



## Board Meeting Agenda

March 22, 2024 | 9 a.m. – 2:05 p.m.

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Item	Time	Topic	Action	Presenter	Materials
1	9 – 9:05 (5 mins)	Call to Order and Land Acknowledgement	-	A. Watt	
2	9:05	Approval of Agenda	Decision (motion)	A. Watt	2.1 Draft Board Meeting Agenda – March 22, 2024
3	9:05	Declaration of Conflict of Interest and Bias	-	A. Watt	
4	9:05	Consent Agenda 4.1 Draft Board meeting minutes – December 15, 2023 4.2 Executive Committee Report – February 2024 4.3 Committee Appointments	Decision (motion)	A. Watt	4.1 Draft Board meeting minutes – December 15, 2023 4.2 Executive Committee Report – February 2024 4.3 Briefing Note – Committee Appointments
5	9:05 – 9:20 (15 mins)	Learning and Teaching Moment	Discussion	M. Woodbeck	5.1 Briefing Note– EDI-B Learning: Intersectionality
6	9:20 – 9:35 (15 mins)	Board Meeting Evaluation Results – December 15, 2023	Discussion	A. Watt	6.1 Briefing Note – Board Meeting Evaluation Feedback – December 15, 2023
7	9:35 – 10 (25 mins)	Management Report	Information	M. Woodbeck	7.1 Management Report – March 22, 2024 7.2. Statement of Operations as at December 31, 2023 7.3 Capital Asset Purchase Report as at December 31, 2023
8	10 – 10:10 (10 mins)	Risk Monitoring Report (Q4)	Information	M. Woodbeck	8.1 Briefing Note – Risk Monitoring Report (Q4)
9	10:10 – 10:25 (15 mins)	College Performance Measurement Framework Report	Information	L. Dalicandro	9.1 Briefing Note – 2023 CPMF Report
	10:25 – 10:45		<b>Break</b>		



	(20 mins)				
10	10:45 –11:05 (20 mins)	Strategic Plan Monitoring Report	Information	M. Woodbeck	<a href="#">10.1 Briefing Note – Strategic Plan Monitoring Report</a>
11	11:05 –11:50 (45 mins)	Draft Fiscal 2024-2025 Budget	Decision (motion)	A. Chang M. Woodbeck	<a href="#">11.1 Briefing Note – Draft Budget Fiscal 2024-2025</a>
12	11:50 –12:00 (10 mins)	Opening and Closing the Emergency Class of Registration Policy	Decision (motion)	M. Woodbeck	<a href="#">12.1 Briefing Note – Opening and Closing the Emergency Class of Registration Policy</a>
	12:00 –1:00 (60 mins)		<b>Lunch</b>		
13	1:00 –1:15 (15 mins)	Revised Position Statement: Registration Requirements for Interjurisdictional Practice	Decision (motion)	M. Woodbeck	<a href="#">13.1 Briefing Note – Revised Position Statement: Registration Requirements for Interjurisdictional Practice</a>
14	1:15 –1:35 (20 mins)	Accreditation Recognition Deadline	Decision (motion)	M. Woodbeck	<a href="#">14.1 Briefing Note – Accreditation Recognition</a>
15	1:35 –2:05 (30 mins)	Revised Code of Ethics	Decision (motion)	M. Woodbeck	<a href="#">15.1 Briefing Note – Code of Ethics</a>
16	2:05	Adjournment	Decision (motion)	A. Watt	

[0.0 Reference - Land Acknowledgement](#)

[0.0 Board Action List as of March 1, 2024](#)

[0.0 CDO Acronyms](#)

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

[0.0 Reference Doc CDO Board Voting Practices](#)

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

[Board and Committee Members Completed Conflict of Interest Forms](#)



**Board Meeting Minutes**  
**December 15, 2023 | 9:09 a.m. – 1:42 p.m.**

**Board Members Present**

Ann Watt RD – Chair  
Denis Tsang RD  
Brenda Murphy, Public Member  
Dawn van Engelen RD  
Donna Hennyey RD  
Julie Slack RD  
Navita Viveky RD  
Ray D'Sa, Public Member  
Santhikumar Chandrasekharan, Public Member  
Teresa Taillefer RD

**Staff**

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

**Regrets**

John Regan, Public Member  
Sharanjit Padda, Public Member

**1. Call to Order**

A. Watt opened the meeting with a Land Acknowledgement.

The meeting was called to order at 9:09 a.m. by A. Watt Chair of the Board.

**2. Approval of the Agenda**

MOTION to approve the agenda as circulated.

**Moved by:** D. van Engelen

**Seconded by:** J. Slack

**Carried**

**3. Declaration of Conflict of Interest and Bias**

No conflict of interest or bias was declared.



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## **Consent Agenda**

### **4. Board Meeting Minutes**

September 29, 2023

#### **Executive Committee Report**

*MOTION to approve the Consent Agenda.*

**Moved by:** D. Tsang

**Seconded by:** R. D'Sa

**Carried**

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### **5. Board Meeting Evaluation Results – September 29, 2023**

The Board reviewed the results of the September 29, 2023, meeting and the Executive Committee's request to discuss concerns regarding board decision making and performance.

The Board discussed a recurring comment alleging decisions are made in the interest of the profession under the pretext of the public. It was noted that the majority of directors feel that the board is meeting its public interest mandate in decision making and expressed concern about the risk the comments pose to CDO's reputation. The Board also discussed some of the initiatives it has undertaken in response to these comments. The Board member(s) who made these comments in the anonymous meeting evaluation were directed approach the Chair about their concerns in accordance CDO's governance framework and with their duty to participate in CDO governance.

*Public interest rationale: Good governance is the foundation for effective regulation and public trust. Board directors are responsible for fully participating in CDO governance. Engaging in performance assessments in a transparent and reflective way that leads to continuous improvement, contributes to public confidence in the Board's decision making and governance framework.*

### **6. Management Report**

M. Woodbeck presented the Management Report and highlighted the following:

- Strategic Projects
  - Data governance project, which will include a transition to a SharePoint hosted document management program
  - A new application and screening process to operationalize the competency and attribute framework will be in place for the Board election launch on January 18, 2024
  - Some planned database projects are paused until a database analysis is conducted in 2024
- Finance, HR, EDI-B & Operations
  - Tax exemption rebate of \$76,000 for 2018 – 2021 received



- Cyber security training for staff continues
- Audit committee recommends a risk tolerance and portfolio review
- Operating expenses 15% below budget with a surplus of \$15,000
- EDI-B report published and positive feedback from system partners received
- Communications
  - CDO branding approach and logo quality is being considered
  - College website transition continues
  - CDO responded to media inquiries leveraging key messages
- Professional Practice & QA
  - Promotion of social media and virtual care policies in workshop series and in ICRC training session
  - Ongoing policy work includes updates to the Code of Ethics and the development of advertising and marketing guidelines
  - 4259 SDL Tools submitted at renewal
  - QA program review hitting project milestone
- Registration
  - 2023 annual renewal completed
  - CDRE & KCAT administered virtually
  - Participated in OFC consultation on annual reporting requirements
  - Annual OFC report to be submitted by year-end
  - Policy work continues
- Governance & Regulatory News
  - Brenda Murphy reappointed to Board
  - Dietetic system partner collaboration
  - Ministry Updates

*Public interest rationale: The Board has a fiduciary duty to CDO, which includes providing assurance that the College's operations support its public protection mandate.*

## 7. Regulatory Trends Report

M. Woodbeck presented the following regulatory trends to the board:

- Right-touch and risk informed regulation.
- British Columbia's governance amalgamation and legislative change through Bill 36 Person-centred regulation and trauma-informed practice: Regulators are being asked to engage in initiatives that make space for humanity and compassion.
- Hardwiring Indigenous reconciliation in College work and using both Indigenous and western ways of knowing and being.
- Digital transformation: Accept and prepare for future technological changes, while maintaining regulatory principles and values.



*Public interest rationale: Keeping abreast of changes within the regulatory sector and learning from system partners supports the Board's ongoing education and contributes to informed decision making in alignment with CDO's public interest mandate.*

## 8. Risk Monitoring Report (Q3)

M. Woodbeck presented the Risk Monitoring Report (Q3) to the Board. No risk and/or mitigation plans were reassessed and no risks were identified or downgraded.

*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.*

## 9. Accreditation Recognition Deadline

The Board considered a request from the Ontario Dietetic Educational Programs for an extension to the accreditation transition deadline of December 31, 2023 until August 31, 2024.

The board considered the challenges in the ongoing legal review of the draft agreements. While the Board recognized the commitment of dietetic programs to providing high quality education and training to dietetic learners, the board also considered the lengthy gap in the availability of accreditation activities, with many programs not undergoing an accreditation review for several years. The board expressed concerns about the risk this creates in maintaining public trust, safety and accountability.

Additionally, given the College's obligations for labour mobility and importance of national consistency in the registration requirements, the board considered the decisions of other Canadian dietetic regulatory boards relating to this matter.

For these reasons, the Board agreed it is reasonable to approve an extension to March 31, 2024, to allow programs to sign on to the new accreditation framework and to have previous Partnership for Dietetic Education and Practice (PDEP) accreditation awards continue to be recognized.

MOTION to continue to recognize PDEP accreditation and awards until March 31, 2024, for the purposes of the College's registration process, regardless of the date of the programs' last accreditation and expiry date. The decision extends only to programs which are working with EQual and negotiating and agreement.

**Moved by:** D. Tsang

**Seconded by:** N. Viveky

**Carried**



Action Items:

- Notify education programs of Board's decision.

*Public interest rationale: Education program accreditation ensures that Canadian educational programs provide nutrition education in alignment with the national Canadian Integrated Competencies for Dietetic Education and Practice (ICDEPs) and meet ongoing quality assurance and improvement standards. Registering graduates from accredited Canadian educational programs provides assurance to the College and the public that Canadian dietetic graduates have the requisite knowledge, skill and judgment to provide safe, ethical and competent care to the public.*

## 10. Recognition of US Accreditation Programs

The Board discussed a proposed policy on the future recognition of the United States (US) based Accreditation Council for Education in Nutrition and Dietetics (ACEND) accredited programs, as recommended by the Registration Committee.

The Board inquired about the potential impact of this decision on graduates from Canadian programs with respect to their recognition by ACEND. It was clarified that CDO does not have reciprocity agreement with ACEND and that the assessment of Canadian graduates applying in the US will continue to be at the discretion of ACEND.

The Board considered the impact that the proposed policy could potentially pose to the assessment of US applicants. Given CDO's robust Prior Learning Assessment and Recognition (PLAR) process, the Board did not consider the policy to create a significant risk to future applicants.

The Board agreed with the Registration Committee's recommendation that CDO should continue to recognize all ACEND programs for a two-year transition period, until August 31, 2025. Graduates from Future Education Model (FEM) programs would continue to be recognized with no expiry date. Non-FEM ACEND applicants who complete their training after August 31, 2025, would go through the PLAR process to demonstrate they have the requisite knowledge and competence. Upon successful completion of the PLAR process, applicants would be eligible for registration.

MOTION to approve the proposed revisions to Policies 2-30: Competency Standards and Accrediting Bodies and 4-20: Applicants from ACEND Accredited Programs as recommended by the Registration Committee.

**Moved by:** N. Viveky

**Seconded by:** S. Chandrasekharan

**Carried**





Action Items:

- Notify affected system partners of the Board's decision.

*Public interest rationale: Public interest rationale: The College is responsible for ensuring Ontario dietitians are qualified to provide safe, competent, and ethical care in the interest of the public. To support this, registration processes require ongoing assessment to incorporate and reflect the standards and competencies of the profession.*

## 11. Proposed Revisions to the Position Statement: Registration Requirements for Interjurisdictional Practice for Externally Registered Dietitians

The Board considered proposed revisions to the position statement on registration requirements for interjurisdictional practice. It was noted that draft changes are intended to work in the best interest of Ontarians by providing an exemption for virtual continuity of care by an externally registered Canadian dietitian to Ontario clients where the care originated out of province. and reducing the strain on the healthcare system by not requiring out-of-province dietitians to.

The Board agreed with the proposed revisions to the position statement.

MOTION to approve the proposed revisions to the College's Position Statement: Interjurisdictional Registration Requirements, in principle for the purpose of consultation, as per Appendix 1.

**Moved by:** D. van Engelen

**Seconded by:** S. Chandrasekharan

**Carried**

Action Items:

- Circulate the revised draft position statement for system partner consultation.

*Public interest rationale: CDO's mandate is public protection. As per the Dietetics Act, 1991, CDO must ensure that only dietitians licensed in Ontario use the title of dietitian and hold themselves out as someone authorized to practice dietetics in Ontario, including during the provision of online dietetic services. Exceptions for continuity of care may be warranted in certain circumstances and when it's in the client's best interests.*

## 12. Peer and Practice Assessment Updates

D. Candiotta provided an update regarding the revisions to the Peer and Practice Assessment (PPA) as approved by the Quality Assurance Committee (QAC) for field testing and piloting 2024.

The Board accepted the Peer and Practice Assessment update for information.





*Public interest rationale: The College strives for a balanced approach to regulating the dietetic profession in Ontario, ensuring the right level of regulation for public protection. The Professional Practice Program, mainly through Quality Assurance (QA), demonstrates dietitians' commitment to continuous improvement.*

### 13. Draft Revisions to the Code of Ethics

The Board considered draft revisions to the Code of Ethics, as recommended by the Professional Practice Committee.

The Board discussed the proposed revisions and agreed that they aligned with evolving practices.

MOTION to approve the draft Code of Ethics for Dietitians in Ontario, in principle, as presented, for consultation with registrants and system partners.

**Moved by:** D. Tsang

**Seconded by:** D. van Engelen

**Carried**

Action Items:

- Circulate the revised draft Code of Ethics for system partner consultation.

*Public interest rationale: The College ensures safe, ethical, and competent dietetic practice in Ontario. Proposed Code of Ethics revisions align with CDO's Equity, Diversity, Inclusion and Belonging (EDI-B) principles, emphasizing cultural safety, population health, advertising, conflict of interest, evidence-informed practice, and emerging technologies.*

### 14. Updates to the Executive Committee Terms of Reference

The Board considered amendments to the Executive Committee's terms of reference to reduce the Committee's role in alignment with CDO's governance modernization goals.

The Board agreed with the revisions to the terms of reference and the redistribution of current Executive Committee responsibilities to the Governance and Audit Committees. The timeline for implementing the changes to the committees' terms of reference is anticipated for June 2024, following the necessary amendments to bylaw 1.

MOTION to approve the amended Executive Committee Terms of Reference as presented.

**Moved by:** S. Chandrasekharan

**Seconded by:** D. Tsang

**Carried**



Action items:

- Proceed with updating the terms of reference for the Governance and Audit Committees.
- Proceed with drafting updates to bylaw 1 and the governance manual to reflect the amended terms of reference.

*Public interest rationale: Governance best practices support reducing the role of the Executive Committee in favour of utilizing the collective competencies and attributes of the Board and allowing for greater transparency, accountability and inclusivity in decision making. Aligning the structure of the Executive Committee with governance best practices will strengthen the Board's ability to fulfill its oversight role and will reinforce CDO's commitment to its public protection mandate.*

## 15. Registrant Demographics Presentation

D. Cohen presented renewal statistics and demographic data from 2019 – 2023.

The Board accepted the report for information.

## 16. Adjournment

MOTION to adjourn at 1:42 p.m.

**Moved by:** D. Tsang

**Carried**



**EXECUTIVE COMMITTEE REPORT**  
[February 20, 2024]

**Committee Members:** Ann Watt RD (Chair), Denis Tsang RD, Donna Hennyey RD, Santhikumar Chandrasekharan

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

Executive Committee met on the following date(s)	Rationale for the Meeting
February 20th	Routine Meeting

Summary of Discussions and Decisions	Decision to be Ratified by Board?
Reviewed the Meeting Evaluation Survey	Will be reviewed at March 2024 meeting
Approved the Board agenda for the March Board Meeting	Yes
Approved the Draft Operating Budget	Yes
Approved Committee Appointment	No
Reviewed Registrar's Report	For information only
In-camera, personnel matter	No

Respectfully Submitted,  
Ann Watt, RD  
Board Chair



## Board Briefing Note

<b>Topic:</b>	Committee Appointments
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Risk-Based and Right-Touch Regulation
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### ISSUE

To confirm recent committee appointments made by the Executive Committee.

### 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

The Board approves the committee slates annually at the June meeting on the recommendation from the Executive Committee. However, as set out in By-law 1, the Executive Committee may make appointments to committees when there are vacancies or changes in the composition of the Board, subject to confirmation by the Board at its next meeting.

Galina Semikhnenko, of Bolton, Ontario, has been appointed to CDO's Board of Directors, effective February 1, 2024, as a public member for a three-year term. Galina has a background in clinical psychology and experience working with patients/clients in a hospital setting.

In addition to serving on the Board, as per the bylaw, all directors are also required to participate on CDO committees.

At its February 20 meeting, the Executive Committee approved Galina Semikhnenko's appointment to the Discipline; Fitness to Practise; Inquiries, Complaints and Reports; and Quality Assurance Committees for confirmation by the Board.

## **RECOMMENDATION**

That the Board confirm the appointment of Galina Semikhnenko to the Discipline; Fitness to Practise; Inquiries, Complaints and Reports; and Quality Assurance Committees; made by the Executive Committee on February 20, 2024.

## **ATTACHMENTS**

- Appendix 1: Proposed Committee Composition Chart



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Appendix 1

Committee Composition 2023-2024

Executive Committee	
E	Denis Tsang RD
E	Donna Hennyey RD
E	<b>Ann Watt RD*</b>
P	Santhikumar Chandrasekharan

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

Registrar Performance & Compensation	
P	Santhikumar Chandrasekharan John Regan
E	<b>Ann Watt RD*</b> Donna Hennyey RD Denis Tsang RD

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

Registration	
P	Brenda Murphy Sharanjit Padda
E	<b>Denis Tsang RD*</b> Julie Slack RD Donna Hennyey RD
A	Ruchika Wadhwa RD Laura Bjorklund RD

QA	
P	Santhikumar Chandrasekharan Ray D'Sa <b>Galina Semikhnenko</b>
E	Dawn van Engelen RD Donna Hennyey RD
A	Arundhati Joshi RD <b>Khashayar Amirhosseini RD*</b> Hannah Chan RD

Elections	
P	Brenda Murphy <b>John Regan *</b> Sharanjit Padda

Audit Committee	
P	Santhikumar Chandrasekharan <b>Sharanjit Padda*</b>
E	Donna Hennyey RD Teresa Taillefer RD

ICRC	
P	Brenda Murphy John Regan Raynold D'Sa Sharanjit Padda <b>Galina Semikhnenko</b>
E	Denis Tsang RD Julie Slack RD Navita Viveky RD
A	<b>Cindy Tsai RD*</b> Jane Lac RD Sasha Miles RD Barbara Grohmann RD

Patient Relations	
P	Brenda Murphy Ray D'Sa
E	<b>Ann Watt RD*</b> Julie Slack
A	<b>(vacant position)</b>

Professional Practice Committee	
P	John Regan Santhikumar Chandrasekharan
E	Dawn van Engelen RD Teresa Taillefer RD
A	<b>Barbara Major-McEwan RD*</b> Khashayar Amirhosseini RD Riley Aldrich RD

Governance Committee	
P	John Regan Santhikumar Chandrasekharan
E	<b>Ann Watt RD*</b> Teresa Taillefer RD
A	Barbara Major-McEwan RD Cindy Tsai RD

last updated: October 2, 2023

**As per Bylaw 1**

**STATUTORY COMMITTEES**

**11.1 Executive Committee Composition**

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

**11.6 Composition of Registration Committee**

The Registration Committee shall be composed of: (a) at least two elected councillors; (b) at least two public councillors; and (c) at least one committee appointee

**11.7 Composition of Inquiries, Complaints and Reports Committee**

The Inquiries, Complaints and Reports Committee shall be composed of: (a) at least three elected councillors; (b) at least three public councillors; and (c) at least two committee appointees.

**11.9 Composition of Discipline Committee**

The Discipline Committee shall be composed of: (a) at least three elected councillors; (b) at least two public councillors; 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 councillors; (b) at least two public councillors; 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; (b) at least two public councillors; 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; (b) at least two public councillors; and (c) at least one committee appointee.

**NON-STATUTORY COMMITTEES**

**2.1 Composition of Elections Committee**

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

**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.

**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 and Vice-President, and two other councillors. There must be two elected councillors and two publicly appointed councillors on the Committee.

**12.6 Composition of the Professional Practice Committee**

The Professional Practice Committee shall be composed of: (a) at least two elected councillors; (b) at least two public councillors; and (c) at least one committee appointee.

**12.8 Composition of the Governance Committee**

The Governance Committee shall be composed of at least five members: (a) at least one elected councillor; (b) at least one public councillor; and (c) at least one committee appointee.





## Board Briefing Note

<b>Topic:</b>	EDI-B Learning: Intersectionality
<b>Purpose:</b>	For Information and Discussion
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Melanie Woodbeck, Registrar and Executive Director

### ISSUE

To engage in Equity, Diversity, Inclusion and Belonging (EDI-B) learning and reflection related to intersectionality.

### 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

First coined by UCLA and Columbia Law Professor Kimberlé Crenshaw in 1989, intersectionality is a framework that describes how our overlapping social identities relate to social structures of racism and oppression. Intersectionality was added to the Oxford Dictionary in 2015 with its importance increasingly being recognized in the world of women’s rights.

Intersectionality is the acknowledgement that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalize people – gender, race, class, sexual orientation, physical ability, etc.

This wheel diagram of privilege and power, included as Appendix 1, is a simplified way to reflect on the many intersecting identities and power structures that we all engage with. By reflecting on the wheel diagram, one can consider unique social identities relate to privilege and power in society.

