency and crisis resources and know how to access them.
- II. Document how the dietetic service was provided (e.g., via telephone or video conferencing), including billing records and invoices provided to clients.
- III. Develop processes and/or policies for a system of retention to secure client health records (e.g., clarify health record custody and retention requirements, particularly when working in multiple sites with numerous dietitians and interprofessional colleagues working together).
- IV. When using electronic records, plan a reliable backup system. Refer to the Record Keeping Standards, and the [Privacy of Personal Information Dietetic Practice Toolkit for Registered Dietitians in Ontario](#).

Commented [ST5]: Consultation feedback indicating clarification needed re: client safety issues:

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Table of Contents	1
Purpose	2
Definition	2
Standard Statements.....	3
Standard 1: Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.	3
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- Virtual Care, Social Media and Technology Page (includes webinars, FAQs, and resources). (2021) <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology.aspx>
 - Virtual Care FAQs (2020): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology/virtual-care-faqs.aspx>
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 - Reg Talks Virtual Care Webinar (2020) <https://www.collegeofdietitians.org/cdo-masterpage/news/news-items/2020/virtual-care-webinar-recording-available.aspx>
 - Pandemic FAQs (2021): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/workplace-issues/pandemic-faqs.aspx>
 - All Things Privacy with Kate Dewhirst, LLB [Webinar](#) (June 2021)
 - All Things Privacy with Kate Dewhirst, LLB [Slides](#) (June 2021)
 - Virtual Care Quiz (2020): <https://www.collegeofdietitians.org/news/2020/quiz-virtual-care.aspx>
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Board Briefing Note

Topic:	Quarterly Risk Management Monitoring Report
Purpose:	Monitoring Report
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Risk-Based and Right-Touch Regulation
From:	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"> • Alliance to work with PDEP to discuss how to collaborate going forward. • 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. • The typical PDEP fee will be applied for first year of EQual accreditation to facilitate educational program budgeting. • Alliance now part of EQual Council, which is a governance board that oversees and approves EQual strategic direction and policies. • Continue to monitor the ability of programs to transition by the award extension date approved by all 10 dietetic regulators. • CDO communication with the MOH and OFC on the transition. 	<ul style="list-style-type: none"> • All programs have attended info sessions in fall 2022. • After the workshop, each participant will receive a copy of the EQual standards. • CDO attended EQual Council meeting as Alliance representative in November 2022 and March 2023. • Workshops are being scheduled for spring 2023 and beyond. CDO is in communication with some programs.
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"> • Refresh risk in dietetic practise research. • Monitor ICRC data to identify patterns of concern and develop and update member education, standards of practice, guidelines, and other initiatives accordingly. • Professional Practice Program will develop and implement a continuous monitoring and evaluation plan to assess currency and revisions to policy/standards of practice. 	<ul style="list-style-type: none"> • 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. • New Risk tool created for Registrar referrals to ICRC to ensure consistency and transparency • ICRC data collection chart updated to capture risk categories, shared with professional practice dept

**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"> Update College programs and tools with a risk-based approach to prevent harm. 	<ul style="list-style-type: none"> Risk in dietetic practice research completed and is being incorporated into QA program
Governance	Public Member Appointments and Board Succession Planning (risk assessment updated)	<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"> Communicate needs with Public Appointments Secretariat (PAS). Examine committee TORs and by-laws around composition requirements. 	<ul style="list-style-type: none"> Management meeting with PAS occurred this fall. CDO remains fully constituted Registrar now on HPRO working group of Colleges discussing ways to address this issue

**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 (risk assessment and risk response updated)	<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"> • Move ahead with CDO’s strategic goal of governance modernization and begin preparing for legislative changes. • Through regulatory collaboration and networking, stay informed of potential changes. • Conduct a French language audit of College communications to identify priority areas. • Continue to work towards fully meeting CPMF measures. • Monitor developments and engage with regulatory colleagues and other system partners regarding governance and “as of right” legislation. 	<ul style="list-style-type: none"> • Council participated in the consultation and provided a letter to the Ministry on February 23, 2022. • Governance workplan is progressing, with items on March Board agenda for consideration. Update provided to MOH during CPMF meeting.
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"> • The College has a cyber security response plan, credit card incident response plan, and an 	<ul style="list-style-type: none"> • Software for conducting internal phishing campaigns and customized training being launched in fiscal 2023.