Learning about intersectionality and its impact deepens our understanding of the ways in which diversity, equity, and inclusion are relevant to our community. In [this short video \(3.23\)](#), [Dr. Sharoo Sharda](#), Associate Dean of Equity and Inclusion, Hamilton Health Sciences, explains the importance of intersectionality in health care.

*Discussion question:* How can the board consider the effects of intersectionality within their work and decision-making?

## **ATTACHMENTS**

- Appendix 1: Wheel of Privilege and Power





## Board Briefing Note

<b>Topic:</b>	Board Meeting Evaluation, December 15, 2023 Meeting
<b>Purpose:</b>	For discussion
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Executive Committee

### ISSUE

To review the December 15, 2023 Board meeting evaluations and identify any areas for additional learning or development.

### PUBLIC INTEREST RATIONALE

Good governance is the foundation for effective regulation and public trust. Board directors are responsible for fully participating in CDO governance. Engaging in evaluation assessments in a transparent and reflective way that leads to continuous improvement, contributes to public confidence in the Board's decision making and governance framework.

### BACKGROUND

At its February meeting, the Executive Committee reviewed the Board's feedback from the December 15 meeting evaluation.

The completion rate for the evaluation was 90%.

### CONSIDERATIONS

The Executive Committee noted a comment about an interaction between two Board directors, which identified both directors by name. As board meeting evaluation results are publicly available, the Board is reminded not to identify Board directors by name in the meeting evaluations. Comments can address behaviour, performance and meeting management without specifying individuals. If there are concerns about director conduct, this should be raised with the Chair and/or Registrar.

*Changes to the board evaluation are in progress*

The Governance Committee will be working with a governance consultant to develop a new evaluation framework for board approval, to proactively address any issues by emphasizing ongoing reflection and continuous improvement.

The Executive Committee also recommended that the new evaluation framework include a way for the Board to provide feedback on training sessions to gauge the effectiveness and general satisfaction.

## **RECOMMENDATION**

The Board is being asked to consider the feedback from the December 15, 2023 meeting, the Executive Committee's request for further discussion and to determine any actions or areas for additional learning or development.

## **ATTACHMENTS**

- Appendix 1: Board Meeting Evaluation Feedback – December 15, 2023

# Board Meeting Evaluation Feedback December 15, 2023

12 Board Members 10 Attended 2 Absent 9 Completed – 90%

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

Respondents: 9

Choice	Percentage	Count	
All of the time	88.89%	8	
Most of the Time	11.11%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	9	

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

1 nc

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

Respondents: 9

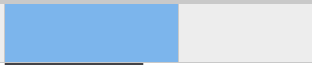

Choice	Percentage	Count	
All of the Time	88.89%	8	
Most of the Time	11.11%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	9	

# Additional Comments:

1 can't know this

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

Respondents: 9

Choice	Percentage	Count	
All of the Time	55.56%	5	
Most of the Time	44.44%	4	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
<b>Total</b>	<b>100%</b>	<b>9</b>	

# Additional Comments:



1 Vice chair and chair handled reigned in situations appropriately

3 I feel that sometimes people misunderstand voice tones or personalities, especially when virtual; however, I do believe everyone has respectful intentions in mind.

4 unsure why not all directors understand the conduct rules and that the Chair controls who can speak and when

4) Discussions were constructive and focused.

Respondents: 9

Choice	Percentage	Count	
All of the Time	88.89%	8	
Most of the Time	11.11%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
<b>Total</b>	<b>100%</b>	<b>9</b>	

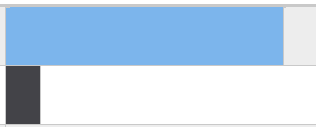
# Additional Comments:

1 nc



5) Time was efficiently managed during the meeting.

Respondents: 9

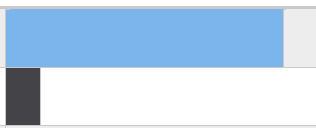
Choice	Percentage	Count	
All of the Time	88.89%	8	
Most of the Time	11.11%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	9	

# Additional Comments:

- 1 I found the Thursday presenter to be a little scattered. Time management an issue. What she did speak to was very good.

6) Decisions made were summarized after each agenda item.

Respondents: 9

Choice	Percentage	Count	
All of the Time	88.89%	8	
Most of the Time	11.11%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	9	

# Additional Comments:

- 1 best recollection

7) All decisions were made in the public interest.

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Respondents: 9

<b>Choice</b>	<b>Percentage</b>	<b>Count</b>	
<b>All of the Time</b>	100.00%	9	
<b>Most of the Time</b>	0.00%	0	
<b>Some of the Time</b>	0.00%	0	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	9	

# Additional Comments:

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

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Respondents: 9

<b>Choice</b>	<b>Percentage</b>	<b>Count</b>	
<b>All of the Time</b>	100.00%	9	
<b>Most of the Time</b>	0.00%	0	
<b>Some of the Time</b>	0.00%	0	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	9	

# Additional Comments:

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

Respondents: 9

<b>Choice</b>	<b>Percentage</b>	<b>Count</b>	
<b>All of the Time</b>	100.00%	9	
<b>Most of the Time</b>	0.00%	0	
<b>Some of the Time</b>	0.00%	0	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	9	

# Additional Comments:

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

Respondents: 9

<b>Choice</b>	<b>Percentage</b>	<b>Count</b>	
<b>All of the Time</b>	100.00%	9	
<b>Most of the Time</b>	0.00%	0	
<b>Some of the Time</b>	0.00%	0	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	9	

# Additional Comments:

11) Additional comments or feedback:

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Respondents: 2

# 11) Additional comments or feedback:

1 EDI very important. CDO work was well run by the chair.

2 Great meetings and training session. Would suggest not to use acronyms in presentations. Thank you.

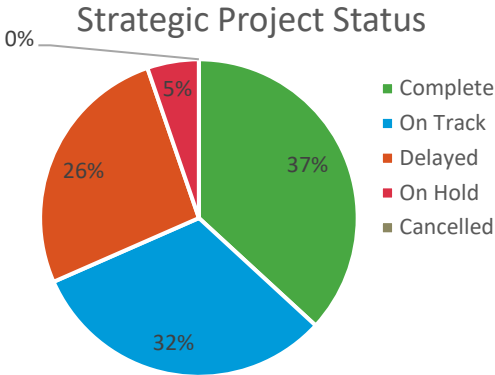
# Management Report

NOVEMBER 15, 2023 – FEBRUARY 22, 2024

## Strategic Projects

### Highlights

- Work on the governance evaluation framework is delayed by approximately six months. A new consultant to support this project is currently being identified. It is expected that work will begin early-May for consideration by the Board in December.
- The online application planning project remains on hold until a decision is made about the future direction of the database following a needs assessment and business case analysis.
- The documentation of internal and operating procedures/process is underway and will combine with phase 2 of the data governance project. Given the significant overlap between the two projects and the anticipated process changes that will be adopted with new data management procedures and systems, aligning the two is an efficient use of College resources.
- The adoption of an EIA framework continues to be delayed as CDO considers how to adapt HPRO’s EIA tool within existing processes and frameworks. Currently, equity impact assessments are being conducted within the professional practice program for policies, standards, guidelines and other registrant facing resources.
- Work on developing a plan for the collection of EDI demographic data is in progress but delayed until an EDI-B consultant is retained to support the project.
- The updates to the registration policies, processes and documentation to reflect the ICDEPs 3.0 is complete.
- The election screening process has been approved by the Governance Committee and operationalized for the 2024 election cycle.



### Updates and Upcoming Work

- The PPA pilot is underway and the selection criteria is underway with the project psychometrician advisor.
- The website migration project will launch on March 13 and will be completed in June. The staff working group completed a full-scale review of content and navigation on the website and provided recommendations.

<i>Status</i>	<i>Project</i>	<i>Goal</i>
<i>Complete</i>	Data Governance Review	1
<i>Complete</i>	Annual Workshops	2
<i>Complete</i>	Operationalize Social Media Standards & Guidelines	2
<i>Complete</i>	Operationalize Virtual Care Standards & Guidelines	2
<i>Complete</i>	Registration Updates to Reflect ICDEPs 3.0	3
<i>Complete</i>	Update Process for Liability Insurance Compliance	3
<i>Complete</i>	Election Screening Process	4
<i>On track</i>	Transition Website to a New Platform	2
<i>On track</i>	Translation Initiative	2
<i>On track</i>	Advertising & Testimonials Guidelines Planning	3
<i>On track</i>	Revised Code of Ethics Planning	3
<i>On track</i>	Update & Pilot PPA	3
<i>On track</i>	Remap PBA to 2020 ICDEPs	3
<i>Delayed</i>	Implementation: Relational Communications Audit	2
<i>Delayed</i>	Document Internal & Operational Procedure/Processes	3
<i>Delayed</i>	Adopt EIA Framework	3
<i>Delayed</i>	Develop a Plan for Collecting EDI Demographic Data	1
<i>Delayed</i>	Governance Evaluation Process	4
<i>On hold</i>	Plan & Storyboard Online Application Process	1

## Corporate Services

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HUMAN RESOURCES, EDI-B, INFORMATION TECHNOLOGY & FINANCE

### Highlights

- Office sharing at Hub 601 has resulted in a 70% cost savings in rent from April to December 2023.
- Staffing changes: Deborah Cohen, Director of Registration, has resigned from the College, effective March 13. Josna Aykkara, Financial Analyst's last day with the College was March 7, 2024.
- IT security standards: All BOX users are now required to reset their passwords every three months. Users will receive email reminders ahead of password change deadlines.
- CDO transitioned to the Microsoft Azure VPN Client, avoiding costs associated with maintaining the hardware for the previous VPN.

## Updates and Upcoming Work

- The College will be contracting an EDI-B consultant to assist in its work to collect EDI-B data from applicants and registrants.

## EDI-B Training Completed by Staff

CDO employees completed various types of EDI-B training and workshops based on their roles and own self-identified learning goals.

<i>Training</i>	<i>Participation %</i>
<i>Patient Safety: Cultural Safety and Anti-Indigenous Racism</i>	6
<i>Bring on 2024! DEIB Trends, Best Practices &amp; Must Dos for This Year</i>	6
<i>Diversity, Equity, Inclusion &amp; Belonging in Assessments</i>	6
<i>Addressing Anti-Black Racism</i>	6
<i>Patient Safety: Cultural Safety and Anti-Indigenous Racism</i>	6
<i>Belonging: Fostering a Community of Inclusion at Work</i>	12
<i>Equity, Diversity, Inclusion &amp; Belonging Training</i>	100

## Finance Updates

- Portfolio market value on January 31, 2024 was \$5,414,394.
  - Fixed income (GICs): \$3,370,224 (62%)
  - Preferred shares (bonds): \$1,782,831 (34%)
  - Common shares: \$261,322 (4%)
  - Cash: \$17
- Earned \$11,012 in dividend income.
- Statement of operations (period ending December 31, 2023) shows:
  - Surplus of \$324,532
  - Operating profit of \$454,416
  - Realized gains from investment of \$44,453 partially due to market recovery, dividend income and interest income
- Invested an additional \$1.4 million in fixed income from proceeds of the annual renewal.
- Registrant fees are in line with budget and 5% ahead of the actual period in the previous year (December 31, 2022).
- Interest and dividend income are 61% above budget and significantly higher than last year.
- Total operating expenses are 18% below budget and 12% below last year.
  - General administration expenses are 17% below budget and 15% below the previous year.
  - Program expenses were lower than budgeted due to timing and virtual meetings being held. The actuals for 2023 are generally in line with this time last year (December 2022).



*Statement of Operations attached.*

## Audit Committee

- At its November 2023 meeting, the Audit Committee made a recommendation to the Board to engage the services of an investment risk assessor to evaluate CDO's investment portfolio, investment policy and assess risk tolerance. The board accepted the recommendation and efforts are underway to identify a suitable financial assessor is underway.

## Communications

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### Highlights

- The College responded to a media inquiry from Radio Canada (Quebec) on February 9 regarding CDO's position on IV vitamin therapy. Four regulators in Quebec, including that of dietitians, published a public health warning on the practice. There was no follow-up or segment from Radio Canada.
- [Geek Power](#), a web design and development company, was chosen to build CDO's new website and transition existing content to WordPress.
- The College's 30<sup>th</sup> anniversary was promoted through a news item, social media and email update to registrants.
- The [EDI-B status report](#) was published on November 23, 2023 and shared with registrants.

### Updates and Upcoming Work

- Working with a branding and design company, a refresh of CDO's logo is complete and new brand guidelines will be finalized.
- CTV published an [article](#) on November 25, 2023 focusing on the Canadian Sugar Institute's sponsorship of dietitians, similar to an earlier Toronto Star [article](#). The article focused on BC dietitians and CDO was not mentioned.

### Engagement

- 163 social media posts were made in both English and French, averaging one post every two days, on all five social media channels.
- The total number of followers/fans is approximately 3,600 (an increase of 100 followers/fans from the last report).
- The best performing post was the announcement of CDO's 30<sup>th</sup> anniversary as a regulatory body.

# Professional Practice Program

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## PRACTICE ADVISORY & QUALITY ASSURANCE

342	+201	Themes
Practice Advisory Service Inquiries	from last reporting period	1. College requirements and processes – virtual care/cross- border practice 2. Private practice 3. Ethical issues

### Highlights

- Presentations on CDO jurisprudence topics were delivered to dietetic students at three universities.
- The Building an Inclusive and Equitable Practice Using Virtual Care and Social Media workshops ran from November to December. Four virtual sessions were held, which were attended by 340 dietitians and dietetic students. Recordings and workshop resources are accessible on the registrant portal.
- 4,415 registrants completed their Self-Directed Learning (SDL) Tool. The two registrants who did not complete their SDL tool have been referred to the ICRC.

### Updates and Upcoming Work

- The 2024 JKAT is scheduled to open April 8, with the deadline of July 12. There are 850 registrants required to complete the JKAT.
- The newly developed Risk Reflection Questionnaire and Practice Improvement Assessment will undergo field testing with 20 registrants beginning in April. These new tools are part of the Peer and Practice Assessment process, which has been under redevelopment since 2022.
- Laboratory ordering authority for dietitians will be explored.

### Quality Assurance Committee

- The Committee is meeting to review 225 SDL tools in the coming months.

### Professional Practice Committee

- At its February meeting, the Committee reviewed the draft advertising and marketing standards and provided feedback.

# Registration Program

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## Highlights

- Four registrants were suspended for failing to renew/non-payment of fees on December 13, 2023. Of the four registrants, one completed their renewal/paid fees, one resigned and two remain suspended.
- The Alliance's national Canadian Dietetic Registration Exam (CDRE) committee met at Hub 601 in January for standard setting/cut scoring.
- The September 27, 2023 KCAT results were released in December.
  - 14 candidates obtained a level 1 result (sufficient demonstration of competence) and can move to the next step in the PLAR process.
  - 16 candidates can reattempt the KCAT.
  - 4 candidates who reattempted the KCAT improved their results from a level 2 to a level 1 result.
- The KCAT Preparation Guide was updated to include the new exam blueprint based on the 2020 ICDEPs.
- The College received a provisional Risk Informed Compliance Framework low-risk rating for its [2022 Fair Registration Practices Report](#).
- All wall certificates will be sent to new general registrants electronically with a newly designed electronic College seal. This operational change significantly reduces the costs associated with mailing physical wall certificates.

## Updates and Upcoming Work

- 29 candidates registered for the February 22 KCAT.
- The next administration of the CDRE will be administered on May 16 and 17, incorporating the new blueprint using the 2020 ICDEPs.
- PBA blueprinting and updates to the PBA Preparation Guide to reflect the 2020 ICDEP to be completed by March 31.

## Registration Committee

- The Committee approved revisions to Policy 4-50: Language Proficiency, to permit the acceptance of additional language proficiency tests.

# Standards & Compliance Program

## Inquiries, Complaints & Reports Committee

<p style="text-align: right;"><b>6</b></p> <p style="text-align: center;">New matters received (+4 from last reporting period)</p> <p>2 Complaints 2 Reports 2 QAC referrals 0 Inquiries</p>		<p style="text-align: right;"><b>0</b></p> <p style="text-align: center;">Matters closed at preliminary review stage</p>	
<p style="text-align: right;"><b>2</b></p> <p style="text-align: center;">Matters closed by ICRC</p> <p>1 Complaints 0 Reports 1 QAC Referrals 0 Inquiries</p>		<p style="text-align: right;">ICRC dispositions</p> <p>1 Written reminder 1 Closed with no investigation</p>	
<p style="text-align: right;"><b>13</b></p> <p style="text-align: center;">Matters open</p> <p>3 Complaints 8 Reports 1 QAC referrals 1 Inquiries</p>	<p style="text-align: right;"><b>0</b></p> <p style="text-align: center;">Decisions reviewed by HPARB</p> <p>0 Decisions upheld 0 Decisions returned with recommendations/requirements</p>		<p style="text-align: right;"><b>166 days</b></p> <p style="text-align: center;">Average time for disposal (all matters)</p> <p style="text-align: right;"><b>154 days</b></p> <p style="text-align: center;">Average time for disposal (complaints)</p>
<p style="text-align: center;"><b>7</b></p> <p style="text-align: center;">Registrants monitored for compliance</p> <p>2 Registrants entered undertakings with the College 2 Registrants completing specific continuing education and remediation programs (SCERP) 3 Registrants directed to complete SCERPs that are currently on hold</p>			

### Discipline Committee

- Nothing to report.

### Fitness to Practice Committee

- Nothing to report.

### Patient Relations Committee

- Nothing to Report

## Governance

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### Highlights

- Galina Semikhnenko was appointed to the Board on February 1 for a three-year term.
- The 2024 election cycle has begun. The College received 7 applications for election.

### Updates and Upcoming Work

- The Committee will resume its work on updating CDO's governance evaluation framework. The project has been delayed for reasons outside the College's control.

### Governance Committee

- The Committee approved an application and screening process to operationalize the Board Competency and Attribute Framework. The approved is being used for the 2024 election cycle, which began January 18.
- The Committee will screen applications for election to determine whether applicants are eligible for election.

## Sector News

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### REGULATORY, GOVERNMENT & DIETETICS

### Highlights

#### *British Columbia Proposing Amendments to Dietetic Regulation*

The proposed amendments are intended to better align each of the regulations with the *Health Professions Act* model (shared scope of practice and restricted activities). The proposed amendments clarify enteral and parenteral activities and would allow those deemed qualified and competent to put an instrument or device, hand or finger beyond nasal passages, pharynx or into an artificial opening, for the purposes of administering nutrition by enteral instillation, without a medical directive. The proposed regulation would allow performance of a procedure on tissue below the dermis for the purpose of managing nutrition in relation to an endocrine or metabolic disease, disorder or condition. The draft regulation is available [here](#).

#### *Canadian Alliance of Dietetic Regulatory Bodies Updates*

The Alliance held a two-day in-person meeting at HUB 601, in order to engage in collaboration and strategic discussions around the CDRE, Accreditation and the Alliance's priorities for the next 2-3 years. At the meeting, Melanie Woodbeck was appointed as Chair for a one-year term.

Amanda Connors, RD, has been appointed Registrar, Nova Scotia College of Dietitians and Nutritionists effective January 28, 2024.

**COLLEGE OF DIETITIANS OF ONTARIO**  
**STATEMENT OF OPERATIONS as at Dec 31, 2023**  
**FISCAL YEAR ENDING MARCH 31, 2024**

Board attachment 7.2

	9 Months Ended			Comparative		
	Actuals Dec 31 2023	Total Annual Budget Dec 31 2023	Actual vs Budget % Variance	Total Annual Budget Mar 31, 2024	9 Month Actuals Dec 31 2022	Dec 2023 vs Dec 2022 % Variance
<b>REVENUE</b>						
Membership & Other Fees (1)	\$ 2,284,567	\$ 2,294,961	0%	\$ 3,059,784	\$ 2,182,193	5%
Interest & Dividends (2)	172,869	107,250	61%	143,000	(252,610)	-168%
<b>TOTAL REVENUE</b>	<b>2,457,436</b>	<b>2,402,211</b>	<b>2%</b>	<b>3,202,784</b>	<b>1,929,583</b>	<b>27%</b>
<b>EXPENSES (Operating)</b>						
General & Administrative (4)	1,629,048	1,970,910	17%	2,627,880	1,925,714	-15%
Registration Program (5)	173,595	156,658	-11%	208,877	141,523	23%
Quality Assurance Program (6)	70,972	93,758	24%	125,010	50,716	40%
Practice Advisory Program (7)	10,531	29,089	64%	38,785	11,712	-10%
Patient Relations Program (8)	-	1,294	100%	1,725	-	-
Standards & Compliance Program (9)	118,874	195,725	39%	260,966	147,801	-20%
<b>TOTAL EXPENSES BEFORE AMTZ'N</b>	<b>2,003,019</b>	<b>2,447,432</b>	<b>18%</b>	<b>3,263,243</b>	<b>2,277,466</b>	<b>12%</b>
<b>EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)</b>	<b>454,416</b>	<b>(45,222)</b>		<b>(60,461)</b>	<b>(347,883)</b>	<b>-231%</b>
<i>Less: Non-cash expenses:</i>						
Capital Asset Fund - Amortization (10)	(12,850)	(39,000)	67%	(52,000)	(51,104)	
Realized Gain/(Loss) on Sale of Investments (3)	44,453	-		-	91,489	-
Unrealized FV appreciation (depreciation) of Investments (3)	(161,488)	-			(301,254)	
<b>SURPLUS/(DEFICIT)</b>	<b>324,532</b>	<b>(84,222)</b>		<b>(112,461)</b>	<b>(608,752)</b>	
FUND BALANCES - beginning of year	3,496,762	3,496,762		3,496,762	3,896,732	
<b>FUND BALANCES - March 31, 2024</b>	<b>\$ 3,821,294</b>	<b>\$ 3,412,540</b>	<b>\$ 3,821,293</b>	<b>\$ 3,384,301</b>	<b>\$ 3,287,980</b>	

**NOTES and HIGHLIGHTS:**

**REVENUE**

- (1) **Revenues** from members in all categories have generated **\$2,284,567 at the end of Q3**. This amount is in line with budget and 5% above the prior year. Membership fees are being reported on an accrual basis to recognize revenues paid in Fiscal 2023 but earned from April 1 to December 31, 2023.
- (2) **Investment income (interest & dividends)** is \$65,619 over Q3 from investments held at RBC Dominion Securities.

**EXPENSES**

- (4) **General & Administrative** expenses were underspent by 17% in comparison to the budget.

Board costs were 44% lower than budgeted since some in-person meetings were budgeted for (including travel, accommodation, and food). The June and December 2023 meetings were held in person. September's meeting was held virtually.

**Executive, Audit and Governance Committees** all held virtual sessions resulting in 83% below budget.

**General & Administrative Expenses:** Salaries & Benefits were 14% below budget as a result of personnel turnover.

**General & Administrative Expenses** such as telephone and internet were 13% below budget due to the office move and efficiencies gained by moving to a new phone provider.

**Computer Expenses** were 13% higher than budgeted due to annual renewal maintenance and improvements to some of the older database forms in anticipation of future upgrades.

**Membership Dues** were 41% more than budget due to the expenditure of all F2024 related fees, with Alliance membership payments accounting for \$16,705 of that total.

**Insurance** was 35% above budget as the process of recording premiums was changed. Insurance premiums are now being expensed.

**Printing/Postage/Delivery** was 59% higher than anticipated due mainly to computer shipping.

**Bank Charges** exceeded the budget since the payroll is now being outsourced to an external vendor, and credit card rates soared.

**Legal Fees** for general matters were lower than budget for legal advice received on governance questions and HR matters.

- (5) **Registration Program** expenses were 17% more than budget due to scheduling. Credit card fees have increased.

This accounts for a significant amount of administrative costs when renewing member licenses online annually.

The computer expenses associated with the database upgrade's registration section occurred as predicted.

**Registration Committee** expenses utilized only 39% of the budget due to virtual meetings (some were budgeted for in-person).

- (6) **Quality Assurance Program** expenses were 24% lower than projected due to timing.

**QA Committee** expenses were 80% less than budget since the meetings held were virtually (some were budgeted for in-person).

- (7) **Practice Advisory Program** expenses were 56% less than budget due to timing.

**Professional Practice Committee** were underbudget by 76%. The Committee convened virtually, however in-person meetings were planned.

COLLEGE OF DIETITIANS OF ONTARIO  
STATEMENT OF OPERATIONS as at Dec 31, 2023  
FISCAL YEAR ENDING MARCH 31, 2024

Board attachment 7.2

(8) Patient Relations Program incurred no expenses because no meetings took place.

(9) Standards & Compliance Program expenses were 39% less than budget due to timing and fewer cases investigated.

Discipline Committee was underspent due to no meetings. ICRC cost was higher than budgeted due to increase in number of meetings held.

(10) Amortization Expense represents the depreciation in value of capital asset over time.



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

Board attachment 7.3

	31-Dec		DESCRIPTION
	Budget 2023/2024	Actual Purchases F2024	
<b>I - Computer equipment (hardware) replacements</b>			
7 laptops 5 replacements and 2 contingency + deployment	\$ 12,194.00	\$ 15,265.53	(7 Laptops)
		\$ 986.71	(1 MS surface tablet Shan)
4 Docking Stations	\$ 1,789.69	\$ 3,253.98	(7 Thunderbolt Dock)
<b>Subtotal (Computer Hardware)</b>	<b>\$ 13,983.69</b>	<b>\$ 19,506.22</b>	
<b>II - Leasehold Improvements</b>			
Changes to Office Space - CDO Sign at 175 Bloor	\$ 2,500.00	\$ -	
<b>Subtotal (Leasehold Improvements)</b>	<b>\$ 2,500.00</b>	<b>\$ -</b>	
<b>III - Office equipment</b>			
Office furniture	\$ -	\$ -	
<b>Subtotal (Office Furniture &amp; Equipment)</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>IV - Non-iMIS Software</b>			
<b>Subtotal (Computer Software - non-iMIS)</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of Average Hours)</b>			
VA: General project management/ongoing fixes/unplanned task, tickets (30 hrs x \$205 x 1.13)	\$ 6,949.50	\$ 4,806.74	
VA: Gen Admin - iMIS Upgrade - PCI Compliance (8 hrs x \$205 x 1.13)	\$ 1,853.20		
VA: iMIS Dev Site Refresh (6 hrs x \$205 x 1.13)	\$ 1,389.90		
QA SDL Tool Updates (57.5 hrs x \$205 x 1.13)	\$ 13,319.88		
QA 10 SSRS Reports (7 hrs x \$205 x 1.13)	\$ 1,621.55		
QA PPA Pre-Assessment and Step 2 (74 hrs x 205 x 1.13)	\$ 17,142.10		
QA Practicing <500 hrs (22 hrs x 205 x 1.13)	\$ 5,096.30		
Registration - Liability Insurance (6 hrs x \$205 x 1.13)	\$ 1,389.90		
Registration - Renewal and Project Management (41 hrs x \$205 x 1.13)	\$ 9,497.65	\$ 12,451.20	
<b>Subtotal (Computer Software - iMIS)</b>	<b>\$ 58,259.98</b>	<b>\$ 17,257.94</b>	
<b>Capital Assets Purchases Budget F'2023-24</b>	<b>\$ 74,743.67</b>	<b>\$ 36,764.16</b>	



## Board Briefing Note

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

### ISSUE

To review the Q4 Risk Monitoring Report.

### PUBLIC INTEREST RATIONALE

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

### BACKGROUND

CDO's updated Risk Monitoring Policy was approved by the Board at its March 25, 2022 meeting. The policy sets out the 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 2024 (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.

Each risk has been reassessed as situations evolve. Updates on progress with mitigation efforts are provided for *each risk*. No new risks were identified or downgraded.

#### **RECOMMENDATION/NEXT STEPS**

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

#### **ATTACHMENTS**

- Appendix 1: March 2024 (Q4) Risk Monitoring Report

**Q4 Risk Monitoring Report  
March 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 11, 2024
Program	Accreditation Provider Transition	<ul style="list-style-type: none"> <li>National education accreditation provider withdrew effective March 31, 2022.</li> <li>EQual approved as new 3rd party accreditation service provider.</li> <li>If programs do not register with EQual, CDO would be required to conduct individualized, labour-intensive equivalency assessments for graduates.</li> <li>Protracted transition time (2+ years) creating additional risks for all partners, including the public.</li> <li>Raised as a risk by the OFC.</li> </ul>	<ul style="list-style-type: none"> <li>Continued collaboration with all partners.</li> <li>Monitor the ability of programs to transition by the award extension date approved by all 10 dietetic regulators between February and March 31, 2024.</li> </ul>	<ul style="list-style-type: none"> <li>The Alliance continues to meet with EQual monthly to facilitate the transition.</li> <li>In Ontario, 3 of 6 universities have completed the onboarding process. Two universities are in-progress and 1 is seeking additional time due to program merger.</li> <li>Many universities from other provinces have completed onboarding.</li> <li>The Alliance will turn its focus to the next step in the transition – monitoring the first assessments.</li> </ul>
Program	Examination Integrity (CDRE & CDO Assessments)	<ul style="list-style-type: none"> <li>Potential risks include concerns around breach, credibility, reputational, equity and diversity and cheating.</li> <li>Exam development, monitoring, and continuous improvement is human and financially resource intensive.</li> <li>A bridging program for international candidates undergoing the PLAR is not currently available.</li> </ul>	<ul style="list-style-type: none"> <li>Work with Alliance, psychometric experts and key partners to identify and mitigate risk and prioritize transparency, security and continuous improvement.</li> <li>Ensure appropriate succession planning in examination development and administration.</li> <li>Ensure examination processes and policies are fair, transparent, objective and timely.</li> <li>Review CDO assessments to ensure security and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>The CDRE and the PBA will be undergoing updates to incorporate the new ICDEPs.</li> <li>PBA format under consideration to streamline administration and improve the experience for candidates.</li> <li>Working with TMU on initiating bridging.</li> <li>Changes to the CDRE item writing process underway to improve efficiency and effectiveness.</li> </ul>
Public Protection	Potential Risk of Harm to Clients/Public	<ul style="list-style-type: none"> <li>Potential risk to the public due to unethical, incompetent, or unprofessional care. Risks to the public include physical, emotional, financial harms.</li> <li>Public trust in the College and the profession may be impacted.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor changes in the practice environment</li> <li>Monitor internal data (ICRC, PAS) to identify patterns, develop and update RD education and standards.</li> <li>Create/use risk-based decision-making tools.</li> <li>Link program outcomes to risk.</li> <li>Focused registrant communications.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor and mitigate</li> <li>Policy work in progress: advertising and marketing standard.</li> </ul>

**Q4 Risk Monitoring Report  
March 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 11, 2024
		<ul style="list-style-type: none"> <li>An increase in the number and complexity of complaints and reports impacts on College resources.</li> </ul>	<ul style="list-style-type: none"> <li>Focused training for ICRC.</li> </ul>	
Governance	Public Member Appointments and Board Succession Planning	<ul style="list-style-type: none"> <li>Heavy board and committee workloads may impact CDO ability to: remain constituted, achieve quorum, meet legislative deadlines/internal service-standards, and ensure the critical public voice in decision-making.</li> <li>At risk are CDO’s governance modernization goals and the engagement, satisfaction and wellbeing of CDO public members.</li> </ul>	<ul style="list-style-type: none"> <li>Communicate risks with Public Appointments Secretariat (PAS) and work with other system partners.</li> <li>Examine committee TORs and bylaws around composition requirements.</li> <li>Focus on succession planning to ensure knowledge translation.</li> </ul>	<ul style="list-style-type: none"> <li>CDO now at 6 public members.</li> <li>Continues to remain a priority for HPRO.</li> </ul>
Governance	Regulatory and Governance Changes	<ul style="list-style-type: none"> <li>Legislative changes may have significant financial and human resource implications for the College.</li> <li>It is unclear when governance modernization legislation will be introduced, however, it would be prudent to ready College procedures in anticipation of eventual change.</li> </ul>	<ul style="list-style-type: none"> <li>Proceed with CDO’s strategic goal of governance modernization and begin preparing for possible legislative changes.</li> <li>Through regulatory collaboration and networking, stay informed of potential changes.</li> <li>Continue to work towards fully meeting CPMF measures.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and proceed with governance work.</li> </ul>
Operational	Cybersecurity Breach	<ul style="list-style-type: none"> <li>Potential risks include: privacy breaches, organizational/staff downtime, reputation, and financial costs.</li> </ul>	<ul style="list-style-type: none"> <li>Review cyber security response, credit card incident response plan, and an emergency disaster recovery plan on an annual basis.</li> <li>Maintain insurance for IT and cybersecurity.</li> <li>Conduct ongoing security audits, vulnerability testing and staff training.</li> <li>Internal data governance working group to further identify and mitigate risks through project work.</li> </ul>	<ul style="list-style-type: none"> <li>All response plans will be reviewed and tested this quarter.</li> <li>Enhanced insurance being explored.</li> <li>Data governance consultant retained, and records management project is in progress.</li> <li>Staff engaging in monthly training modules.</li> <li>In 2024, additional security penetration testing and scanning will be conducted.</li> </ul>

**Q4 Risk Monitoring Report  
March 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of March 11, 2024
			<ul style="list-style-type: none"> <li>Investment in software and hardware to protect CDO data and information.</li> </ul>	
Operational	Succession Planning/Staff Turnover and Retention	<ul style="list-style-type: none"> <li>Risks around business continuity, retention of institutional knowledge through retirement, leave of absence, or resignation.</li> </ul>	<ul style="list-style-type: none"> <li>Review College HR processes and procedures.</li> <li>Conduct process documentation for key College activities for succession planning.</li> <li>Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge.</li> <li>Ongoing review and implementation of supportive technology to streamline and automate.</li> <li>Increased focus on collaboration, training and team culture.</li> </ul>	<ul style="list-style-type: none"> <li>Records management project in progress.</li> <li>HR policy review in progress.</li> <li>Project to begin documenting internal and operational procedures and processes across the organization in progress.</li> <li>Team days in-office established.</li> </ul>
Financial	Increasing Costs of Regulation	<ul style="list-style-type: none"> <li>Increased resources required to keep pace with complex and evolving regulatory requirements.</li> <li>Inflation rates are having an impact on price of goods and services CDO relies on.</li> <li>Cost of regulation impacts registrants directly and may impact clients indirectly.</li> </ul>	<ul style="list-style-type: none"> <li>Prudent financial habits and spending are in place.</li> <li>Board and Management regularly monitor expenditures against the approved budget.</li> <li>Internal controls are in place for the highest risk areas and are reviewed annually.</li> <li>Registrant fee increase decision will occur annually.</li> <li>Pursue operational efficiencies (ie. office space, investment in technology, etc...)</li> </ul>	<ul style="list-style-type: none"> <li>Continue to pursue operational efficiencies</li> <li>Consider whether to increase registrant fee in current budget.</li> <li>Conduct analysis of registrant database in next fiscal.</li> </ul>
Financial	Investment Returns	<ul style="list-style-type: none"> <li>Market downturn and potential recession is presenting a risk to the College's investment portfolio.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor situation with investment advisor.</li> <li>Diffuse risk and consider stable investments (GICs) and few equities</li> <li>Review risk tolerance in investment approach.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant for investment risk analysis selected, strategic discussions will take place with the board throughout 2024.</li> </ul>



## Board Briefing Note

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

### ISSUE

The Board is being provided the College's draft 2023 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. The 2022 reporting cycle introduced 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

[March 22, 2024 Meeting]

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 CPMF remains unchanged since the 2022 iteration of the report.

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 – competency based criteria introduced in 2024 elections
2	1.1 b.	Statutory Committee candidates have met pre-defined competency and suitability criteria.	No – plan in place to complete by 2025
3	4.1 c.	Council is accountable for the success and sustainability of the organization it governs. This includes: regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	Meets
4	7.1 a.	The College demonstrates how it: <ul style="list-style-type: none"> <li>• uses cybersecurity measures to protect against unauthorized disclosure of information; and</li> <li>• uses policies, practices and processes to address accidental or unauthorized disclosure of information.</li> </ul>	Meets
5	8.1 a.	The College regularly evaluates its policies, standards of practice and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	Meets
6	8.1 b.	Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: <ul style="list-style-type: none"> <li>• evidence and data;</li> <li>• the risk posed to patients/the public;</li> <li>• the current practice environment;</li> </ul>	Meets



		<ul style="list-style-type: none"> <li>• alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>• expectations of the public; and</li> <li>• stakeholder views and feedback.</li> </ul>	
7	11.1 a.	The different stages of the complaints process and all relevant supports available to complainants are evaluated by the College to ensure the information provided to complainants is clear and useful.	Meets
8	14.2 a.	Council uses performance and risk findings to identify where improvement activities are needed.	Meets

Colleges are required to submit their CPMF Report to the MOH by March 31 of each year. The College’s [2020](#), [2021](#) and [2022](#) 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 2024.

A goal of the 2020-2025 strategic plan is to measure and report the College's regulatory performance to the public. To support this, a CPMF summary report will be created to highlight CDO’s accomplishments and identify our plans for improvement.

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 2023 CPMF report is being presented for the Board's information and feedback. By March 31, the College will post the 2023 CPMF report on its website and will make the formal submission to the Ministry.

## **ATTACHMENTS**

- Appendix 1: 2023 CPMF Report

College of  
Dietitians  
of Ontario

**2023 College Performance Measurement Framework (CPMF) Report  
Submitted by the College of Dietitians of Ontario  
March 2024**



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# Introduction

## The College Performance Measurement Framework (CPMF)

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

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

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

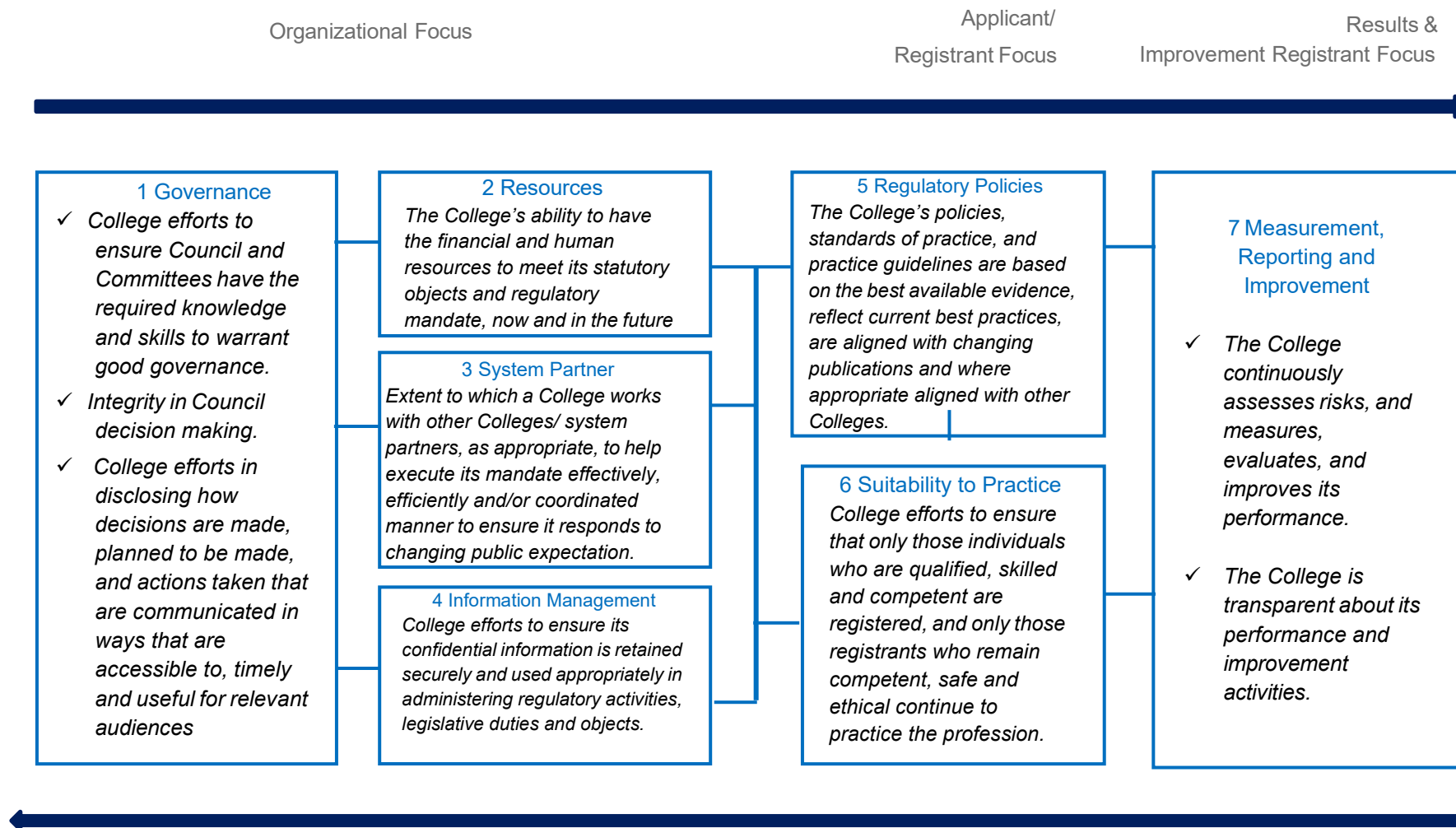
**Table 1:** CPMF Measurement Domains and Components

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

## CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. The fourteen Standards within the seven measurement domains are listed in Figure 2.