**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"> • The College maintains insurance which covers IT and cybersecurity. • A security audit was completed in September 2021 and minor gaps were identified and addressed. • Post security audits will take place to ensure compliance with audit recommendations • Staff regularly engage in awareness dialogue regarding phishing scams. • Additional formal training for Council and Staff on cybersecurity will be explored. • New staff data governance working group to identify and mitigate risks in this area through its project work. • CDO staff attends regular Cyber security community of practice meetings to stay abreast of developments and best practices. 	<ul style="list-style-type: none"> • Secure password management software being launched in fiscal 2023.
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"> • 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. • 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. • Review College HR processes and procedures 	<ul style="list-style-type: none"> • HR policy review in progress. • Registrar coverage plan refreshed. • Additional resources added to Finance and Corporate Services during staff transition. Process review in this area will continue. • Project to begin documenting internal and operational procedures and processes across the organization will begin in fiscal 2023.

**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"> • Conduct process documentation for key College activities to further decentralize knowledge of processes and procedures and ensure continuity. • Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge. 	
Financial	Increasing Costs of Regulation (risk response updated)	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"> • 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. • Review By-law 2 and annual fees • Other resource efficiencies will continue to be explored. 	<ul style="list-style-type: none"> • Inflation rates have increased (CPI at ~5.9% at January 2023), are having an impact on price of goods and services CDO relies on. • Reserve fund policy approved by Council in June 2022. • Executive Committee making a recommendation regarding by-law 2, which will allow for gradual, modest increases over time. • 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.
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"> • Monitor situation with investment advisor. • To diffuse the risk, some funds have been moved to stable GICs. • 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. 	<ul style="list-style-type: none"> • Investment policy approved by Council in June 2022. • Portfolio risk reduced. As at February 28, 2023, now comprises 5% in equities (common shares); 36% bonds (preferred shares) and 59% fixed income (GICs).



Board Briefing Note

Topic:	College Performance Measurement Framework (CPMF)
Purpose:	For Information and Discussion
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Risk-Based and Right-Touch Regulation
From:	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"> • uses cybersecurity measures to protect against unauthorized disclosure of information; and • uses policies, practices and processes to address accidental or unauthorized disclosure of information. 	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"> • evidence and data; • the risk posed to patients/the public; • the current practice environment; • alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); • expectations of the public; and 	Meets

		<ul style="list-style-type: none"> stakeholder views and feedback. 	
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	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ 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