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



**Figure 2: CPMF Domains and Standards**

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



## The CPMF Reporting Tool

The College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

## Completing the CPMF Reporting Tool

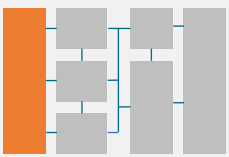
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual 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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. 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>

		ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	Yes
		<ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>The College developed a pre-election orientation module, which was formally incorporated into the January 2023 election. Registrants interested in running for election are required to review the <a href="#">orientation module</a> and successfully complete an the assessment before submitting their application. The purpose of this orientation 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 and College committees. The assessment allows applicants to demonstrate their understanding of CDO, professional regulation and the role of the Board, prior to running in the election.</p> <p>All new Board directors attend a comprehensive training program before attending their first Board meeting. The training is a half day session and includes education on: relevant legislation including the <i>Regulated Health Professions Act, 1991</i> and the <i>Dietetics Act, 1991</i>, the public protection mandate of CDO and what that means in practice, information specific to CDO, including mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on the Board and how the Board achieves them, the relationship between the Board and staff and the role of committees, bias and conflict of interest, information about the dietetic scope of practice, governance practices and governance reform and modernization developments, system partners and accessibility. Orientation training has been delivered virtually since 2020.</p>		
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
		<i>Additional comments for clarification (optional):</i>		

		<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>No</p>
			<ul style="list-style-type: none"> <li>The competency and suitability criteria are public: <a href="#">Choose an item.</a></li> <li><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></li> </ul> <p>The College has eligibility criteria that registrants must meet to be appointed to committees (see <a href="#">8.4 of bylaw 1 General</a>). These include specific criteria that would disqualify the registrant from participating on a committee and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based.</p>	
			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>As part of the <a href="#">2020 - 2025 Strategic Plan</a>, CDO is working towards modernizing its governance practices in a systematic and prioritized way. Developing and adopting competency-based criteria for committee members is a project that has been identified for kick-off in 2024 with anticipated completion by 2025.</p> <p>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 and Attribute Framework will be leveraged in operationalizing committee competency criteria.</p>	
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Duration of each Statutory Committee orientation training.</li> <li>Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics for Statutory Committee.</li> </ul> <p>The College developed an orientation module, which was incorporated into the 2023 committee call for appointments. Registrants interested in being considered as a committee appointee are required to review the <a href="#">orientation module</a> and successfully complete an the assessment before submitting their application. The purpose of this orientation module is to provide individuals who are interested in serving on CDO’s committees, with an overview of health regulatory colleges, the College of Dietitians of Ontario, the Board and College committees. The purpose of the assessment is for applicants to demonstrate their understanding of CDO, professional regulation and CDO governance, prior to running in the election.</p>	

			<p>In 2021, CDO standardized the core training elements across committees. Each committee member engages in a half-day CDO orientation session and separate, committee specific training prior to commencing any work. The CDO orientation training is a half 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 of the Board and how the Board achieves them, the relationship between the committees and staff and the role of committees, bias and conflict of interest, governance practices, governance modernization developments, system partners and accessibility. Committee specific training includes policies and processes, bylaws and regulations that are applicable to the work of the committee and committee workplans for the year. 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>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> <ul style="list-style-type: none"> <li>• Duration of orientation training.</li> <li>• Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end).</li> <li>• Please insert a link and indicate the page number if training topics are public <b>OR</b> list orientation training topics.</li> </ul> <p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>			

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.		
Required Evidence	College Response	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> <li>i. Council meetings; and</li> <li>ii. Council.</li> </ul>	The College fulfills this requirement:	
	<ul style="list-style-type: none"> <li>• Please provide the year when Framework was developed <b>OR</b> last updated.</li> <li>• Please insert a link to Framework <b>OR</b> link to Council meeting materials and indicate the page number where the Framework is found and was approved.</li> <li>• Evaluation and assessment results are discussed at public Council meeting: <b>Yes</b></li> <li>• <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i></li> </ul>	
	<p>The Board developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. The annual evaluation was last updated in 2019 (see March 29, 2019 <a href="#">meeting</a> and <a href="#">minutes</a>). The meeting evaluation was last updated in 2022 (see December 8, 2022 <a href="#">meeting</a> and <a href="#">minutes</a>).</p> <p>The most recent Board annual evaluation results were presented and discussed in June 2023 (<a href="#">meeting</a> and <a href="#">minutes</a>).</p> <p>The most recent Board meeting evaluations results were presented and discussed in December 2023 (<a href="#">meeting</a> and <a href="#">minutes</a>).</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
		Met in 2022, continues to meet in 2023
	Choose an item.	
	<p><i>Additional comments for clarification (optional)</i></p> <p>In 2024, CDO plans to update its governance evaluation framework to support CDO in its commitment to continuous improvement, strengthen the performance of directors and committee members and to identify training and education needs.</p>	

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
			<ul style="list-style-type: none"> <li>• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes</li> <li>• <i>If yes, how often do they occur?</i></li> <li>• Please indicate the year of last third-party evaluation.</li> </ul>		
			<p>In 2022, the Board's <a href="#">Evaluation and Education policy</a> was updated to include the requirement for a third-party consultant to evaluate the Board's governance every three years.</p>		
			<p>In 2022, CDO engaged with a third-party consultant, who is a recognized expert in modern board governance, to conduct a review of its governance practices. The 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 based on the priority areas approved by the board.</p>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
			<p><i>Additional comments for clarification (optional)</i></p>		

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Board and Committee training is developed, provided and supported in the following manner:</p> <ul style="list-style-type: none"> <li>• The budgets for the Board and Committees provide sufficient funds for training.</li> <li>• Board members identify their learning needs through meeting and/or annual self-evaluations, including a specific EDI needs assessment evaluation.</li> <li>• The Executive Committee may recommend training or direct CDO staff to investigate various training and education options. Investigation can include environmental scanning of the training offerings of other health and non-health regulatory bodies to their Board/Council and committees.</li> <li>• The Board plans training through a Board Workplan and Training Calendar. The 2023 plan was presented and approved at the June 2023 Meeting (please refer to the <a href="#">meeting materials</a> and <a href="#">minutes</a>). The following training was provided to the Board in 2023: <ul style="list-style-type: none"> <li>• Reflections on the College of Physicians and Surgeon’s EDI journey and progress</li> <li>• Reflections on the College of Dietitians of Alberta and the College of Dietitians of British Columbia’s journey on Indigenous Reconciliation</li> <li>• The public interest</li> <li>• Meeting facilitation</li> <li>• Bias and noise</li> <li>• Equity, diversity, inclusion and belonging (systemic power, unconscious bias, and conflict and trust)</li> </ul> </li> </ul> <p>All Board directors can contribute their ideas for ongoing training and help develop the Annual Board Workplan and Training Calendar. 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> <p>An example of a training need identified through Board meeting evaluations was training on the public interest. Based on meeting</p>	<p>Yes</p>
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			<p>evaluation feedback, the Executive Committee identified an opportunity to build on the Board’s knowledge and understanding of its responsibility towards the public interest.</p>		
			<table border="1"> <tr> <td data-bbox="776 293 2196 347"><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2196 293 2607 347">Choose an item.</td> </tr> </table>	<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>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
			<p><i>Additional comments for clarification (optional):</i></p>		
		<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>	<table border="1"> <tr> <td data-bbox="776 444 2196 498">The College fulfills this requirement:</td> <td data-bbox="2196 444 2607 498">Yes</td> </tr> </table> <ul style="list-style-type: none"> <li>• Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers.</li> <li>• Please insert a link to Council meeting materials and indicate the page number where this information is found <b>OR</b></li> <li>• Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>.</li> </ul> <p>Evolving public expectations inform the training needs of CDO. To understand public expectations, CDO relies on:</p> <ul style="list-style-type: none"> <li>• Direct feedback from the public, through our public consultation page or phone calls from the public to our practice advisory service.</li> <li>• Membership consultation and calls to our practice advisory service from dietitians. RDs interaction with clients allows them to identify emerging issues.</li> <li>• Patient networks (such as the Citizen Advisory Group).</li> <li>• College data around complaints and complaint inquiries from the public.</li> <li>• Grey literature around the patient experience in healthcare and the work of regulatory thought leaders.</li> <li>• Networking with other colleges and system partners.</li> </ul> <p>An example of Board training identified through a needs assessment occurred as part of CDO’s work on advancing Equity, Diversity, Inclusion and Belonging (EDI-B). In April 2023, Board and committee members completed an EDI-B needs assessment survey to identify equity, diversity, inclusion and belonging learning needs. The information captured from this needs assessment helped assess existing competencies while planning for future Board and committee education and training. Board and committees members received training on systemic power, unconscious bias, and conflict and trust, which were identified as areas for growth in the needs assessment survey.</p>	The College fulfills this requirement:	Yes
The College fulfills this requirement:	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>	

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

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

	<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy <b>OR</b> Council meeting materials where the policy is found and was last discussed and approved and indicate the page number.</li> </ul> <p>The Board Code of Conduct and Conflict of Interest policy are part of the CDO Governance Manual.  <a href="#">Board Code of Conduct</a>  <a href="#">Conflict of Interest policy</a></p>	<p>Met in 2022, continues to meet in 2023</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>b. The College enforces a minimum 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>		<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Cooling off period is enforced through: By-law</li> <li>Please provide the year that the cooling off period policy was developed <b>OR</b> last evaluated/updated.</li> <li>Please provide the length of the cooling off period.</li> <li>How does the College define the cooling off period?             <ul style="list-style-type: none"> <li>Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number;</li> <li>Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; <b>OR</b></li> <li>Where not publicly available, please briefly describe the cooling off policy.</li> </ul> </li> </ul> <p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p> <p>CDO enforces a three-year cooling off period as part of the eligibility criteria for election to the Board and is outlined in <a href="#">bylaw 1</a>.</p> <p>Registrants who have served nine consecutive years as a Board director or committee appointee, or combination of the two positions, must wait three years before they can be considered for election to the Board.</p> <p>Registrants cannot be considered for election to the Board if they have/had a position that could create an actual or perceived conflict of interest. Registrants cannot, and not within the previous three years, hold a leadership, employment or contractual role with an</p>	<p>Met in 2022, continues to meet in 2023</p>

		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.						
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It is signed annually by all Board directors.</p> <p>COI is defined in <a href="#">By-law 1 General</a>. 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, board directors 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 policy include:</p> <ul style="list-style-type: none"> <li>• That the COI policy is reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives and that it is accessible to the public.</li> <li>• That the College has cooling off periods for activities that could present real or perceived conflicts of interest. The evidence required includes how the cooling off period is enforced.</li> <li>• That the College has a COI questionnaire that includes a definition of COI and is completed on an annual basis.</li> <li>• Completed COI forms must be included as an appendix to each council meeting package.</li> </ul> </td> <td></td> </tr> </table>	c. 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			<ul style="list-style-type: none"> <li>• Questions based on areas of risk to the College and/or are specific to the profession.</li> <li>• At the beginning of each meeting, members must declare any updates to their responses and any COI specific to the meeting agenda.</li> </ul> <p>In June 2023, all Board directors and committee appointees signed the COI questionnaire, which are attached as an <a href="#">appendix</a> to each Board meeting package.</p> <p>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 <a href="#">Rules of Order</a> (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.</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>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 2022, continues to meet in 2023</p>	
			<ul style="list-style-type: none"> <li>Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public.</li> <li>Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number.</li> </ul>		
			<p>For more information, please refer to <a href="#">CDO’s 2022 CPMF Report</a>.</p> <p>For examples of how CDO references the public interest rational, please see the December 15, 2023 Board meeting <a href="#">materials</a>.</p> <p>In 2023, CDO adopted a new, more transparent meeting minutes template that provides additional detail about the Board’s decision-making. The new template includes the reason(s) for the Board’s decision, considerations discussed and the public interest rationale which connects decision making to the College’s public interest mandate.</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>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please provide the year that the formal approach was last reviewed.</li> <li>• Please insert a link to the internal and external risks identified by the College <b>OR</b> Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number.</li> </ul> <p>The Board approved an updated <a href="#">Risk Monitoring Policy</a> and new <a href="#">Risk Monitoring Report</a> at its meeting on March 25, 2022 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>). The policy sets out the Board’s role around risk management, how the Board will ensure and cultivate a risk management culture, and the Registrar’s accountability to the Board 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 of accountability 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 <a href="#">2020 -2025 Strategic Plan</a>. 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 the Board’s four strategic objectives and are expanded on in the plan under the heading: <a href="#">“Understanding the Wider Landscape”</a>. The environmental scans and stakeholder feedback were used as the basis of the CDO’s strategic planning sessions and provided contextual elements for decision-making.</p>	<p>Yes</p> <p>Choose an item.</p> <p><i>Additional comments for clarification (if needed)</i></p>
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DOMAIN 1: GOVERNANCE	STANDARD 3	Measure:		
		3.1 Council decisions are transparent.		
		Required Evidence	College Response	
		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.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> <li>Please insert a link to the webpage where Council minutes are posted.</li> <li>Please insert a link to where the status updates on implementation of Council decisions to date are posted <b>OR</b> where the process for requesting these materials is posted.</li> </ul> <p>Board meeting materials, approved minutes and highlights, are posted on <a href="#">CDO’s website</a>.</p> <p>Updates on the implementation of Board decisions are included in every board meeting package (please see the December 15, 2023 meeting <a href="#">materials</a> for reference).</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 following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> <li>i. the meeting date;</li> <li>ii. the rationale for the meeting;</li> <li>iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and</li> <li>iv. if decisions will be ratified by Council.</li> </ul>	<p>The College fulfills this requirement:</p>	Yes	
			<ul style="list-style-type: none"> <li>• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted.</li> </ul> <p>The Executive Committee’s report is included in every Board meeting package, which is publicly available. The report includes:</p> <ul style="list-style-type: none"> <li>• The meeting date</li> <li>• Rationale for the meeting</li> <li>• Summary of discussions and decisions</li> <li>• Whether the decision will be ratified by the Board</li> </ul> <p>Please see the December 15, 2023 meeting <a href="#">materials</a> 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>		Choose an item.
			<p><i>Additional comments for clarification (optional)</i></p>		

Measure: 3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ol style="list-style-type: none"> <li>i. Notice of Council meeting and relevant materials are posted at least one week in advance; and</li> <li>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.</li> </ol>	The College fulfills this requirement: <div style="float: right;">Met in 2022, continues to meet in 2023</div> <ul style="list-style-type: none"> <li>• Please insert a link to where past Council meeting materials can be accessed <b>OR</b> where the process for requesting these materials is clearly posted.</li> </ul> For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a> .	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
	b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement: <div style="float: right;">Met in 2022, continues to meet in 2023</div> <ul style="list-style-type: none"> <li>• Please insert a link to the College's Notice of Discipline Hearings.</li> </ul> For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a> .

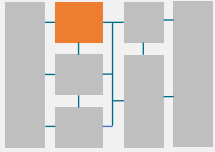
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b> <b>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</b></p>			
		<p><b>Required Evidence</b></p>	<p><b>College Response</b></p>
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to the College’s DEI plan.</li> <li>• Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number.</li> </ul> <p>The College’s EDI-B plan is imbedded in its <a href="#">2020-2025 strategic plan</a>.</p> <p>The Board reviewed the 2023-2024 strategic workplan and approved the annual budget at its March 24, 2023 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>). The strategic workplan outlines the key activities planned for the upcoming fiscal year, which is reviewed during the budget presentation to support the allocation of financial resources and ensure activities are properly funded. The activities to support CDO’s EDI-B strategies and EDI-B training for staff, board and committee members were reviewed at this time.</p> <p>In 2023, the Board was presented with a <a href="#">Status Report</a> that included the college’s EDI-B related activities and initiatives at the September 29, 2023 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	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"> <li>• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number <b>OR</b> please briefly describe how the College conducts Equity Impact Assessments.</li> <li>• If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted.</li> </ul> <p>The College has prioritized identifying and addressing potential unintended impacts of policies and programs, ensuring adverse effects and impacts support decision-making. To advance equity at the College and in the broader regulatory sector, the College collaborated with Health Profession Regulators on Ontario (HPRO) to establish a shared Equity Impact Assessment (EIA) tool. Additionally, CDO conducts equity impact assessments applied to policy development and consultation processes used by the professional practice program. Over the last year, an EIA approach was applied to the following practice standards and guidelines for Registered Dietitians:</p> <ul style="list-style-type: none"> <li>• <a href="#">Standards and Guidelines for Virtual Care for Dietitians in Ontario</a>: An additional standard was included, along with clarifying language to provide guidance on communicating with patients with language barriers or hearing/visual impairments. <a href="#">Standards and Guidelines for Social Media for Dietitians in Ontario</a>: Additional guidance on perceived safety and accessibility standards for EDI-B was incorporated, based on the consultation feedback.</li> <li>• <a href="#">Revisions to the Code of Ethics (in progress)</a></li> </ul> <p>The College actively assesses decision-making impact from an equity perspective in policies processes and decision-making. Details can be found in the <a href="#">EDI-B Status Report</a>.</p> <p>The College works to ensure that its policies are both informed by and aligned with the principles and values of equity, diversity, inclusion and belonging (EDI-B). The College evaluates its policies, guidelines and standards through an equity lens that is supported by:</p> <ul style="list-style-type: none"> <li>• Collaboration with the internal EDI-B working group, committee members, focus groups and the Citizen Advisory Group. Diverse system partners are engaged to ensure multiple perspectives are considered. Consultation surveys and tools are designed to align with EDI-B principles such as incorporating inclusive language and questions aimed at identifying potential outcomes (positive and negative) of the proposed policy.</li> <li>• Analysis of data with consideration to historical context and implementation includes measures such as training and regular reviews to promote inclusivity and address any disparities that may arise.</li> </ul>	<p>Yes</p>
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			<ul style="list-style-type: none"> <li>• Support from external EDI-B experts to analyze policies and provide recommendations.</li> <li>• Built internal capacity to identify opportunities to apply EDI-B principles. Staff, Board and committee members participate in regular and ongoing and targeted education centered on EDI-B.</li> <li>• Ongoing monitoring and evaluation following policy implementation to identify and address any negative policy impacts.</li> </ul>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		





Measure:

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

DOMAIN 2: RESOURCES  STANDARD 4	Required Evidence	College Response		
	<p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	The College fulfills this requirement:		Yes
		<ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan <b>AND</b> a link to the most recent approved budget and indicate the page number.</li> <li>Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.</li> </ul>		
		<p>The annual budget is approved by the Board at its March meeting. Along with the budget, the Board reviews the annual workplan activities and how the workplans connect with CDO's Strategic Plan. The 2023-2024 budget was approved at the March 2023 Board meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p> <p>The College 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. The College first estimates revenues from registrants, applicants and investments. Funds are allocated to general administration and five program areas, including Registration, Professional Practice-Quality Assurance, Professional Practice-Practice Advisory, Patient Relations and Standards &amp; Compliance.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
<p><i>Additional comments for clarification (optional)</i></p>				

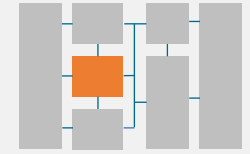
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	Met in 2022, continues to meet in 2023
			<ul style="list-style-type: none"> <li>• Please insert a link to the “financial reserve policy” <b>OR</b> Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number.</li> <li>• Please insert the most recent date when the “financial reserve policy” has been developed <b>OR</b> reviewed/updated.</li> <li>• Has the financial reserve policy been validated by a financial auditor? Yes</li> </ul> <p>For more information, please refer to <a href="#">CDO’s 2022 CPMF Report</a>.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
<p><i>Additional comments for clarification (if needed)</i></p>				

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs.</li> <li>Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number.</li> </ul> <p><b>Note:</b> Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Since the Board’s role is focused on governance, it does not typically review operational policies; however, the Board ensures that the organization is sufficiently resourced to successfully carry out its mandate and strategic objectives. The College has a recruitment policy to address current and future staffing needs, ensuring organizational success through sustainable human resources. Various processes within the Corporate Services department and the annual budget plan contribute to this effort. 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, operational management and includes an annual 360 review.</p> <p>A Registrar coverage plan is in place to provide guidance for the continued operations of CDO if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. This plan was adopted in 2020 and updated in 2022. It was discussed by the Board at its September 2022 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>).</p> <p>The Board budgets for staff development on an annual basis. Training opportunities include sessions delivered to all staff, regulatory conferences and education sessions and other training topics identified by individuals relating to their own professional development and learning goals.</p> <p><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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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the College's data and technology plan which speaks to improving College processes <b>OR</b> please briefly describe the plan.</li> </ul> <p>The College regularly reviews and updates its approach to technology usage to improve processes. IT strategies are in place to support CDO's achievement of its 2020-2025 strategic plan. Each year, key activities are identified by staff to support the strategic priorities, which are reviewed by the Board as part of the budget approval process. Resources are allocated to these key activities, to ensure they are accomplished as planned. The Board is updated on the progress of these key activities twice a year via the Strategic Plan Monitoring report and quarterly via the management report.</p> <p>The following data and technology strategies are in place:</p> <ul style="list-style-type: none"> <li>Enhance IT systems and data governance to support data collection, analysis, reporting and security.</li> <li>Leverage organizational data and external information to identify and act on areas of risk.</li> <li>Convey information about College effectiveness in clear, concise, transparent and accessible reporting formats.</li> </ul> <p>In 2023, CDO embarked on a data governance project aimed at enhancing its ability to effectively manage and utilize its digital content. A needs assessment was completed which identified key strategies and actions to establish an effective data governance framework, improve data management practices, enhance decision making capabilities and mitigate risks associated with data usage.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p><b>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</b></p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> <li><i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i></li> </ul> <p>The College continues to have a strong supportive and collaborative approach to regulation. We actively engage with other Colleges and system partners, including the following:</p> <p><b>Health Canada</b></p> <p>The CDO collaborated with Health Canada to disseminate information to registrants about infant formula supply, and answered queries from registrants on the issue as needed, which helped mitigate the impact of this issue.</p>

<p><b>Alliance of Canadian Dietetic Regulatory Bodies (Alliance)</b>  The College 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, all of which allow for regulatory consistency and resource sharing across Canada. In 2023, CDO actively participated in the work to deliver the national licensing exam, including the Registrar acting as a Canadian Dietetic Registration Exam lead.</p> <p>Following the withdrawal of the accreditation provider in 2021, the Alliance worked to secure a common third-party accreditation body in 2022. Significant communication and collaboration efforts occurred between the Alliance and dietetic education programs throughout 2023, including information sharing about the onboarding process of the new accreditation provider. The initial date of effect was August 31, 2023, however this has been extended until March 31, 2024, to help facilitate the onboarding of programs. These collaborations facilitate standard Canadian entry to practice requirements and effective and efficient labour mobility processes in Canada.</p> <p><b>Dietitians of Canada (DC) - national dietetic professional association</b>  Professional Practice program staff participate in Clinical Nutrition Leaders Action Group of Ontario (CNLAG) with a group of dietitians who work primarily in professional practice. Issues discussed relate to dietetic practice and nutrition care in hospital settings (e.g., peer and practice reviews, assessment of new hire RD knowledge and skills). Professional practice program staff provide regulatory input, where relevant. In addition, a practice advisor attended the DC national conference to learn about dietetic practice issues and connect face-to-face with registrants. Practice Advisors attend DC town halls, the annual general meeting and belong to network groups for learning: Indigenous Nutritional Knowledge Information Network of DC and Community/Public Health Nutrition. Networks provide insights into dietetic practice issues. The Professional Practice Program is collaborating with the Consulting Dietitians Network to develop and implement a professional practice workshop about independent practice and legal and ethical considerations.</p> <p><b>Dietetic Education Leadership Forum of Ontario (DELFO)</b>  The College 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.</p> <p><b>Citizen Advisory Group (CAG)</b>  The College 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 revisions to the <a href="#">Code of Ethics to address emerging issues in practice and the public perspective</a>.</p>
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**Health Profession Regulators of Ontario (HPRO)**

The College 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, bi-weekly information sharing sessions and participates in an HPRO working group. Additional collaborative efforts include standard approaches to share information about registrants with other regulators. The College's 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. The College's Director of Communications is a part of the HPRO Communicators working group and attends Communicators Day to share best practices on communicating with the public, media and system partners. The College's Director of Registration co-chairs the Ontario Regulators for Access Consortium (ORAC) and engages with other health/non-health regulators on issues pertaining to fair, transparent, impartial and objective registration practices. Some specific areas of collaboration include:

- Seeking preliminary consultation with registrants, system partners at HPRO (collaborative meetings with CMTO and CASLPO), dietetic regulators, the public, and academic experts in conflict of interest and health professions. The College received feedback and insights on issues related to conflict of interest and health professions for developing policies, guidelines and standards on social media and virtual care.
- Working closely with the College of Occupational Therapists of Ontario to re-develop the peer and practice assessment (PPA). Idea sharing and collaborative problem solving is ongoing related to the design, development, implementation, and evaluation of the PPA.
- Joining Hub 601 – a multi-regulator workspace hosted by the College of Dental Hygienists of Ontario. Hub 601 provides office space for partner colleges to use for in-person work, staff meetings, and Council/Board and committee meetings in a setting that promotes collaboration and innovation. Current partners include the College of Dietitians of Ontario, the College of Denturists of Ontario and the College of Audiologists and Speech Language Pathologists of Ontario.