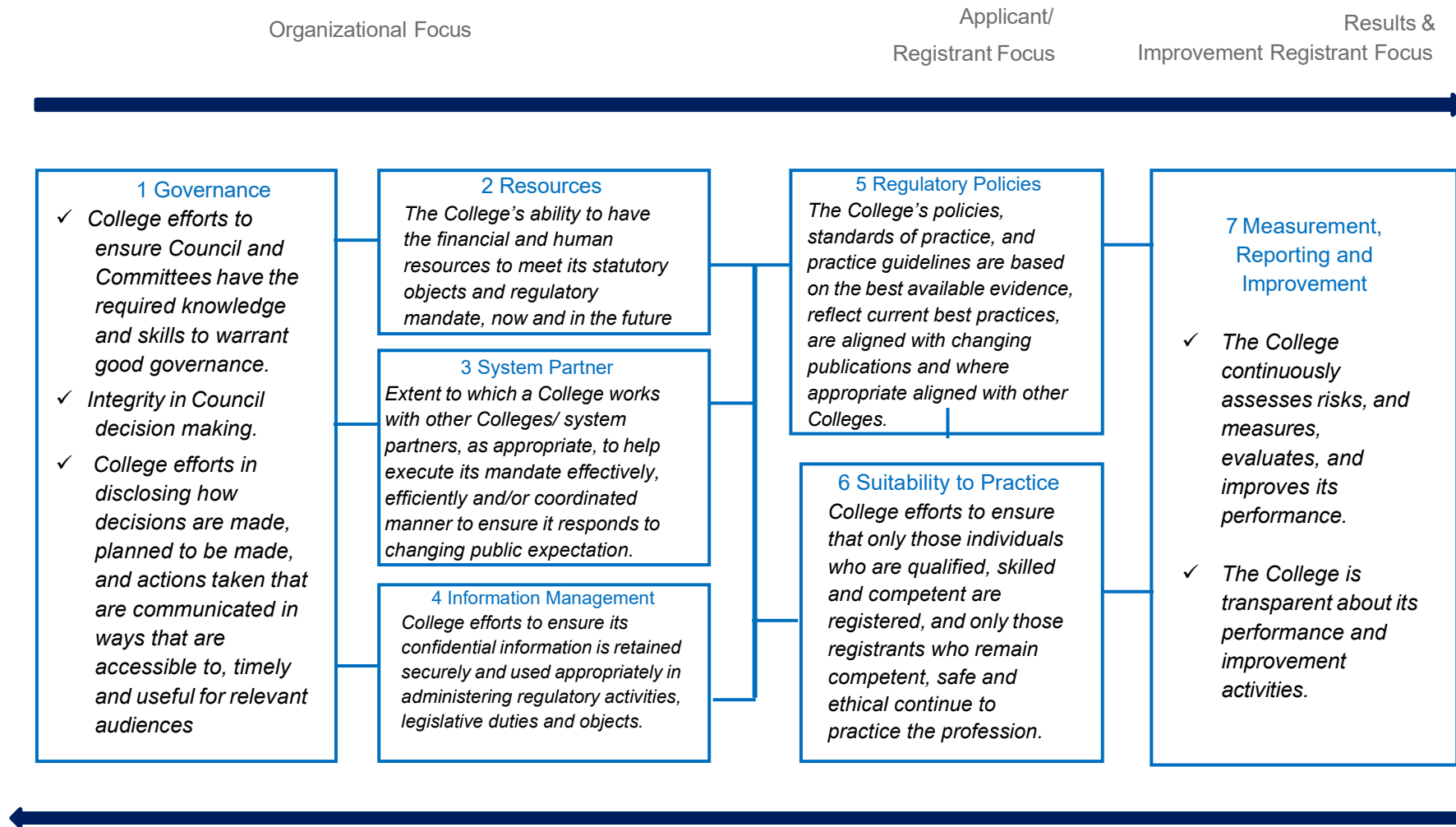


Figure 2: CPMF Domains and Standards

Domains	Standards
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.

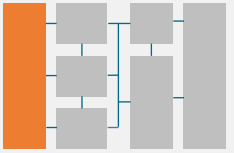
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

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>
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		<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <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 By-law 1 General).</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>				
<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>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 pre-election training module 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>				
		<p>b. Statutory Committee candidates</p>	<p>The College fulfills this requirement:</p>	<p>No</p>

		<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"> The competency and suitability criteria are public: Yes If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria. <p>CDO has eligibility criteria that professional members must meet to be appointed to Committees (see 3.10 of By-law 1 General). 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 2020 - 2025 Strategic Plan, 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"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <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"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. 		
		<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"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:	
	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. 2019 and 2022 • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <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> <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 meeting and minutes). The meeting evaluation was last updated in 2022 (see December 8, 2022 meeting).</p> <p>The most recent Board annual evaluation results were presented and discussed in June 2022 (Meeting and Minutes).</p> <p>The most recent Board meeting evaluations results were presented and discussed in December 2022 (Meeting).</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"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> Every three years • Please indicate the year of last third-party evaluation. 2022 <p>In 2022, the Board's Evaluation and Education policy 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"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Board and Committee training is developed, provided and supported in the following manner:</p> <ul style="list-style-type: none"> • The budgets for the Board and Committees provide sufficient funds for training. • Board members identify their learning needs through meeting and/or annual self-evaluations, including a specific EDI needs assessment evaluation. • 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. • 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 meeting materials and minutes). The following training was provided to the Board in 2022: <ul style="list-style-type: none"> • Trauma Informed and Right Touch Regulation • The Virtual Facilitative Chair Coaching • Governance Modernization Workshop • Discipline Committee Education Session • Conflict of Interest Training • Future Ancestors (co-designed with the College of Physiotherapists of Ontario) • Indigenous Unsettling and Trauma Informed Practice Workshop • Communication and Empathy Team Building Workshop • 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. 	<p>Yes</p>
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			<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"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Evolving public expectations inform the training needs of CDO. To understand public expectations, we rely on:</p> <ul style="list-style-type: none"> • Direct feedback from the public, through our public consultation page or phone calls from the public to our practice advisory service • Membership consultation and calls to our practice advisory service from dietitians. RDs are often closer to clients and can identify emerging issues • Patient networks (such as the Citizen Advisory Group) • College data around complaints and complaint inquiries from the public • Grey literature around the patient experience in healthcare and the work of regulatory thought leaders • Networking with other Colleges and system partners <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. The results of this assessment 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"> • 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. • 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. 	<p>Yes</p>
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		<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"> 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 <p><u>Further clarification:</u> 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"> • Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. 2021 and 2022 • Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>The Board Code of Conduct and the Conflict of Interest policy are included in the CDO Governance Manual. 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"> • Board and Committee members complete an annual declaration of conflict of interest and submit it to CDO by June 30th of each year. • 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. • 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. <p>The following updates were made to the Board Code of Conduct:</p> <ul style="list-style-type: none"> • Inclusion of a three-year review date. • Commitment to make decisions on best-evidence and cross-referencing the impartiality in decision-making governance policy. • Commitment to applying an EDI-B lens in College work. • Incorporation of EDI-B as a component of respectful conduct. • Reiteration of the Board’s determination to work toward consensus decision-making. • 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.
	Yes

			<ul style="list-style-type: none"> • Use of gender-neutral language and pronouns (they/their instead of his or hers) • Inclusion of a Social Media Use section as an “emerging initiative” as the College begins to expand its social media presence. • 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. 	
			<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"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Board Code of Conduct and Conflict of Interest policy are part of the CDO Governance Manual. Board Code of Conduct Conflict of Interest policy</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

		<p>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).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> – 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.
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		<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>Choose an item.</p>
		<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; 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 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>. 	<p>The College fulfills this requirement:</p> <p>Yes</p> <ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. 2022 • 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 • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <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 December 3, 2020 and updated in 2022. It is signed annually by all Board directors.</p> <p>COI is defined in By-law 1 General (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"> • 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. • 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. • 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"> ○ Completed COI forms must be included as an appendix to each council meeting package.

- 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)

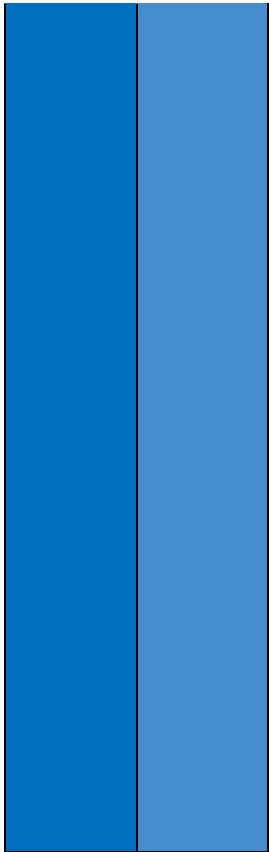
		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
			<ul style="list-style-type: none"> Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. 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. 		
			<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"> • Please provide the year that the formal approach was last reviewed. 2022 • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The Board approved an updated Risk Monitoring Policy and new Risk Monitoring Report at its meeting on March 25, 2022 meeting (please see meeting minutes). 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: “Understanding the Wider Landscape”. 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>
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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"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Board minutes are posted in the Meetings & Hearings 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"> i. the meeting date; ii. the rationale for the meeting; 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 iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <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"> • The meeting date • Rationale for the meeting • Summary of discussions and decisions • Whether the decision will be ratified by the Board <p>Please see the December 8, 2022 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)

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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"> Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. Board meeting materials can be accessed on CDO's website .		
	<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"> Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings can be accessed on CDO's website .		

			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: 3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.				
	Required Evidence			
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).	College Response			
	The College fulfills this requirement:			Yes
	<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • 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. <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>Education and Training: Staff, Board and Committees</p> <ul style="list-style-type: none"> • A workshop on Unsettling & Trauma Informed Practices: An Indigenous Lens, was provided to the Board, Committee members and staff. • An EDI-B unconscious bias training session was held for College Assessors. The training included case studies, discussions, and reflections. • 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. 			

- 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](#)

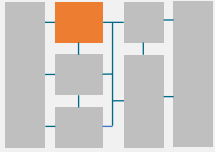
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

			<i>Additional comments for clarification (optional)</i>
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		<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"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • 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. <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"> • A policy on determining currency practice hours for Dietitians in Ontario. • Standards and Guidelines for Virtual Care for Dietitians in Ontario (in progress). • Standards and Guidelines for Social Media for Dietitians in Ontario (in progress). • The position statement and practice guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario. 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. 	<p>Partially</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 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.</p>
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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

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

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.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

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 [materials](#) and [minutes](#)).