**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 accreditation solution. The new national accreditation program, EQual, will be implemented by March 31, 2024, and will ensure an in-depth, third-party, standardized framework that is accepted in all provinces. EQual specializes in competency-based accreditation of health professional education programs. By partnering with Equal, the Alliance has joined the EQual Forum, which allows it to actively participate in policy development, collaborate with other professions and regulators across Canada and oversee the accreditation process. The College continues to work with educators on navigating the change to the new accreditation provider.

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

The College worked with the MOH on its proposed amendments to the Registration Regulation to establish an Emergency Class of Registration as required in the Registration Requirements regulation under the RHPA. The revisions were sealed and incorporated into the Registration Regulation as of August 31, 2023. CDO also submitted additional proposed amendments to the Registration Regulation to remove the credential assessment option now that the PLAR process is firmly in place and other revisions to build greater efficiency into its registration processes.

**Ontario Fairness Commissioner**

The College continues to collaborate the Office of the Fairness Commissioner to ensure registration practices are transparent, objective, impartial and fair for anyone applying to practice dietetics in Ontario. In 2023, CDO collaborated with the OFC to respond to:

- Respond to questions related to the Prior Learning Assessment and Recognition (PLAR) process and accreditation.
- Participated in the OFC’s consultation on its Risk Informed Compliance Framework (RICF).
- Participated in the OFC’s Data Portal Focus Group, providing feedback on the future development of a new portal for the annual Fair Registration Practices report.

**Other Committees and Working Groups**

The College 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 (CQuIPS) 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.
- The Professional Practice Program collaborates with university dietetic educators to develop and implement professional practice workshops about jurisprudence, competence, and legal and ethical considerations for undergraduate and post-graduate students.
- The practice advisors regularly meet virtually with groups of dietitians who need practice support, including dietitians working in public health, acute care, and independent practice.



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

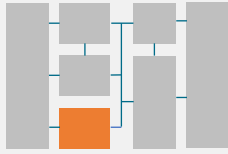
The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information 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).*

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

Examples of relationships where CDO identified and engaged with partners include:

- Consulted with dietitians and other system partners for feedback on the proposed Emergency Class of Registration, the proposed revisions to the Code of Ethics and CDO's position statement on Registration Requirements for Interjurisdictional Practice.
- Shared information collaboratively with Alliance partners to respond in a timely and effective manner to media requests regarding dietitians who act as social media influencers. The College shared information regarding the Code of Ethics and conflict of interest guidelines while recognizing changing public/societal expectations related to sponsored content and product endorsement by dietitians on social media.



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.

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

The College’s document sharing platform, used for sharing documents with committee members, board directors and external consultants, does not allow users to download materials onto their personal computers and was updated in 2023 to include multi-factor authentication (MFA).

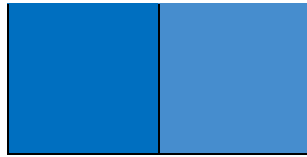
Registrants can contact the Practice Advisory Service anonymously and have the option of completing a voluntarily satisfaction survey to evaluate the effectiveness of the Practice Advisory Program anonymously.

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

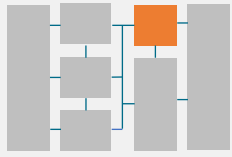
Choose an item.

*Additional comments for clarification (optional)*

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to policies and processes <b>OR</b> please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information.</li> </ul> <p>The College has several internal IT security plans including a cybersecurity response plan, a credit card incident response plan and an emergency disaster recovery plan. These policies are reviewed on an annual basis.</p> <p>With electronic data migrated to the cloud, CDO is capable of managing 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 security standards. All staff, board and committee members are required to adhere to the Password and College Information 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, phishing campaigns and announcements throughout the year take place for new and existing staff. The College’s IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly.</p> <p>A password management software tool was implemented for staff to securely access passwords and additional security software for detection and response on devices.</p> <p>To ensure the security of credit card transactions and to foster trust with applicants and registrants, CDO maintains Payment Card Industry (PCI) compliance. PCI compliance refers to the technical and operational standards followed to secure and protect credit card data provided by cardholders and transmitted through card processing transactions.</p> <p>The College 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, CDO does not publicly disclose details of its security practices.</p> <p>The College 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.</p>	<p>Yes</p>
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*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.*



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

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:

Met in 2022, continues to meet in 2023

- 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).

The College has a [Professional Practice Standard Framework](#) which guides the development, implementation and evaluation of standards, policies and guidelines. The College develops standards that reflect the behaviours currently accepted by the profession as being a standard in their practice. College staff monitor the practice environment through the practice advisory program and consultation with system partners, such as other Canadian health regulators, dietetic educators and Dietitians of Canada (dietetic association). Standards and guidelines are updated and developed as needed based on staff assessments.

In 2023, CDO updated the Virtual Care Standards and Practice Guidelines and developed the Social Media Standards and Practice Guidelines in response to the current practice environment.

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

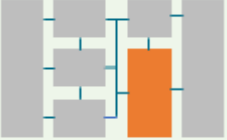
	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> <li>i. evidence and data;</li> <li>ii. the risk posed to patients / the public;</li> <li>iii. the current practice environment;</li> <li>iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap);</li> <li>v. expectations of the public; and</li> <li>vi. stakeholder views and feedback.</li> </ul> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) <b>OR</b> please briefly describe the College’s development and amendment process.</li> </ul> <p>CDO aims to take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. As set out in <a href="#">Professional Practice Standards Framework</a>, the criteria for developing or amending standards of professional practice aligns with a risk-based and right touch approach and includes the following:</p> <ul style="list-style-type: none"> <li>• Identification of need: identify high-risk areas that warrant standards development through the College’s Risk Framework. Identification of issues can be through member consultation, focus groups or by inquiries to CDO’s Practice Advisory Service and elements such as risk, impact, public expectations, and frequency of performance are considered.</li> <li>• Qualify the risk: there is a reasonable expectation that the professional practice issue places clients at risk (e.g., physical, emotional, financial, etc.), thus requiring public protection. The risk must be real, not hypothetical, and could result in unprofessional or unethical conduct by the dietitian dealing with this risk.</li> <li>• Consider applicable higher-level documents (e.g., a statute, regulation, or sufficient entry-to-practice competency) that defines the College’s expectations concerning the issue explicitly.</li> <li>• Ensure that the relevance will be for an extended period if a Standard of Professional Practice is developed. 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:</li> </ul> <p>Generally, the standard of professional practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement. For example, in 2023, CDO adopted the Social Media Standards and Practice Guidelines. Developing these standards and guidelines included the following:</p> <ul style="list-style-type: none"> <li>• Environmental scans of social media resources from other Ontario regulators and national dietetic regulators.</li> <li>• Academic research, such as peer-reviewed and grey literature resources on social media and health professionals.</li> <li>• Consideration to social media concerns identified by the Inquiries, Complaints and Reports Committee.</li> <li>• Consultation with the Professional Practice Committee to identify overarching principles.</li> <li>• Consultation with focus groups. Recruitment for the focus groups aimed for maximum variation within the group to capture a</li> </ul>	<p>Yes</p>
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			<p>variety and range of experience held by dietitians and individual attributes (e.g. race, age, gender, sexual orientation).</p> <ul style="list-style-type: none"><li>• Post-implementation consultation with registrants and system partners to identify positive or negative impacts of the policy, including impacts on any equity deserving group/client population.</li></ul> <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"> <li>• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion.</li> <li>• Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected.</li> </ul> <p>The College works to ensure that its policies are both informed by and aligned with the principles and values of equity, diversity, inclusion and belonging (EDI-B). The College evaluates its policies, guidelines and standards through an equity lens that is supported by research and literature review, third party EDI-B expertise and analysis and by collaborating with the internal EDI-B working group, committee members, focus groups and the Citizen Advisory Group. Diverse system partners are engaged to ensure multiple perspectives are considered. Data is analyzed with consideration to historical context and implementation includes measures such as training and regular reviews to promote inclusivity and address any disparities that may arise. Equity impact information is included in briefing notes to committees and the board when policies are reviewed and approved.</p> <p>Examples of policies, guidelines, standards and processes that were updated in 2023 to embed EDI-B principles:</p> <ul style="list-style-type: none"> <li>• <i>Approval of Supervision Plans for Temporary Members Following Failure of the CDRE</i>: Updated to include the continued option for virtual supervision that improves access for registrants who work in environments without other dietitians (for example, in remote communities).</li> <li>• <i>Eligibility for Prior Learning and Recognition (PLAR)</i>: Revised to recognize Canadian accredited academic training and verification statements from USA accredited programs to bypass the PLAR academic assessment.</li> <li>• The College offers online remote-proctored exams for its PLAR process. This improves access and equity for internationally educated applicants to undergo equivalency assessment prior to coming to Canada. The Alliance of Canadian Dietetic Regulatory Bodies also offers the national licensing exam via an online remote-proctored process, further improving access.</li> <li>• <i>Social Media Standards and Practice Guidelines</i>: EDI-B was considered through this policy development through the recruitment of diverse focus group participants, consultation questions tailored to identify any positive or negative impacts on equity deserving groups or client populations as a result of the standards and guidelines and analyzing data in consideration to historical context..</li> <li>• <i>Code of Ethics</i>: The Code of Ethics is being revised to prioritize Equity, Diversity, Inclusion and Belonging (EDI-B), aligning with the College's commitment to serving and protecting the public through inclusive practices.</li> <li>• <i>The Virtual Care Standards and Guidelines for Dietitians in Ontario</i>: During the consultative process, survey respondents were asked if they foresee any positive or negative impacts on equity-deserving groups or client populations because of these standards and guidelines. During policy implementation, the Professional Practice Program will continue to monitor and evaluate for any negative</li> </ul>	<p>Yes</p>
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			<p>policy impacts.</p> <ul style="list-style-type: none"> <li>• <i>Annual Workshops on “Building an Inclusive and Equitable Practice using Virtual Care and Social Media”</i>: Supported the implementation of the new standards and guidelines while focusing on CDO’s EDI-B philosophy and the strategies to approach virtual care and social media dilemmas in practice.</li> </ul>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

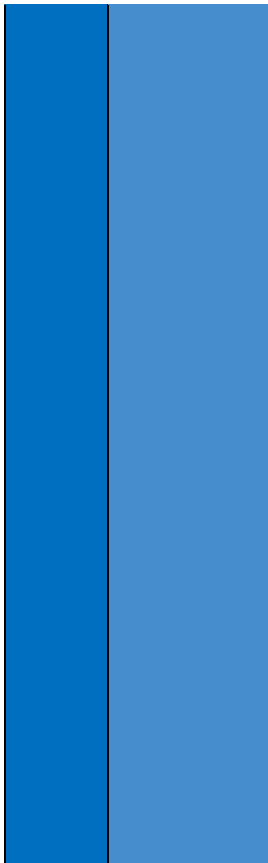
		<b>Measure:</b> <b>9.1 Applicants meet all College requirements before they are able to practice.</b>	
		<b>Required Evidence</b>	<b>College Response</b>
<b>DOMAIN 6: SUITABILITY TO PRACTICE</b>	<b>STANDARD 9</b>	<p>a. Processes are in place to ensure that those who meet the registration requirements 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.)<sup>1</sup>.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number <b>OR</b> please briefly describe in a few words the processes and checks that are carried out.</li> <li>• Please insert a link and indicate the page number <b>OR</b> please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.).</li> </ul> <p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p> <p>In 2023, CDO updated its application process to allow the electronic submission of all application documentation.</p>
			Met in 2022, continues to meet in 2023

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

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	
	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> <li>• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers <b>OR</b> please briefly describe the process and checks that are carried out.</li> <li>• Please provide the date when the criteria to assess registration requirements was last reviewed and updated.</li> </ul> <p>The College’s Registration Policies are available on the <a href="#">website</a>. The College regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria:</p> <ul style="list-style-type: none"> <li>• Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency).</li> <li>• Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy).</li> <li>• Improved clarity required for staff to operationalize a policy.</li> <li>• Identification that a policy is outdated and requires revocation.</li> <li>• Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices.</li> <li>• Changes to the dietetic practice environment (e.g., new competencies for entry-level practice).</li> <li>• Feedback from the Registration Committee.</li> </ul> <p>In 2023, CDO revised several of its registration policies to enhance clarity, transparency and fairness. These revisions include policies relating to assessing academic and practical training requirements, recognition of USA accredited programs, language proficiency, eligibility for the Prior Learning and Recognition (PLAR) process and requirements for supervision post licensing exam failure.</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.		
		The College fulfills this requirement:
		Yes
	<p>c. A risk-based approach is used to ensure that currency<sup>2</sup> and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<ul style="list-style-type: none"> <li>• Please briefly describe the currency and competency requirements registrants are required to meet.</li> <li>• Please briefly describe how the College identified currency and competency requirements.</li> <li>• Please provide the date when currency and competency requirements were last reviewed and updated.</li> <li>• 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.</li> </ul> <p>Recent practice is one of the ways registrants demonstrate their current knowledge, skills and judgement to provide safe, ethical and competent care. The <a href="#">currency requirement</a> for registrants is established in law by regulation under the <i>Dietetics Act, 1991</i>. In June 2022, the Board approved an updated <a href="#">policy on determining currency</a> practice hours. The currency requirement is at least 500 hours of dietetic practice over a three year period. The updated policy provides a revised definition of practising dietetics and categories to assist registrants in completing their annual renewal declaration regarding dietetic practice hours/currency requirements.</p> <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.</p> <p>During annual renewal, registrants are required to declare any offences, charges, bail conditions or findings of professional misconduct, professional negligence or malpractice that have been made against them. The College reviews the positive declarations to determine whether further inquiry is required. If findings raise concerns about a registrant’s suitability to practice the profession, CDO will investigate the matter to determine if regulatory action should be taken.</p> <p>The College has embarked on a multi-year project to upgrade the Peer and Practice Assessment (PPA) with a focus on risk-based approaches, EDI-B principles, and critical reflection for practice improvement. These efforts signify a dedication to growth and improvement in ensuring the highest standards in dietetic practice and regulation. The PPA is a learning opportunity designed to assess registrants' knowledge, skill and judgment and a regulatory requirement, with the QA Committee designing the form of the assessment and how registrants are selected to participate. The purpose of the PPA is to assess the competencies of registrants based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College standards and encourage registrant learning and self-reflection. The PPA has been designed to support</p>



<p>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> <p>Approximately every five years CDO partners with other Canadian dietetic regulatory bodies and system partners (e.g., educators) to undergo a review of the national entry-level competencies. A robust process was followed, using a third-party consultant, to conduct the work on the 2020 ICDEP. The former 2013 ICDEP were reviewed and revised using an evidence-based, risk-based approach, underwent extensive and numerous consultations (which the College had input in), and were then finalized by the project steering committee. The College’s Board approved the adoption of the 2020 ICDEP.</p> <p>In 2023, CDO’s policies, processes, and resources were revised to fully incorporate the 2020 ICDEP as the entry-level standard for all applicants seeking registration with the College. The 2020 ICDEP framework is now being operationalized to provide a consistent approach to assess whether an applicant’s training is substantially equivalent to the 2020 ICDEP.</p> <p>In 2023, CDO completed the incorporation of the 2020 ICDEP into the KCAT. The new blueprint will be used for the 2024 administration of the KCAT. The College also began mapping the PBA to the 2020 ICDEP in 2023, which will be in place for the June 2024 PBA administration.</p> <p>The comparison of mapping the accredited United States and Canadian entry-level competencies was completed in 2023 and incorporated into College policy for the future recognition of USA programs.</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>	

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

Measure:				
9.3 Registration practices are transparent, objective, impartial, and fair.				
		a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>Please insert a link to the most recent assessment report by the OFC <b>OR</b> please provide a summary of outcome assessment report.</li> <li>Where an action plan was issued, is it: No Action Plan Issued</li> </ul>	The College submitted its <a href="#">2022 Fair Registration Practices Report</a> to the Office of the Fairness Commissioner by the August 2023 deadline and received a low-risk rating.	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		
		Additional comments for clarification (if needed)		

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

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).

Further clarification:

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.

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

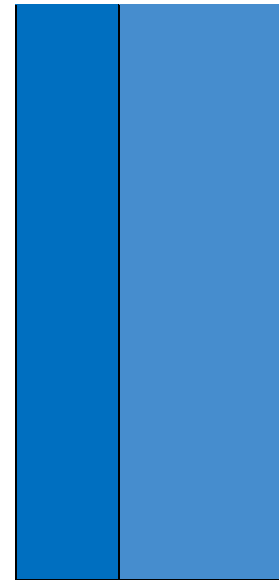
- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
  - Name of Standard
  - Duration of period that support was provided
  - Activities undertaken to support registrants
  - % of registrants reached/participated by each activity
  - Evaluation conducted on effectiveness of support provided
  
- Does the College always provide this level of support: Yes  
 If not, please provide a brief explanation:
 

In 2023, the [Virtual Care Guidelines](#) and the [Social Media Standards and Guidelines](#) were approved. The Virtual Care Guidelines cover topics pertinent to virtual care, including safeguarding privacy and confidentiality, obtaining informed consent and meeting the technological prerequisites for effective virtual appointments. The Social Media Standards and Guidelines articulate key principles for social media practice and establish expectations for the professional conduct of dietitians while using social media.

To support registrant understanding of the new standards and guidelines, CDO provided the following supports:

  - Webpages were updated to assist dietitians in accessing the Standard.
  - Communications were sent to dietitians via broad email news updates and posted on the College’s social media platforms.
  - Four, two-hour professional practice workshops were delivered to registrants that explored the Standard, practice scenarios and live question and answer period, which were attended by 340 registrants (8% of registrants). Recording and supporting materials were posted on the registrant dashboard for all dietitians to access on demand. A survey was sent to attendees to gauge their satisfaction of the workshop. Eighty-four percent of respondents strongly agree or agree that the learning experience was valuable, citing a better understanding of social media use in dietetic practice. Ninety-one percent of respondents reported gaining useful ideas to ensure ethical reasoning and decision-making in their practice.
  - The standards and guidelines were highlighted in the [Message from the Registrar](#) to registrants concerning the advertising practices





of dietitians offering professional advice on social media. The Registrar urged dietitians, the public and system partners to submit any questions or queries they have to CDO. The staff of the Professional Practice Program aided in addressing these inquiries.

- A new learning session was developed and administered with the Inquiries, Complaints and Reports Committee (ICRC) to help them understand the expectations of dietitians while using social media.

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

*Additional comments for clarification (optional)*

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation <sup>3</sup> .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified <b>OR</b> please insert a link to the website where this information can be found and indicate the page number.</li> <li>• Is the process taken above for identifying priority areas codified in a policy: Yes</li> <li>• <i>If yes, please insert link to the policy.</i></li> </ul>	<p>Met in 2022, continues to meet in 2023</p>
	<p><u><a href="#">Self-Directed Learning (SDL) Tool</a></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 4,278 registrants with trends in practice advisory inquiries for future training needs of registrants.</p> <p><u><a href="#">Peer and Practice Assessment (PPA)</a></u>: This is a learning opportunity designed to assess registrants' knowledge, skill and judgment and a regulatory requirement, with the QA Committee designing the form of the assessment and how registrants are selected to participate. The purpose of the PPA is to assess the competencies of registrants based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College standards and encourage registrant learning and self-reflection. 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. The College is developing two new tools, the Practice Improvement Assessment (PIA) and a Risk Reflection Questionnaire (RRQ). The PIA is a competency, case-based, multiple-choice assessment to identify learning needs, provide resources for learning, enable reflection and prompt the development of goals and action plans for practice improvements. The RRQ assesses risk and factors mitigating risk in practice.</p> <p><u><a href="#">Jurisprudence Knowledge &amp; Assessment Tool (JKAT)</a></u>: This is an 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 five years thereafter.</p> <p><u><a href="#">&lt; 500 Hours of Practice</a></u>: 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.</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>				

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<sup>3</sup> “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). <b>OR</b> please briefly describe right touch approach and evidence used.</li> <li>• Please provide the year the right touch approach was implemented <b>OR</b> when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> <li>- <i>Public</i> Yes</li> <li>- <i>Employers</i> No</li> <li>- <i>Registrants</i> Yes</li> <li>- <i>other stakeholders</i> Yes</li> </ul> </li> </ul> <p>A right touch approach was initiated in 2020, updated in 2021 and has continued to inform the <a href="#">Peer and Practice Assessment procedure</a> in 2023.</p> <p>The College defines the risk of harm as the potential for an event, action or inaction to cause harm to clients. High-risk practice areas identified in the College's risk research are related to specific practice areas and practice settings. Classifying registrants into high-risk groups stratification supports competence assessments by applying the minimal amount of regulatory force required to achieve the desired outcome.</p> <p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p>	<p>Met in 2022, continues to meet in 2023</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>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2022, continues to meet in 2023</p>
			<ul style="list-style-type: none"> <li>Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number <b>OR</b> list criteria.</li> </ul>	
			<p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
<p><b>Measure:</b>  <b>10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</b></p>				
		<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"> <li>Please insert a link to the College's process for monitoring whether registrant's complete remediation activities <b>OR</b> please briefly describe the process.</li> <li>Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <b>OR</b> please briefly describe the process.</li> </ul>	
			<p><b>Process for monitoring remediation activities</b></p>	
			<p>The College's complaints 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><b>Process for determining whether a registrant has demonstrated the knowledge, skills and judgment following remediation</b></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. Evidence that the registrant has remediated is gleaned from reports from mentors and practice monitors, depending on the type of oversight required by the ICRC.</p>	
			<p><b>Annual Audit of the Public Register</b></p>	
			<p>The Audit of the Public Register is an internal process that verifies the information on the public register is accurate and complies with the requirements set out in the <i>Regulated Health Professions Act, 1991</i> and CDO's by-laws. The purpose of the audit is to mitigate the risk to</p>	

			<p>the public by ensuring that registrant information is reliable and allows the public to make informed healthcare decisions. The audit is conducted annually by staff, and the results are reported to the Board for information.</p> <p>In 2023, CDO updated its policy for auditing the public register to focus on assessing critical risks in a way that is both efficient and practical.</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 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:

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;

The College fulfills this requirement: Yes

- 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.