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 & Compliance.

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)

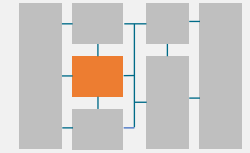
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The Board approved an updated Reserve Fund Policy at its June 17, 2022 meeting (please see meeting materials and minutes).</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"> • Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: 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 materials and minutes).</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>
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			<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>
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		<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"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <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>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.</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"> <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> <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>Alliance of Canadian Dietetic Regulatory Bodies (Alliance)</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.

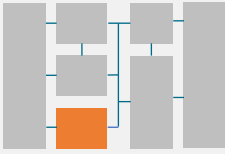
Examples of relationships where the College identified and engaged with partners include:

- 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.

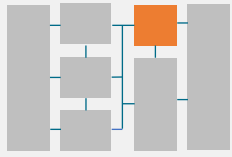
CDO also has a credit card incident response plan to prepare for, detect, recover from a credit card breach during the collection of registrant fees. For security reasons, the College does not publicly disclose details of its security practices.

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"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <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>
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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

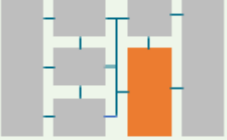
If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.

	<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"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <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"> • 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) OR please briefly describe the College’s development and amendment process. <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"> • 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. • 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. • 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. • Ensure that the relevance will be for an extended period if a Standard of Professional Practice is developed. <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"> • 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. • 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. 	<p>Yes</p>
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			<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>
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	<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"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <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"> • 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. • Updating policies with an EDI-B lens including: <ul style="list-style-type: none"> ○ <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. ○ 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. ○ <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. ○ <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. ○ <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. ○ <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. 	<p>Yes</p>
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			<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: 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	<p>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.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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 OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR 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.).
			Met in 2021, continues to meet in 2022

¹ 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"> • 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 OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>CDO’s Registration Policies can be found here. 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"> • Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency) • Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy) • Improved clarity required for staff to operationalize a policy • Identification that a policy is outdated and requires revocation • Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices • Changes to the dietetic practice environment (e.g., new competencies for entry-level practice) • Feedback from the Registration Committee <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>
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Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		<p>c. A risk-based approach is used to ensure that currency² 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.).</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. 	Yes
	<p>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.”</p> <p>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.</p> <p>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.</p>	

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^[1] 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)

² 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.		
		<p>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).</p>
		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. <p>CDO’s 2021 Fair Registration Practices Report (submitted to the OFC in December 2022 as per their deadlines) can be found here. 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>
		<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>
		Met in 2021, continues to meet in 2022
		Choose an item.

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"> 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"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>The Board approved a policy on determining currency 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 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"> CDO webpage has been updated to assist dietitians in applying the policy and definition. 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 (Recording and Handouts provided). There sessions were attended by 86 dietitians. An updated article was published on the College’s webpage on ‘what counts as a Practice Hour?’ <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](#)

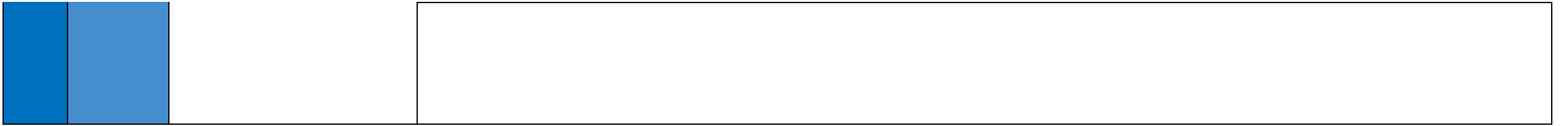
At the March 24, 2022 meeting, the Board approved the Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario for publication and dissemination. The College rolled out the new Position Statement and Practice Guidelines for dietitians 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 ³ .		
		<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"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> <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"> • 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 Policy 4-20: Peer & Practice Assessment-Selection and Eligibility and Policy 4-25: Peer & Practice Assessment- Procedure. • 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. • 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. • 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- 	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"> • 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). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR 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"> - <i>Public</i> Yes - <i>Employers</i> No - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <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 Peer and practice assessment 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 Policy 4-20: Peer & Practice Assessment-Selection and Eligibility and Policy 4-25: Peer & Practice Assessment- Procedure.</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>
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		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"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. 	
		<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: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
<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>	<p>Yes</p>	
	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <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>		
	<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>
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PRACTICE	DOMAIN 6: SUITABILITY TO	STANDARD 11	Measure 11.1	
			The College enables and supports anyone who raises a concern about a registrant.	
			Required Evidence	College Response
			a. The different stages of the complaints process and all relevant supports available to complainants are: <ul style="list-style-type: none"> 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; 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>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • 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. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <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 overview of the CDO’s Complaints and Discipline Program, information specific to making a complaint and the complaints process and Information 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>
	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 (optional)</i>
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		<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"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <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 (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</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>