The College’s complaints process is clearly set out on its website, including initial information complainants will be asked for. Please refer to the [overview](#) of 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 CDO’s case manager directly with any questions about the process.

The College has an internal intake form to help 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.

The College 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.

*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)*

In an effort to provide access to other resources and best support both complainants and registrants, the College intends to post a list of mental health resources available to the general public that complainants and registrants can access as they deem necessary. This information will be posted on the College’s website and included in acknowledgement letters to complainants and notice letters to registrants with a complaint investigation is initiated.

		<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.</li> </ul> <p>The information provided to complainants via CDO’s website and information sheets is reviewed and evaluated by staff to ensure clarity and accuracy. Because of the relatively low volume of complaints, CDO has 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 (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>100%</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 2022, continues to meet in 2023</p> <p>Choose an item.</p>

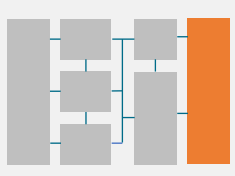


	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please list supports available for the public during the complaints process.</li> <li>• Please briefly describe at what points during the complaints process that complainants are made aware of supports available.</li> </ul> <p>For more information, please refer to <a href="#">CDO's 2022 CPMF Report</a>.</p> <p>In 2023, the College introduced a change to its complaints investigation process to help expedite the resolution of complaints submitted by members of the public who do not have a direct relationship (therapeutic, professional, or personal) with the registrant. Information about this change was reviewed and discussed by the ICRC. The College's website and information sheet for complaint parties will be updated to reflect the new process and ensure both parties understand what information will be disclosed during the investigation process.</p>	<p>Met in 2022, continues to meet in 2023</p>
<p><b>Measure:</b> 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>			
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> <li>• Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) <b>OR</b> please provide a brief description.</li> </ul> <p>In 2023, CDO developed a communications checklist that formalizes the previously undocumented practices and procedures 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 receive regular updates from CDO on the status of the investigation and the anticipated timeline of completion.</p> <p>The 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.,</p>	<p>Yes</p>

			<p>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><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 style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 12</p>	<p><b>Measure:</b> 12.1 The College addresses complaints in a right touch manner.</p>	
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>• Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied.</li> <li>• Please provide the year when it was implemented OR evaluated/updated (if applicable).</li> </ul> <p>For more information, please refer to CDO's 2022 CPMF Report.</p> <p>The ICRC uses a risk-based decision-making tool during its deliberations, which 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. This tool was first adopted by the ICRC in April 2019 and is regularly reviewed and updated. In 2023, the College conducted another review of the tool and updated it, providing guiding questions to help ensure consistent interpretation of the aggravating and mitigating factors by all ICRC panels. The updated tool was reviewed and adopted by the ICRC.</p> <p>The Registrar also uses a risk-based registrar investigation decision making tool. This tool is intended to support a consistent, transparent approach for deciding whether regulatory action is required in the public interest, while retaining the Registrar's discretionary powers. The College generally makes preliminary inquires upon receipt of a report, although preliminary inquires are not always required and the nature of the inquiries will depend on the alleged conduct and potential risk to the public.</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>				

DOMAIN 6: SUITABILITY	STANDARD 13	Measure:		
		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.).		
		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.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> <li>Please insert a link to the policy and indicate page number <b>OR</b> please briefly describe the policy.</li> <li>Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’).</li> </ul> <p>Through the authority of the <i>Regulated Health Professions Act, 1991</i>, CDO shares information pertaining to registration, quality assurance, and inquiries, complaints, and reports history of members with other Canadian dietetic regulators for labour mobility requests and with other non-dietetic regulators through the completion of verification of registration forms/letters.</p> <p>Over the past year, CDO shared information with other Canadian dietetic regulators in response to labour mobility requests for registration as outlined above and shared information with other regulators. If a registrant is suspended, CDO informs all the registrant’s employers on file.</p>	
			<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (if needed)</i>			
TO PRACTICE		<p>In 2023, the College conducted further exploration of developing a new information sharing policy that would determine when information about a registrant should be shared with other relevant system partners, including registrants’ past and current employers. As part of that exploration, the College reviewed its existing processes and how they currently meet this standard and sought legal advice on the College’s confidentiality requirements. After conducting this review and exploration, CDO has determined that its current processes are meeting the needs of this standard and a new policy is not required at this time.</p>		

		<b>Measure:</b> <b>14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.</b>			
		<b>Required Evidence</b>	<b>College Response</b>		
<b>DOMAIN 7: MEASUREMENT, REPORTING &amp; IMPROVEMENT</b>	<b>STANDARD 14</b>	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>At its March 24, 2023 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI is explained, along with the metrics for tracking CDO’s progress. 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 are identified annually as needed and are discussed and accepted by the board.</p> </td> <td style="width: 20%; padding: 5px; vertical-align: top;">           Met in 2022, continues to meet in 2023         </td> </tr> </table>	<ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>At its March 24, 2023 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI is explained, along with the metrics for tracking CDO’s progress. 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 are identified annually as needed and are discussed and accepted by the board.</p>	Met in 2022, continues to meet in 2023
		<ul style="list-style-type: none"> <li>Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number <b>OR</b> list KPIs and rationale for selection.</li> </ul> <p>At its March 24, 2023 meeting (please see meeting <a href="#">materials</a> and <a href="#">minutes</a>) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI is explained, along with the metrics for tracking CDO’s progress. 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 are identified annually as needed and are discussed and accepted by the board.</p>	Met in 2022, continues to meet in 2023		
<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> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number.</li> </ul> <p>A risk monitoring report and a detailed management report are presented and discussed by the board at each meeting. Updates to the strategic plan are presented in March and September.</p> <p>March 24, 2023 <a href="#">materials</a> and <a href="#">minutes</a></p> <p>September 29, 2023 <a href="#">materials</a> and <a href="#">minutes</a></p> <p>For more information, please refer to <a href="#">CDO’s 2022 CPMF Report</a>.</p>	<p>Met in 2022, continues to meet in 2023</p>
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<i>Additional comments for clarification (if needed)</i>	

Measure:		
<b>14.2 Council directs action in response to College performance on its KPIs and risk reviews.</b>		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr style="border: 1px solid blue;"/> <p style="text-align: center; color: blue;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid blue;"/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> <li>Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number.</li> </ul> <p>The quarterly reporting of the College’s highest-level risks allows the Board 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: Strategic Projects, 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 CDO’s performance.</p> <p>Following each board meeting, directors complete an assessment that focuses on interactions, behaviours and decisions to evaluate the Board’s effectiveness at achieving its mandate. This transparent and reflective performance review demonstrates the Board’s commitment to continuous improvement and good governance. <a href="#">Feedback</a> from the March 24, 2023 meeting evaluation noted challenges arising during the meeting, which included: adherence to meeting norms, speaking order and decorum; meeting management and focussed discussions on agenda items; and, meeting preparation and participation. Based on this feedback, the Board participated in training on the topics of public interest and meeting facilitation.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>		

Measure: 14.3 The College regularly reports publicly on its performance.			
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023	
	<ul style="list-style-type: none"> <li>Please insert a link to the College’s dashboard or relevant section of the College’s website.</li> </ul> <p>The College reports on its strategic objectives and performance in multiple ways in the sections below and also in the board’s public facing materials at its March and September meetings.</p> <p><a href="#">Annual report section</a>  <a href="#">News section</a>  <a href="#">Meetings and Hearings section</a>  <a href="#">Fair Registration Practices</a>  <a href="#">College Newsletters</a>  <a href="#">CPMF</a></p>		
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		Choose an item.
	<p><i>Additional comments for clarification (if needed)</i></p>		



## Part 2: Context Measures

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

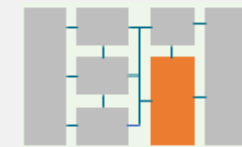
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

**Table 1 – Context Measure 1**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	
i. Self-Directed Learning Tool – 2022-2023 (November 1, 2022-October 31, 2023-Renewal Calendar)	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)	<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 2023. 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>
ii. Self-Directed Learning Tool – 2023 (November 1 – December 31, 2023)	n=4,415 (98% of eligible registrants)	

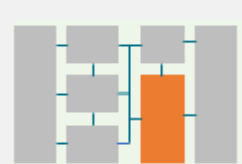
		n=110 (2.5% registrants randomly selected audit)	
iii.	Jurisprudence Knowledge and Assessment Tool (JKAT) (January 1, 2023-December 31, 2023)	n=1,666 identified for 2023 (100% of registrants who completed the JKAT passed.	
iv.	2023 Reporting for Practicing Fewer than 500 currency hours in three years	n=33 practicing <500 currency hours in three years; n=5 signed Voluntary Undertaking. Number of Learning Diaries assessed (n=23); One choose to undergo competency assessment in April	
v.	Peer and Practice Assessment – January 1, 2023 -December 31, 2023 -	n= 0 for 2023 as program postponed due to pandemic and for re-evaluation	

*\* 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.*

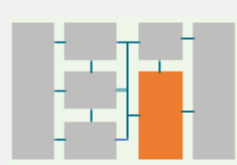
[NR](#)

*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: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
<b>CM 2.</b> Total number of registrants who participated in the QA Program CY 2023	4,415	98% of eligible registrants	<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
<b>CM 3.</b> Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023.	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 2023, understanding that some cases may carry over.</i>
<a href="#">NR</a>			
Additional comments for clarification (if needed)			

**Table 3 – Context Measure 4**

DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
<p>Statistical data collected in accordance with the recommended method or the College’s own method: Choose an item.</p> <p><i>If a College method is used, please specify the rationale for its use:</i></p>			
Context Measure (CM)			
<b>CM 4.</b> Outcome of remedial activities as at the end of CY 2023:**	#	%	<p><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></p>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0	
<p><a href="#">NR</a></p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>-</p>			

**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 If a College method is used, please specify the rationale for its use:				
Context Measure (CM)				
<b>CM 5.</b> Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023	Formal received	Complaints	Registrar initiated	Investigations
Themes:	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	NR	NR	NR	NR
III. Communication	NR	NR	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR
V. Intent to Mislead including Fraud	0	0	0	0
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	0	0
XI. Other: Failed to comply with a Quality Assurance requirement	0	0	NR	NR
<b>Total number of formal complaints and Registrar’s Investigations**</b>	<b>6</b>	<b>100%</b>	<b>7</b>	<b>100%</b>

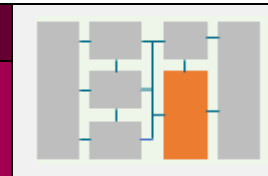
*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.*

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



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

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended		
<i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 6.</b> Total number of formal complaints that were brought forward to the ICRC in CY 2023	3	
<b>CM 7.</b> Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023	7	
<b>CM 8.</b> Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2023	7	
<b>CM 9.</b> Of the formal complaints and Registrar’s Investigations received in CY 2023**:	#	%
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	NR	NR
IV. Formal complaints that proceeded to ICRC and are still pending	NR	NR
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
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>		



<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>0</p>	<p>0</p>	
<p><a href="#">ADR</a>  <a href="#">Disposal</a>  <a href="#">Formal Complaints</a>  <a href="#">Formal Complaints withdrawn by Registrar at the request of a complainant</a>  <a href="#">NR</a>  <a href="#">Registrar’s Investigation</a></p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i>  <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>Because of the low number of complaints that the College receives each year, the College does not have an ADR process.</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 2023	12 decisions in total						
Distribution of ICRC decisions by theme in 2023*	# 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	NR	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR	NR	NR	NR	0	0	0
IV. Competence / Patient Care	NR	NR	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	NR	0	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	NR	0	NR	NR	NR	0	0
VII. Record Keeping	0	NR	0	NR	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

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

• 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 2023.  
 ++ 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.

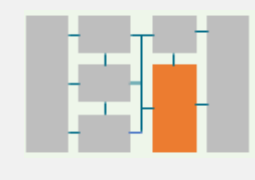
[NR](#)

*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.*

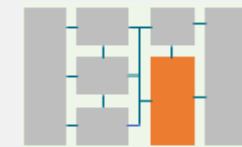
*Additional comments for clarification (if needed)*

The College uses the term “written reminder” when providing advice and recommendations as an outcome.

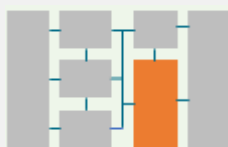
**Table 7 – Context Measure 11**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: <b>Recommended</b> If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
<b>CM 11.</b> 90 <sup>th</sup> Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.  The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2023	189.3	
II. A Registrar’s investigation in working days in CY 2023	269.7	
<a href="#">Disposal</a>		
Additional comments for clarification (if needed)		

**Table 8 – Context Measure 12**

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: <b>Recommended</b> <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 12.</b> 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i>  <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2023	N/A	
II. A contested discipline hearing in working days in CY 2023	N/A	
<a href="#">Disposal</a> <a href="#">Uncontested Discipline Hearing</a> <a href="#">Contested Discipline Hearing</a>		
<i>Additional comments for clarification (if needed)</i>  The College did not have any Discipline hearings (contested or uncontested) during the reporting period.  -		

**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: R e c o m m e n d e d  <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
<b>CM 13.</b> Distribution of Discipline finding by 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>
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

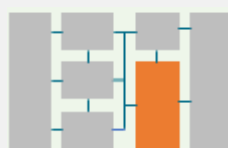
*\* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.*

[NR](#)

*Additional comments for clarification (if needed)*



**Table 10 – Context Measure 14**

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

## 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

## Board Briefing Note

<b>Topic:</b>	Strategic Plan Monitoring Report and Strategic Workplan for 2024 – 2025
<b>Purpose:</b>	Monitoring Report
<b>Strategic Plan Relevance:</b>	Regulatory Effectiveness and Performance Measurement
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### ISSUE

To review the College’s progress on the strategic plan for fiscal 2023 – 2024 and the strategic projects and activities planned for 2024 – 2025, including the Key Performance Indicators (KPIs).

### PUBLIC INTEREST RATIONALE

The Strategic Plan Monitoring Report enables the Board to monitor CDO’s performance on the 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 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.

The strategic workplan aligns organizational projects with the strategic goals. This strategic alignment connects goals, resources and activities to support the long-term direction of CDO.

[March 22, 2024 Meeting]

## **CONSIDERATIONS**

The 2023 – 2024 strategic plan monitoring report (*Appendix 1*) and the strategic workplan for 2024 – 2025 (*Appendix 2*) are attached for the Board’s information and feedback.

Some of the KPIs and targets attached to the goals in the 2023 – 2024 report have been modified or removed for 2024 – 2025. The reason for these adjustments is 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.

As the 2024 – 2025 fiscal is the last year of the current strategic plan, the workplan focuses on completing the large, multi-year projects already in progress and resourced.

## **NEXT STEPS**

The strategic plan monitoring report for 2023 – 2024 and workplan for 2024 – 2025 are being presented for the Board’s information and feedback.

## **ATTACHMENTS**

- Appendix 1: Strategic Plan Monitoring Report – March 2024
- Appendix 2: Strategic Workplan for 2024 – 2025

**Strategic Plan Monitoring Report | March 2024**

<b>Goal 1: Regulatory Effectiveness and Performance Measurement</b> <b>The College will measure and report its regulatory performance to the public.</b>					
Strategies	Key Activities 2023 – 2024	KPI Measure	Target	Actual To-Date	Progress and Accomplishments
1.1 Enhance IT systems and data governance to support data collection, analysis, reporting and security	<ul style="list-style-type: none"> <li>Conduct a data governance scoping review to support the creation of record management policies and procedures. (Carry over from 2022-2023)</li> <li>Respond to reporting requirements (e.g., CPMF, OFC Fair Registration Practices Report, legislative requirements) and broadly communicate College performance. (Carry over from 2022-2023)</li> </ul>	% 'meets expectations' rating on CPMF	90%	94%	<ul style="list-style-type: none"> <li>Completed a data governance needs assessment.</li> <li>Redeveloped the records retention schedule.</li> <li>Approved bylaw 1 amendments, meeting two additional CPMF evidence measures.</li> <li>Submitted the 2022 OFC Fair Registration Practices Report, continuing in the low-risk category.</li> <li>Submitted the OFC Risk Informed Compliance Framework questionnaire.</li> <li>Continued streamlining of Board materials.</li> <li>Published the first, public-facing, EDI-B status report</li> <li>Initiated project planning for the collection of EDI-B demographic data.</li> </ul>
		% of CPMF committed action items completed in subsequent yr	100%	40%	
1.2 Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats	<ul style="list-style-type: none"> <li>Develop a plan for collecting EDI demographic data of applicants and registrants.</li> <li>Plan and storyboard an online application process for future implementation that facilitates more efficient data collection. <i>(project deferred pending database analysis)</i></li> </ul>	% of written notices sent within 15 days of receipt of application confirming application is complete or specifying the information to complete application.	100%	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%	100%	

## Strategic Plan Monitoring Report | March 2024

<b>Goal 2: Transparent and Effective Communications</b>					
<b>The College will communicate effectively to support understanding of the College’s mandate, services and resources.</b>					
<b>Strategies</b>	<b>Key Activities 2023 – 2024</b>	<b>KPI Measure</b>	<b>Target</b>	<b>Actual To-Date</b>	<b>Progress and Accomplishments</b>
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"> <li>Implement recommendations from the relational communications audit, including the development of a corporate communications style guide. <i>(style guide deferred pending website and branding refresh)</i></li> </ul>	Increase in social media followers	5% increase	11% increase	<ul style="list-style-type: none"> <li>Internalized results of relational communications audit and updated written registrant communications approach.</li> <li>Adopted Canadian Press Stylebook as the baseline style for written communications.</li> <li>Updated the Public Awareness Campaign running August 1, 2023 – March 31, 2024.</li> <li>Completed the French language audit and triaged outstanding documents.</li> <li>Translated the governance manual and the registration and renewal guide into French.</li> <li>Translated all new online content into French.</li> <li>Branding refresh in progress.</li> <li>Delivered data informed educational sessions to registrants and dietetic students on registration processes; jurisprudence topics; enhancing safe, competent, ethical practice; ethical and legal considerations for nutrition counselling; coaching webinar series for writing SMART goals; and annual workshop series on building an inclusive and equitable practice using virtual care and social media.</li> <li>Increased followers on all social media platforms.</li> <li>Operationalized the Social Media and Virtual Care Standards and Guidelines.</li> </ul>
2.2 Enhance College consultation, outreach processes, and communication methods in a way that considers equity, diversity and inclusion, and right-touch regulation	<ul style="list-style-type: none"> <li>Transition the website to a new platform, including rebranding and the incorporation of terminology changes.</li> <li>Engage in a translation initiative to increase the amount of CDO content available in French and English.</li> <li>Develop data-informed educational sessions and resources for registrants/dietetic students.</li> </ul>	Increased overall web traffic, Public Protection & Register sections when in market	5% increase	132% increase	
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	<ul style="list-style-type: none"> <li>Operationalize the social media and Virtual Care Standards and Guidelines.</li> </ul>	# targeted educational topics	6	7	
		% satisfaction educational sessions	85%	86%	

## Strategic Plan Monitoring Report | March 2024

<b>Goal 3: Risk-Based and Right-Touch Regulation</b>					
<b>The College will make decisions in accordance with a risk (harm reduction) framework.</b>					
<b>Strategies</b>	<b>Key Activities 2023 – 2024</b>	<b>KPI Measure</b>	<b>Target</b>	<b>Actual To-Date</b>	<b>Progress and Accomplishments</b>
3.1 Develop risk-based and right-touch regulation tools and processes for College decision-making	<ul style="list-style-type: none"> <li>• Adopt an Equity Impact Assessment (EIA) Framework.</li> <li>• Update Registration policies, processes, and documentation to reflect the ICDEPs 3.0 (for credential assessments, US program reciprocity, and PBA).</li> <li>• Update the College’s process for liability insurance compliance.</li> <li>• Begin documenting internal and operational procedures and processes.</li> <li>• Plan for registrant guidelines on advertising and testimonials and revised code of ethics.</li> <li>• Submit amendments to the Registration Regulation to MOH.</li> <li>• Update and pilot the PPA using the high-risk dietetic practice research conducted.</li> </ul>	# of regulatory policies created/updated with EDI-B lens	5	4 policies 5 resources	<ul style="list-style-type: none"> <li>• Exploring formal EIA framework options.</li> <li>• Created data capability maps to identify internal and operational processes and procedures.</li> <li>• Proposed Emergency Class of Registration approved by the Ministry.</li> <li>• Updated the liability insurance compliance process to align with principles of right touch regulation.</li> <li>• Updated four registration policies using an EDI-B lens: 1) Policy 2-30: Competency Standards and Accreditation Bodies 2) Policy 4-20: Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs 3) 4-50: Language Proficiency and 4) Policy 6-10: Eligibility for PLAR.</li> <li>• Updated five professional practice resources with an EDI-B lens: 1) The Emergencies Policy 2) QA Acknowledgement and Undertaking Form 3) Policy SDL 2-50 Self-Directed Learning Tool: Committee Review of Members’ Submissions 4) Transitioned Competency Assessment 5) JKAT questions.</li> <li>• Updated KCAT and PBA preparation guides with a new blueprint.</li> </ul>
3.2 Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles		Training and adoption of EIA framework	Complete	In progress	
3.3 Leverage organizational data and external information to identify and act on areas of risk					



Strategic Plan Monitoring Report | March 2024

					<ul style="list-style-type: none"><li>• Planning for registrant guidelines on advertising and marketing standard underway.</li><li>• PPA updates in progress.</li></ul>
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## Strategic Plan Monitoring Report | March 2024

<b>Goal 4: Governance Modernization and Enhancing Public Trust</b> <b>The College will update its governance model in accordance with evidence-based practices.</b>					
Strategies	Key Activities 2023 – 2024	KPI Measure	Target	Actual To-Date	Progress and Accomplishments
4.1 Implement governance initiatives that promote regulatory excellence, accountability and EDI principles	<ul style="list-style-type: none"> <li>Revise Board meeting evaluation processes. <i>(project deferred pending consultant selection)</i></li> <li>Develop election screening process.</li> <li>Implement reforms to College governance and continue to finalize the governance manual.</li> <li>Continue to update College policies and processes based on feedback from Advancing Equity and Anti-Racism in Dietitian Regulation report and Global Diversity Benchmarks.</li> </ul>	% of <a href="#">Global Diversity, Equity and Inclusion Benchmarks</a> in proactive, progressive or best practice categories	N/A – establishing baseline	59%	<ul style="list-style-type: none"> <li>Approved Governance Committee’s revised terms of reference, allowing it to administer the election screening process.</li> <li>Approved a new election screening process and operationalized it into the 2024 election cycle.</li> <li>Updated Board meeting minutes template to provide additional transparency about the Board’s decisions.</li> <li>Updated the governance manual to include the revised honoraria policy.</li> <li>Approved Executive Committee’s terms of reference, reducing its role in alignment with the governance modernization goals.</li> <li>Delivered EDI-B workshops and training sessions to all College assessors, focus groups, Board/Committee members and staff.</li> <li>Incorporated an informal Equity Impact Assessment process to practice policy consultation, design and development.</li> </ul>
		% of board directors engaging in evaluation surveys	N/A – establishing baseline	82%	
4.2 Operationalize EDI in College processes, policies and decision making					

## Strategic Workplan 2024 – 2025

<b>Goal 1: Regulatory Effectiveness and Performance Measurement</b> <b>The College will measure and report its regulatory performance to the public.</b>			
Strategies	Key Activities 2024 – 2025	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"> <li>• Review accounting system.</li> <li>• Develop and implement a SharePoint hosted data governance framework, including policies to support CDO’s use, management and security of data.</li> <li>• Develop a policy on AI usage.</li> </ul>	% ‘meets expectations’ rating on CPMF	90%
		% of CPMF benchmarks met	100%
1.2 Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats	<ul style="list-style-type: none"> <li>• Conduct a database needs assessment for cloud-based future upgrade.</li> <li>• Respond to reporting requirements (e.g., CPMF, OFC, legislative requirements) and broadly communicate College performance in a relational manner. <i>(Annual activity)</i></li> <li>• Initiate an EDI demographic registrant data project.</li> <li>• Rebuild applicant and registrant dashboards.</li> </ul>	% 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 2024 – 2025

<b>Goal 2: Transparent and Effective Communications</b>			
<b>The College will communicate effectively to support understanding of the College’s mandate, services and resources.</b>			
<b>Strategies</b>	<b>Key Activities 2024 – 2025</b>	<b>KPI Measure</b>	<b>Target</b>
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"> <li>• Transition the website to a new platform, with rebranding and terminology changes.</li> <li>• Operationalize the Code of Ethics and advertising and marketing standard.</li> <li>• Develop a corporate style guide.</li> <li>• Adopt a new social media approach with “story” style videos as the public awareness campaign.</li> <li>• Complete French translation project and translate remaining (registration) policies into French.</li> </ul>	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		Reduction in navigation and content pages on the website	10% decrease
		# targeted educational topics	6
		% satisfaction with 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	10

## Strategic Workplan 2024 – 2025

<b>Goal 3: Risk-Based and Right-Touch Regulation</b>			
<b>The College will make decisions in accordance with a risk (harm reduction) framework.</b>			
<b>Strategies</b>	<b>Key Activities 2024 – 2025</b>	<b>KPI Measure</b>	<b>Target</b>
3.1 Develop risk-based and right-touch regulation tools and processes for College decision-making	<ul style="list-style-type: none"> <li>• Create framework for prioritizing updates to practice standards and a policy review schedule.</li> <li>• Complete a financial investment and risk tolerance review.</li> <li>• Develop registrant guidelines on advertising &amp; marketing standards.</li> <li>• Redevelop the peer and practice assessments and pilot.</li> <li>• Pursue scope of practice changes to include laboratory ordering authority for dietitians.</li> <li>• Begin documenting internal and operational procedures and processes (Carry over).</li> <li>• Formalize an Equity Impact Assessment (EIA) framework.</li> </ul>	# of regulatory resources created/updated with EDI-B lens	5
3.2 Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles		Adoption of EIA framework	Complete
3.3 Leverage organizational data and external information to identify and act on areas of risk			

## Strategic Workplan 2024 – 2025

<b>Goal 4: Governance Modernization and Enhancing Public Trust</b>			
<b>The College will update its governance model in accordance with evidence-based practices.</b>			
<b>Strategies</b>	<b>Key Activities 2024 – 2025</b>	<b>KPI Measure</b>	<b>Target</b>
4.1 Implement governance initiatives that promote regulatory excellence, accountability and EDI principles	<ul style="list-style-type: none"> <li>• Update the governance evaluation framework (<i>carry over</i>).</li> <li>• Develop a competency and attribute framework for committees.</li> <li>• Develop and implement a committee appointment process to implement the competency and attribute framework.</li> <li>• Complete a review of committee terms of reference.</li> </ul>	% of EDI Organization Self-Assessment markers in proactive, progressive or best practice categories	Gathering baseline (re-benchmarking with new HPRO tool)
		% of board directors engaging in evaluation surveys	100%
4.2 Operationalize EDI in College processes, policies and decision making	<ul style="list-style-type: none"> <li>• Revise bylaw 1 and the governance manual to align with governance reforms.</li> <li>• Engage the Board in ongoing cybersecurity education integrated into the corporate governance training.</li> <li>• Create policy review cycle/mapping for governance and corporate/finance policies.</li> </ul>		



## Board Briefing Note

<b>Topic:</b>	Draft Budget for Fiscal 2024 - 2025
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	The budget supports planned strategic projects for 2024 - 2025
<b>From:</b>	Aneita Chang, Director, Corporate Services Melanie Woodbeck, Registrar and Executive Director

### ISSUE

To review and approve the draft budget for fiscal 2024 – 2025, (April 1 – March 31). The draft 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 services 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 on February 20, 2024, the Executive Committee considered the draft budget for the fiscal year 2024 – 2025 in detail, including individual program and committee budgets.

Following the Executive Committee’s review and recommendation of the budget, an additional project was added to pursue laboratory ordering authority for dietitians with consulting support. This addition adds \$30,000 to the consulting line. The authority to independently order laboratory tests would enhance client-centred care, interprofessional collaboration and evidence-informed practice.

The budget assumed there will be a 2% increase in general membership fees from \$654 to \$667 per member.

	<b>2% Increase</b>	<b>Current Fee - No Increase</b>
General membership fees	\$667	\$654
Revenue: membership fees	\$3,070,099	\$3,009,069
Operating surplus <b>Before fund expenses</b>	\$63,976	\$2,946
Estimated Amortization	\$70,000	\$70,000
Net Surplus/Deficit after Estimated Amortization	(\$6,024)	(\$67,054)

The draft budget for fiscal year 2024-2025 as presented, anticipates that expenses will be covered by the revenue generated from a projected 2% growth in membership and a 2% increase in renewal fees. The College remains in a healthy financial position.

Given the challenging investment market, there has been some recovery of unrealized gains this year. Plans are underway to review the College’s risk tolerance. In the meantime, any “new” funds (i.e., from renewal or re-investment due to maturity dates) are being allocated to more conservative investments, such as GICs, to safeguard the College’s capital.

The projected year-end deficit, after amortization, is \$6,024 as of March 31, 2024. This highlights the necessity of budgeting for a fee increase. Without an increase, and without adjustments to planned projects, the draft budget would project a greater deficit of \$67,054 (after amortization).

The audited reserve fund balance as of March 31, 2023, was \$3,496,762.

**CONSIDERATIONS**

The draft budget as presented in *Appendices 1 – 3*, expects expenses to be fully covered by revenues generated from a 2% growth in membership and 2% increase in renewal fees, from \$654 to \$667. Further details are provided in the budget notes (*Appendix 2*).

**RECOMMENDATION**

That the Board approve of the draft budget for the 2024 – 2025 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 2025 BUDGET to FISCAL 2024 BUDGET & FISCAL 2023 ACTUALS  
FOR THE FISCAL YEAR ENDING MARCH 31, 2025

DRAFT

	Operating Actual Audited Results March 31, 2023	Operating Budget March 31, 2024	Operating Budget March 31, 2025	Inc (Dec) BUDGET	NOTE
<b>REVENUE</b>					
Membership Fees	2,825,314	2,925,454	3,070,099	5%	(1)
Temporary Registration Fees	22,800	26,400	21,360	-19%	(2)
Application, KCAT Application & Assessment Fees	76,146	66,150	64,158	-3%	(2)
Performance Based Assessment Exam Fees	11,500	36,800	46,000	25%	(2)
Penalty and Appeal Fees & Misc Income	2,750	5,145	6,548	27%	(2)
Investment Income	(316,879)	143,000	100,000	-30%	(3)
<b>TOTAL REVENUE</b>	<b>\$ 2,621,632</b>	<b>\$ 3,202,949</b>	<b>3,308,165</b>	<b>3%</b>	
<b>GENERAL ADMINISTRATIVE EXPENSE</b>					
Salaries and Benefits	\$ 1,886,320	\$ 1,990,000	\$ 1,995,000	0%	(4)
Contracted Services & Bookkeeping	30,465	41,600	38,646	-7%	(5)
Computer	126,035	129,100	170,740	32%	(6)
Communication Initiatives	88,796	136,500	87,250	-36%	(7)
Annual Report	5,532	2,500	2,512	0%	
Staff Development	11,110	19,800	20,900	6%	(8)
Staff Travel	1,978	500	800	60%	(9)
Membership Dues	26,772	29,900	34,267	15%	(10)
Rent	124,069	45,000	45,000	0%	
Telephone and Internet	38,096	10,350	8,000	-23%	(11)
Insurance	7,359	7,960	12,690	59%	(12)
Office Expense	37,539	21,000	20,000	-5%	
Printing/Postage/Delivery	6,437	3,000	5,500	83%	(13)
Translation	316	1,000	1,000	0%	
Legal Fees	10,530	13,300	10,000	-25%	(14)
Professional Fees / Consultants	47,055	43,000	131,398	206%	(15)
Bank charges	9,170	3,000	7,000	133%	(16)
<b>Total General Administrative Expenses</b>	<b>\$ 2,522,243</b>	<b>2,497,510</b>	<b>2,590,704</b>	<b>4%</b>	
<b>OTHER ADMINISTRATIVE EXPENSE</b>					
Council	71,959	107,576	130,048	21%	(17)
Executive Committee	2,634	12,372	7,563	-39%	(18)
Governance Committee	2,550	9,514	7,925	-17%	(19)
Audit Committee	-	1,675	2,000	19%	(20)
<b>Total Other Administrative Expense</b>	<b>77,143</b>	<b>131,137</b>	<b>147,536</b>	<b>13%</b>	
<b>TOTAL ADMINISTRATIVE EXPENSES</b>	<b>\$ 2,599,386</b>	<b>\$ 2,628,647</b>	<b>\$ 2,738,240</b>	<b>4%</b>	
<b>PROGRAMS: ADMIN &amp; COMMITTEE EXPENSES</b>					
Registration	160,791	208,877	187,313	-10%	(21)
Quality Assurance	60,309	125,011	94,496	-24%	(22)
Practice Advisory	14,059	38,785	34,739	-10%	(23)
Patient Relations (Committee only)	-	1,725	475	-72%	(24)
Standards & Compliance	187,057	190,466	188,927	-1%	(25)
<b>TOTAL PROGRAM ADMIN &amp; COMMITTEE EXPENSES</b>	<b>\$ 422,215</b>	<b>\$ 564,864</b>	<b>\$ 505,949</b>	<b>-10%</b>	
<b>SURPLUS BEFORE FUND EXPENSES</b>	<b>\$ (399,970)</b>	<b>\$ 9,438</b>	<b>\$ 63,976</b>		
<b>Amortization</b>			<b>\$ 70,000</b>		
<b>Net Surplus</b>			<b>\$ (6,024)</b>		

**COLLEGE OF DIETITIANS OF ONTARIO  
APPENDIX 2 - ADMINISTRATIVE DRAFT BUDGET NOTES  
FOR THE FISCAL YEAR ENDING MARCH 31, 2025**

**NOTES:**

- (1) General membership fees assume a 2% increase in Fiscal 2024/25.  
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 and expenses are based on an analysis of the current fiscal year's activities and those anticipated for the next fiscal. Penalty fees for late payments and submissions have stabilized due to fee increases effective during the 2024 renewal. Performance Based Assessment (PBA) revenue is expected to increase as no free re-write has been granted in 2024. The increase in PBA is largely attributed to the daily honorarium rate in alignment with compensation of Board and committee members.
- (3) Interest and dividend income is estimated using the current value of the CDO's investment portfolio. Gains and losses on the value of the investment portfolio cannot be budgeted for.
- (4) Salaries & Benefits remain unchanged from 2023-24 due to one less position and reflects adjustment for inflation plus modest merit increases. Benefits premiums will likely remain close to the current levels, based on current projections.
- (5) Contracted services expenses are attributed to external assistance for bookkeeping and other administrative functions.
- (6) The increase in computer expenses is attributed to one-time costs for website transition, accounting software transition and cybersecurity testing and scanning initiatives improve efficiency and reduce operational risk to the College. Budget also includes the usual costs required for various computer subscriptions, database licenses, cloud servers, managed IT services and registrant database maintenance.
- (7) Communication expenses include the anticipated costs of a website project necessitated by critical platform changes. Also, expenses include a logo refresh and the production of new videos. The budget also allocates funds for a smaller public education campaign adjusted due to the development of new videos.
- (8) Staff Development: Maintenance of budget to ensure ongoing learning and development for staff.
- (9) Staff Travel: Contingency for travel to meetings and events.
- (10) Membership Dues: The increase in membership dues is attributed to an increase in annual fees expected by Alliance of Canadian Dietetic Regulatory Bodies and HPRO.
- (11) Telephone and Internet: The decrease in telecom fees is due to the office move and efficiencies gained by moving to a new phone provider.
- (12) Insurance: Increase in insurance premiums expected due to additional cybersecurity coverage.  
This will provide an additional layer of protection, helping to mitigate financial and operational risks associated with breaches.
- (13) Printing, postage, and delivery expenses have experienced a slight increase due to the purchase of additional mailchimp credits used for email
- (14) Legal Fees: Less consultation expected this fiscal. There is anticipated work on the College's personnel policies, and a contingency for matters requiring legal advice.

(15) The professional fees budgeted for Fiscal 2024-2025 are for:

- the investment risk assessment of the college's investment portfolio and policy \$24,860
- the annual financial audit \$22,538
- recruitment advertisements of staff positions (contingency) \$3,000
- data governance project \$50,000
- EDIB consultation (contingency) \$1,000
- Scope of Practice consulting support \$30,000

(16) Bank charges expected to increase based on economic conditions, changes in interest rates, and operational costs.

(17) Board: The board will have 2 hybrid meetings and will engage in training and strategic planning workshops.

The increase in consulting fees is due to the work required to develop CDO's 2025-2029 strategic plan and the development of a governance evaluation framework, which was budgeted for in the 2023-2024 fiscal but deferred. Ongoing facilitation support for the Chair of the Board will continue to be provided ahead of Board meetings.

(18) Executive Committee: The decrease in Executive Committee expenses is due to changes to its terms of reference, which redistribute responsibilities to the Governance and Audit Committees. Funds are budgeted for the Registrar performance review consulting.

(19) Governance Committee: The Governance Committee will continue to carry out the governance modernization plan and fulfill its role in screening applications for board elections. Consulting fees to support the development of a committee competency, EDI-B, and attribute framework and associated screening process have been budgeted.

(20) Audit Committee: Increase due to more meetings and new responsibilities offset from the Executive Committee, such as draft budget review.

(21) Registration Program: The decrease in Registration Program expenses is attributed to less consulting fees for PBA credential assessment, which underwent a remapping last fiscal. Consulting fees are also allocated for planning around the collection of EDI-B demographic data. Includes costs for credit card fees incurred at annual renewal (\$69,570), costs of administering KCAT/PBA (\$65,200).

(22) Quality Assurance Program: The Quality Assurance Program costs are related to exploring a new database for PIA Pilot. This involves research, testing and potential fees for adding to an existing database system. Language Bias Review: Expenses include hiring a linguistic and cultural sensitivity expert to assess materials for biases. Expenses also include consultant fees for analysis. The decrease in QA Program costs is due to less consulting fees for Peer & Practice Assessment, completed last fiscal.

(23) Practice Advisory Program: Expenses include hiring external consultants to provide guidance and support for developing an Equity Impact Assessment, legal and language bias policy review and focus groups. Conducting focus groups involves recruitment, facilitator fees and incentives for participants.

(24) Patient Relations Committee: Includes the costs of one meeting of the Patient Relations Committee if required.

**COLLEGE OF DIETITIANS OF ONTARIO  
APPENDIX 3 - CAPITAL ASSET PURCHASES DRAFT BUDGET  
FOR THE FISCAL YEAR ENDED MARCH 31, 2025**

	<b>Budget 2024/2025</b>
<b><u>I - Computer equipment (hardware) replacements</u></b>	
Dell Laptops (7 devices includes 1contingency)	16,077
Dell Docking Station (6 devices)	2,587
<b>Subtotal (Computer Hardware)</b>	<b><u>18,663</u></b>
<b><u>III - IMIS: Visual Antidote Programming Costs</u></b>	
Coding: Rebuild 3 Kentico Dashboards in iMIS Rise	13,115
Coding: Online Claims	1,720
<b>Subtotal (IMIS)</b>	<b><u>14,835</u></b>
<b>Capital Assets Purchases Budget F'2024-25</b>	<b><u>\$ 33,498</u></b>



College of  
Dietitians  
of Ontario

## Board Briefing Note

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

### ISSUE

The Board is being asked to review and approve the proposed new *Policy: Opening and Closing the Emergency Class of Registration*, as recommended by the Registration Committee in Appendix 1, for final approval.

### PUBLIC INTEREST RATIONALE

To have a framework to ensure continuity of registration of dietitians in the interest of the public in the event of an emergency scenario.

### BACKGROUND

To comply with new [Registration Requirements](#) under the RHPA, the College's new Emergency Class of Registration was approved by the Ministry of Health on August 31, 2023. The Emergency Class provisions are set out in section 18.1 of the [Registration Regulation](#) and stipulate that:

- The Minister of Health or the Board may open the Emergency Class.
- The duration and renewal of a certificate in the Emergency Class of six months.
- The Emergency Class Certificate expires 30 days after the emergency is declared over by the Minister of Health and/or the College's Board.
- A registrant in the Emergency Class can transfer to the Temporary Class and be issued a Temporary Certificate of Registration for 16 months, which is the current duration of a Temporary Certificate.
- The Canadian Dietetic Registration Examination would remain a non-exemptible registration requirement prior to moving into the General Class, and registrants would still have flexibility on determining their first writing of the exam.

At the January 31, 2024, meeting, the Registration Committee approved the proposed new *Policy: Opening and Closing the Emergency Class of Registration*, as per Appendix 1, for Board approval.

## CONSIDERATIONS

As noted, the Minister of Health or the Board has the authority to open and close the Emergency Class.

The proposed new Board *Policy: Opening and Closing the Emergency Class of Registration*, outlines the criteria that the Board would consider when deciding to open, renew and close its Emergency Class of Registration.

The likelihood of opening the Emergency Class is unknown. The College's approved Emergency Class and the proposed policy strives to balance public protection with the Ministry's legislative intentions of expediting registration, creating capacity and ensuring continuity of licensure to assist the Ontario healthcare system during an emergency.

## EQUITY IMPACT ASSESSMENT

The College's proposed new *Policy: Opening and Closing the Emergency Class of Registration* and its approved Emergency Class of Registration help expedite registration, create capacity, and ensure continuity of licensure with the College to eligible applicants to assist the Ontario healthcare system during emergency circumstances. The College will monitor the impact of any approved policy to ensure there are no unintended consequences for applicants, registrants, and other system partners.