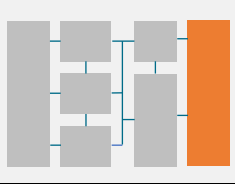
	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand 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"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <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"> • Identifying any accommodations needed for individuals with physical or mental disabilities • Providing access to a scribe if individuals need help preparing a formal complaint • Providing access to a translator or translation services • Facilitating the participation of an individual’s chosen support person • Offering alternative methods for making submissions in lieu of written submissions during the initial exchange of correspondence <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 website provides information about it supports the public during the complaints process.</p>	
	<p>Measure: 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.</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"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <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	Measure: 12.1 The College addresses complaints in a right touch manner.	
		<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"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <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 the College’s website. 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>

			<p>for deciding whether regulatory action is required, while retaining the Registrar’s discretionary powers.</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>Measure:</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"> • Please insert a link to the policy and indicate page number OR please briefly describe the policy. • 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’). 	
	<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>		

		Measure: 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.		
		Required Evidence	College Response	
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	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"> 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 OR list KPIs and rationale for selection. <p>At its March 24, 2022 meeting (please see meeting materials and minutes) 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>	<p>The College fulfills this requirement:</p> <p>Met in 2021, continues to meet in 2022</p> <ul style="list-style-type: none"> 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. <p>March 24, 2022 materials and minutes September 30, 2022 materials and minutes</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>

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>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<p><hr/><i>Benchmarked Evidence</i><hr/></p>	<ul style="list-style-type: none"> 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. <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><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"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <p>Annual report section News section Meetings and Hearings section Fair Registration Practices College Newsletters CPMF</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.

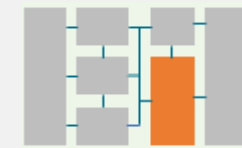
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be 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: 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)		
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

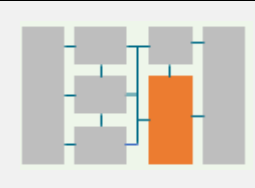
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: College Method			
<i>If a College method is used, please specify the rationale for its use:</i> The College is providing the QA data in a reporting period as per the College’s renewal calendar year. QI activities are not currently being collected			
Context Measure (CM)	#	%	
CM 2. 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>
CM 3. 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>
NR			
<i>Additional comments for clarification (if needed)</i>			

Table 3 – Context Measure 4

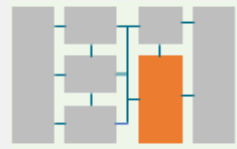
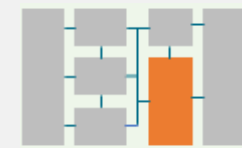
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: College Method			
<i>If a College method is used, please specify the rationale for its use:</i> The College is providing the QA data in a reporting period as per the College’s renewal calendar year. QI activities are not currently being collected.			
Context Measure (CM)			
CM 4. 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	
NR * This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022. **This measure may include any outcomes from the previous year that were carried over into CY 2022.			
<i>Additional comments for clarification (if needed)</i>			
-			

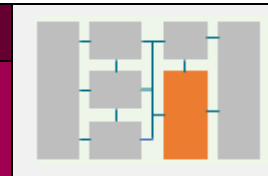
Table 4 – Context Measure 5

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)					
CM 5. 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%	
Total number of formal complaints and Registrar’s Investigations**	5	100%	17	100%	

<p>Formal Complaints NR Registrar's Investigation</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 If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	8	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	31	
CM 8. 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	
CM 9. 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%
<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>		



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>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</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

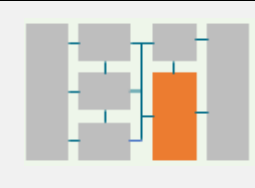
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does 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	
Disposal		
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

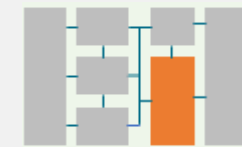
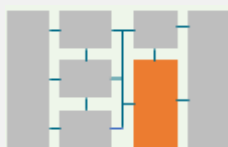
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<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	116.3	
II. A contested discipline hearing in working days in CY 2022	N/A	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<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: Recommended <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	<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>
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	

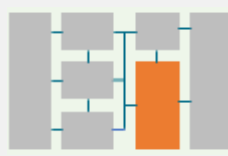
** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[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: R e c o m m e n d e d <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<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> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </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

Board 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



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

These four goals will be accomplished through the following strategies:

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

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

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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

Board Action List

Actions as of March 10, 2023				
Meeting Date	Agenda Item	Action	Status	Notes
<u>December 8, 2022</u>	8.0 Virtual Care Policy	Revise draft policy based on Board feedback	Complete	
		Circulate for 60-day consultation	Complete	Policy on March Board agenda.
	9.0 Social Media Policy	Revise draft policy based on Board feedback	Complete	Policy will be on June Board agenda.
		Circulate for 60-day consultation	Complete	Consultation feedback is being incorporated into the draft policy.
	12.0 Extending the Strategic Plan	Update Strategic Plan to reflect 2025 end date	Complete	
<u>December 9, 2022</u>	3.0 Board Meeting Analysis & Trend Analysis	Governance Committee to work on revising the Board meeting evaluations.	Not started	Governance Committee will begin reviewing the evaluations and discussing next steps at its May meeting.
	4.0 Governance modernization	Draft into by-law: -Board competencies and attributes -Restructuring of Board size -Nominators for Board elections	Complete	Draft by-law 1 on March Board agenda.
		Integrate into elections for 2023 as suggested competencies and attributes	Complete	Competency and Attribute framework incorporated into the 2023 elections as suggested knowledge, skills, experience and individual qualities for Board directors.
	5.0 Honoraria Policy	Executive Committee to review draft policy for clarity and make a recommendation to the Board at an upcoming meeting	Complete	Honoraria policy on March Board agenda.
	7.0 Policy on in-camera sessions	Add policy to governance manual	Complete	
		Operationalize policy	Complete	

February 15, 2023	4.0 Emergency Class of Registration	Circulate for 60-day consultation	In progress	Special meeting of the Board scheduled for April to review consultation feedback.
	5.0 2019 Proposed Amendments to the Registration Regulation	Submit to MOH	Not started	Proposed amendments to be submitted to the MOH with the revisions to the Registration Regulation.

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.
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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

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<Original signed by Ann Watt>

Signature

Ann Watt

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Barbara Grohmann>

Signature

Barbara Grohmann

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Barbara Major-McEwan>

Signature

Barbara Major-McEwan

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Brenda Murphy>

Signature

Brenda Murphy

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Cindy Tsai>

Signature

Cindy Tsai

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Denis Tsang>

Signature

Denis Tsang

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Donna Hennyey>

Signature

Donna Hennyey

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Hannah Chan>

Signature

Hannah Chan

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by Israel Ogbechie>

Signature

ISRAEL OGBECHIE

Name

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

Date

ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<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:

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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

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<Original signed by Julie Slack>

Signature

Julie Slack

Name

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

Date

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<Original signed by Kerri LaBrecque>

Signature

Kerri LaBrecque

Name

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

Date

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<Original signed by Khashayar Amirhosseini>

Signature

Khashayar Amirhosseini

Name

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

Date

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<Original signed by Laura Bjorklund>

Signature

Laura Bjorklund

Name

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

Date

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<Original signed by Lesia Kicak>

Signature

Lesia Kicak

Name

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

Date

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<Original signed by Ray D'Sa>

Signature

Ray D'Sa

Name

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

Date

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<Original signed by Ruchika Wadhwa>

Signature

Ruchika Wadhwa

Name

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

Date

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<Original signed by Santhikumar Chandrasekharan>

Signature

Santhikumar Chandrasekharan

Name

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

Date

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<Original signed by Sharanjit Padda>

Signature

Sharanjit Padda

Name

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

Date