## RECOMMENDATION

That the Board approves the proposed new *Policy: Opening and Closing the Emergency Class of Registration*, for final approval.

## OPTIONS

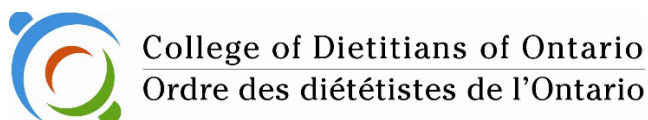
1. That the Board approves the proposed new *Policy: Opening and Closing the Emergency Class of Registration*, **as articulated** in Appendix 1.

OR

2. That the Board approves the proposed new *Policy: Opening and Closing the Emergency Class of Registration*, **as articulated** in Appendix 1, **with the amendments as discussed**.

## ATTACHMENTS

- Appendix 1: Proposed new *Policy: Opening and Closing the Emergency Class of Registration*



## Policy: Opening and Closing the Emergency Class of Registration

### Policy Statement

As per section 5 of the [Registration Requirements Regulation](#) under the *Regulated Health Professions Act, 1991*, and section 18.1.1 of the [Registration Regulation](#), under the *Dietetics Act, 1991*, in addition to the Minister of Health's request, the College's Board of Directors must establish criteria that will cause the Emergency Class of Registration to be opened for issuance and renewal. This policy outlines the factors that the Board would consider when deciding to open and close the College's Emergency Class of Registration.

### Procedure

1. When deciding whether to open the Emergency Class, the Board will consider:
  - a. all the relevant circumstances that impact the ability of applicants to ordinarily meet the College's registration requirements, including any disruptions to the College's operational processes (e.g., a catastrophic environmental impact, technology failures, and/or breach to data),
  - b. whether it is in the public interest to issue certificates of registration in the Emergency Class,
  - c. whether there is a healthcare system emergency for which:
    - i. there are insufficient Registered Dietitians (RDs) to meet an identified public need for dietetic care,
    - ii. there are insufficient RDs to provide support to the healthcare system in other ways beyond the dietetic scope of practice,
    - iii. in the opinion of the Board, there is a need for the rapid registration of RDs to meet an identified public need,
  - d. whether immediate action is required, and
  - e. whether all other possible solutions have been exhausted and issuing certificates in the Emergency Class is the best solution under the circumstances.
2. The Board will direct the registrar to open the Emergency Class when it has reason to do so.
3. Once the Emergency Class of Registration has been opened, College staff will monitor the situation and provide regular updates to the Board.



4. The Board will assess the circumstances that led to the opening of the Emergency Class at each Board meeting (or more frequently, as needed) to confirm whether the class should remain open.
5. If the Board determines that the circumstances that led to the opening of the Emergency Class no longer exist, the Board will pass a motion directing the registrar to cease issuing certificates in the Emergency Class.
6. In compliance with 18.3(3) of the College's [Registration Regulation](#), all Emergency Class certificates will expire 30 days after the earlier of the date:
  - a. the Minister of Health withdraws their request to issue certificates of registration in the Emergency Class, or
  - b. the Board declares the emergency circumstances have ended.

**Approved:** March 22, 2024, upon Board Approval.



College of  
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## Board Briefing Note

<b>Topic:</b>	Revised <i>Position Statement: Registration Requirements for Interjurisdictional Practice</i>
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Risk-Based and Right-Touch Regulation
<b>From:</b>	Registration Committee

### ISSUE

The Board is being asked to review the consultation results and provide final approval of proposed revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice*, as per Appendix 2.

### PUBLIC INTEREST RATIONALE

CDO's mandate is public protection. As per the [Dietetics Act, 1991](#), CDO must ensure that only dietitians licensed in Ontario use the title of dietitian and hold themselves out as someone authorized to practice dietetics in Ontario, including during the provision of online dietetic services.

The location of the client is the primary consideration in determining the location of dietetic practice, especially when assessing and establishing nutrition care goals with clients. In limited circumstances, in the Canadian context, exceptions for continuity of care may be warranted, given all the circumstances and when it's in the client's best interests.

### BACKGROUND

The Executive Committee requested the Registration Committee explore options for interjurisdictional practice for the Board's consideration, given the growing requests from externally licensed dietitians to provide virtual care to Ontario residents.

At the November 29, 2023, meeting, the Registration Committee considered an environmental scan and updated legal advice related to registration requirements for interjurisdictional practice and approved a draft position statement for recommendation to the Board, which incorporates an additional exception for continuity of care.

At the December 15, 2023, meeting, the Board approved, in principle for the purpose of [March 22, 2024 Meeting]

consultation, the proposed revisions to the College's *Position Statement: Registration Requirements for Interjurisdictional Practice*.

For more detailed background, refer to the December 15, 2023, Board meeting [materials](#).

## **CONSIDERATIONS**

### *Consultation Results*

The College circulated the proposed revisions to the Registration Requirements for Interjurisdictional Practice from December 19, 2023, to February 4, 2024, inclusive. A total of 23 responses were received via the consultation survey, along with two additional responses via email from the Ontario College of Social Workers and Social Service Workers (OCSWSSW) and the College of Nurses of Ontario (CNO). Refer to Appendix 1 for the full consultation results.

Most respondents supported the proposed revisions to the position statement, but many indicated it does not go far enough. There were several requests for dietitians to be able to practice virtually across all provinces in Canada.

### *Limitations*

Despite widespread communication efforts to registrants and other system partners (including national outreach) the consultation response rate was low. However, given what we have gleaned from the environmental scan, the consultation feedback likely reflects a broader perspective.

It should be noted that the College is unable to remedy any perceived challenges to health professional regulation in Ontario or nationally.

### *Improved Access*

The proposed continuity of care exception is intended to improve access to care in a manner that serves the public interest. Limiting the exception to only include Canadian externally registered dietitians provides assurance that these dietitians who are providing continuity of care to clients in Ontario have met the standards for safe, ethical and competence dietetic practice in Canada. These standards are identical or substantially similar to those of CDO.

## **EQUITY IMPACT ASSESSMENT**

The proposed revisions to the position statement removes barriers to clients in obtaining continuous follow-up care. It will avoid unnecessary travel, especially for those in remote areas who are critically ill or have mobility or other health issues. The College will consider the impact of any approved revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice* to ensure there are no unintended consequences.

## RECOMMENDATION

That the Board approves the proposed revisions to the College's *Position Statement: Registration Requirements for Interjurisdictional Practice* as per Appendix 2.

**If approved, the revised policy will be communicated broadly to system partners.**

## OPTIONS

1. That the Board provides final approval of the proposed revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice*, **as articulated in Appendix 2.**

OR

2. That the Board provides final approval of the proposed revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice*, as per Appendix 2, **with the revisions as discussed.**

## ATTACHMENTS

- Appendix 1: Consultation Results
- Appendix 2: Proposed revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice*

## Appendix 1 – Consultation Results

### Consultation on the Proposed Revisions to the Position Statement: Registration Requirements for Interjurisdictional Practice

2/5/2024 10:12:43 AM

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The College of Dietitians of Ontario is seeking feedback from system partners regarding its proposed revisions to the *Position Statement: Registration Requirements for Interjurisdictional Practice*, prior to obtaining final Board approval. The proposed changes streamline the position statement and incorporate an additional exception, under limited circumstances, for continuity of care.

For background information, refer to the [Board Briefing Note here](#) (attachment 11.1). Please share your feedback on the proposed changes to the College of Dietitians of Ontario's *Position Statement: Registration Requirements for Interjurisdictional Practice*.

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Respondents: 23

#### # Respondent

1 I agree with the proposed changes. Would the CDO consider an additional exception of allowing RD's registered in other Canadian provinces to practice virtually for a non-significant amount of clients per year (ex. <10% of clients). This has been implemented in other professions to increase access to specialized care, especially in rural areas. I also believe it will help to ensure regulated nutrition professionals (RD's) are providing nutrition care to the public instead of clients turning to unregulated individuals for nutrition support if they cannot access a private dietitian within Ontario that meets their needs. A joint agreement could be made across all provinces that dietitians would register within their own province and be accountable to their primary province if an issue arose while practicing virtually in another province. I believe this would increase access to reputable nutrition care while also maintaining regulation of care. Thank you.

2 As a long time Dietitian registered to practice in Manitoba, but have chronic care patients that live in Northwestern Ontario, I feel this exception is for the best nutritional care for those living in this remote area, where the majority (or all) of their medical team is located outside of Ontario. The best care for patients is to receive care from qualified health professionals, that are located in a place that is best functioning for that patient - and for Northwestern Ontario, this is Manitoba. I appreciate wanting to ensure that all Ontario residents are being provided care by qualified professionals, and to acknowledge

that a team of care providers working within the same facility will provide the best care for patients.

3 This is fabulous! I am hoping that CDO can be a leader for this change in interjurisdictional practice. I am registered with the CDO but practice in the Yukon territory and it has been challenging to provide continuity of care. Many of my clients go to school (college, university or get assigned temporary work) outside of the Yukon, and it is certainly challenging to provide appropriate care. My only feedback is that the three criteria for virtual continuity of care are considered separate conditions, instead of all three criteria needing to be met at once. I.E": it is in the client's best interests to receive follow-up dietetic services virtually, OR o follow-up care is not readily available from a dietitian registered in Ontario, OR o the client urgently needs ongoing dietetic care) Thank you for these proposed changes!

4 I am disappointed that the regulatory colleges throughout Canada are not focusing their efforts to create a country-wide interjurisdictional practice statement whereby all registered dietitians within their respective college can provide nutrition care for all Canadians regardless of location. As for the draft draft position statement, I would suggest including an infographic to visually illustrate the statement. The language used in the document can be confusing to readers.

5 Agreed

6 I think that the update is important given the recent shift to virtual care. This position statement is clearly written and the exceptions are clear.

7 I don't really understand the purpose of this position statement. All it's saying is that, in order to practice dietetics in Ontario, a person has to be registered with the CDO. What additional guidance does this position statement offer that's not already covered in legislation and other guidance the CDO already provides? Additionally, I think the CDO's position on interjurisdictional practice is out-of-touch with the realities of practising dietetics in today's modern world. Canada is looking at national licensure for physicians and nurses. I am confident that this will be expanded to other allied health professionals, including RDs. Why doesn't the CDO take this opportunity to be a leader in this space and work with its provincial counterparts to make it easier for RDs to practice dietetics across jurisdictions, while still protecting the public? This position seems like step backwards and adds another barrier to the dietetic profession.

8 I appreciate that the proposed changes are a step in the right direction in recognizing the changing landscape of healthcare, including dietetic practice. However, it's disappointing to see that a national policy among dietetic colleges couldn't be made; recognizing that we are provincially regulated, but dietetic education standards are nationally standardized. Limiting the virtual reach of dietetic practice puts our profession at a disadvantage, considering the title "nutritionist" continues to be unregulated in most provinces and therefore has no boundaries to offering a more diverse, client-centred service. I hope that CDO will continue to revisit this, as virtual healthcare delivery is only going to continue to expand. Continuing to revisit and explore a national policy for dietetic services seems more than reasonable to ensure our profession doesn't fall behind.

9 The revised position statement is clear and concise and I believe, fully encompasses legislation regarding requirements for jurisdictional practice.

10 Looks good

11 I feel that the requirement for dietitians to hold Ontario-specific licensure is restrictive and prevents dietitians registered across Canada from offering services to clients. This limits the ability of the public to access dietitian services, siloes dietitians within their province with limited care collaboration, and promotes the use of non-registered professions such as holistic nutritionists and others. Better cross-communication is needed between provinces to ensure dietitians are appropriately regulated without limiting access to timely and evidence-based care.

12 Definition of an externally registered dietitian should be added. Who is considered an externally registered dietitian? It is not clear. First paragraph could be better worded.

13 This should be a moot point. With the rise in virtual care, we should be moving towards national licensure like physicians. The need to register in every province is simply a way to collect more fees.

14 Registered Dietitians should be able to practice across Canada. Restricting them to each province no longer makes sense in our global community. It is tempting for RDs to drop their title and practice as a nutritionist. By continuing to limit, we are continuing to stifle the growth of the profession. I understand that this is a complicated issue,

but perhaps opening it up so that RDs who are registered and live in other parts of Canada can see patients in Ontario virtually. If a complaint occurs, it would go to the province the RD is registered with. This could at least move things in the right direction.

15 All registered dietitians in Canada have the same RD credential, we all write the same exam and we all have to keep up continuing education. It is an admin requirement to register with each province - not a matter of qualifications - A Canadian RD in good standing who lives in BC and later moves to Ontario offers those same skills and knowledge. It is therefore out dated and limiting to our profession, our niche expertise, our clients who need continuity of care (maybe they are the ones who had to move for family or jobs but have a great relationship with their RD who has been helping with an eating disorder). This is a huge country and it is hard to get access no matter the profession. All these hoops make it even tougher yet. If someone has the option to pay and or get access to a much needed RD service, a territorial border should not be preventing them from getting the health care they need. This needs to change and evolve.

16 It clearly outlines the expectations for Dietitians that are not registered in Ontario. It provides an avenue for continuity of care for someone who has re located to Ontario from another territory.

17 It would be helpful to have the requirements for those registered and practicing in Ontario providing virtual care to "snowbirds" (routine patients whom are out of Ontario for part of the year).

18 The College's position statement on interjurisdictional practice clearly outlines the exceptions, under limited circumstances, in which an external dietician could continue to provide care to an Ontario client. By doing so, the College is centering client best interest and care, and developing a pathway that could be adopted by other Ontario regulators. Many registrants and clients are unsatisfied by the strict requirements many regulatory bodies have in place for interjurisdictional practice. The College's stance balances risk and continuity of care in an evolving practice landscape that increasingly includes virtual practice.

19 I agree with all that is included in the position statement. Thanks for the College of Dietitians of Ontario for making everything clear.  
20 - position was explained in clear and concise manner - addresses current practices, such as virtual care, adequately - adequate contact information provided - Overall I feel satisfied with the proposed changes



21 I think that it is unfortunate that we cannot practice in Ontario with a registration in another province. It is a huge cost and clients end up suffering. Especially in rural areas where Dietitians are already scarce. I am one of those Dietitians. I register with both Ontario and Quebec but it is a huge cost. In my situation, it would be mostly indigenous clients who would lose my consulting services if I didn't register in both provinces.

22 agree with the policy statement and hoping other provinces can do the same, especially ODNQ as it is very challenging for patients living in the Gatineau area who need to continue to receive services for outpatients by a dietitian registered in Ontario. Especially for the pediatric population and the expertise that a pediatric hospital located in Ottawa can offer.

23 I think the Position Statement clearly identifies exceptions and requirements for interjurisdictional practice.

## **OCSWSSW Feedback related to the Registration Requirements for Interjurisdictional Practice Position Statement**

- I wanted to congratulate you on the development of your new Code of Ethics and Position Statement on Interjurisdictional Practice. I think the position statement is well thought out and shows a balanced approach between title protection and the client's best interests. I have a feeling that other regulators will be sitting up and paying attention to your approach.

## **CNO Feedback related to the Registration Requirements for Interjurisdictional Practice Position Statement**

- Related to the first sentence, instead of stating '*externally registered dietitians*' it may be clearer if the wording is more specific, such as '*externally registered Canadian dietitians*' to align with the wording used in other sections of this position statement. The current wording could also cause confusion to other dietitians who may be registered outside of Canada.
- Related to the second footnote (on page 1), there is reference to '*a significant number of clients in Ontario*'. This example provided is very subjective, which could lead to confusion, we would suggest trying to include a percentage or approximate number of clients here. If this is not possible, we would suggest removing the example.
- With respect to '*General Nutrition Education*', we are wondering if attending a continuing education program in Ontario would fall under an exception to registration?
- Related to the Non-Compliance section, would performing a controlled act authorized to dietitians (i.e., taking blood samples by skin pricking for the purpose of monitoring capillary blood reading) be considered non-compliance? If this document also applies to non-members (i.e., prospective members), they wouldn't have access to this controlled act.



## Position Statement: Registration Requirements for Interjurisdictional Practice

Externally registered Canadian dietitians must hold a certificate of registration to practise in Ontario to use the title dietitian in Ontario and/or provide dietetic services in Ontario. This includes:

- Dietitians who are externally registered and located outside of Ontario providing virtual dietetic services<sup>1</sup> to individual clients, or groups of clients, in Ontario, and
- Dietitians who are externally registered and are physically in Ontario providing dietetic services in Ontario or using the title dietitian in Ontario.

### **Exceptions<sup>2</sup>:**

The College does not require registration in Ontario for externally registered Canadian dietitians under the following circumstances<sup>3</sup>:

- **Virtual Continuity of Care\***: When dietetic services were initially provided to a client who was physically located in the externally registered Canadian dietitian's primary jurisdiction, the client then returns home to Ontario or is temporally located in Ontario, and:
  - it is in the client's best interests to receive follow-up dietetic services virtually,
  - follow-up care is not readily available from a dietitian registered in Ontario, and
  - the client urgently needs ongoing dietetic care

\*The exception for continuity of care does not permit externally registered Canadian dietitians to circumvent the College's registration requirements and primarily practise virtually in Ontario.

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<sup>1</sup> Virtual dietetic services (also referred to as telepractice, telehealth, e-health, e-services) provides dietetic services, including nutrition assessment and/or treatment/intervention, to clients, groups of clients, substitute decision-makers, and caregivers, using technology (such as telephone, videoconferencing, or other electronic communication). Refer to the College's [Virtual Care Standards and Guidelines](#) for more information.

<sup>2</sup> Exceptions are only permitted if an externally registered dietitian's connection to Ontario is minimal. If the connection to Ontario is substantial, registration in Ontario is required.

<sup>3</sup> Dietitians must also comply with the rules of the Canadian jurisdiction in which they are registered – the regulator in that jurisdiction may prohibit practice outside of that jurisdiction unless the dietitian is also registered in that second jurisdiction.

This exception is intended to allow for the delivery of limited virtual care by dietitians registered in other Canadian jurisdictions in circumstances where there is an urgent need, services are not readily available from an Ontario dietitian, and virtual care is in the Ontario client's best interests.

- **Occasional Meetings/Conferences/Media Events:** When an externally registered dietitian is attending occasional meetings, speaking at conferences, or attending media events relating to the practice of dietetics in Ontario,
- **Resource Development/Communications Work:** When an externally registered dietitian is developing print/online resources or engaging in communications work relating to the practice of dietetics in Ontario, and not seeing individual clients or groups of clients directly, or
- **General Nutrition Education:** When an externally registered dietitian is providing general online education (e.g., webinar) that does not include individualized nutrition assessment and/or treatment.

These exceptions require the externally registered dietitians to be clear and transparent with all parties about where they are registered as a dietitian and with respect to the fact that they are not registered in Ontario.

## **Non-Compliance**

Failure to comply with the requirements may constitute a breach of the following provisions of the *Dietetics Act, 1991*:

### **Restricted titles**

7. (1) No person other than a member shall use the title "dietitian", a variation or abbreviation or an equivalent in another language.

### **Representations of qualification, etc.**

(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a dietitian or in a specialty of dietetics.

If the College becomes aware of concerns about virtual services provided to a client in Ontario, or circumstances under which an externally licensed dietitian is not appropriately complying with the registration requirements or exceptions, it may share that information with the regulatory authority where the dietitian is licensed or take such action as authorized under the *Regulated Health Professions Act, 1991*.

Nothing in this Position Statement is intended to limit the application of the provisions regarding use of title or representation of qualifications in section 7 of the [Dietetics Act, 1991](#).

Please contact the College if further clarification is needed:

Registration Program  
[registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org)  
416-598-1725/1-800-668-4990, ext. 395

DRAFT



## Board Briefing Note

<b>Topic:</b>	Extension of PDEP Accreditation Recognition for Brescia/Western Programs
<b>Purpose:</b>	For Decision
<b>Strategic Plan Relevance:</b>	Risk-Based and Right-Touch Regulation
<b>From:</b>	Melanie Woodbeck, Registrar and Executive Director

### ISSUE

To consider a request from the Brescia/Western Program for an extension to the accreditation transition deadline of March 31, 2024 until May 10, 2024.

### PUBLIC INTEREST RATIONALE

Education program accreditation ensures that Canadian educational programs provide nutrition education in alignment with the national Canadian Integrated Competencies for Dietetic Education and Practice ([ICDEPs](#)) and meet ongoing quality assurance and improvement standards. Registering graduates from accredited Canadian educational programs provides assurance to the College and the public that Canadian dietetic graduates have the requisite knowledge, skill and judgment to provide safe, ethical and competent care to the public.

### BACKGROUND

At its meeting on July 5, 2022, the Board passed a motion to accept EQual/Accreditation Canada as the approved national accreditation agency following the withdrawal of the former service provider under the Partnership for Dietetic Education and Practice (PDEP). The withdrawal was announced on September 28, 2021, with an effective date of March 31, 2022.

The Board passed a further motion to continue to recognize PDEP Accreditation awards until August 31, 2023, for the purposes of registration, regardless of the programs' last accreditation and expiry dates.<sup>1</sup>

The date of August 31, 2023 allowed one year for the transition and aligned with the date that the new ICDEP are due to be fully incorporated into dietetic education programs. The Canadian Dietetic Registration Examination (CDRE) will be based on the new ICDEP starting in May 2024.

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<sup>1</sup> For further information, refer to July 5, 2022 [board materials](#) and [minutes](#).

At its meeting on June 16, 2023, the Board considered a letter dated June 9, 2023, from Ontario dietetic educators seeking an extension of the August 31, 2023 deadline until August 31, 2024.

Given the constraints and challenges facing the programs, and in recognition of the extended period of time with no accreditation framework in place, the Board approved an extension to the deadline to December 31, 2023. The decision was conditional on the programs submitting all outstanding onboarding documentation to EQual and confirming their intentions to negotiate a contract with EQual.<sup>2</sup> The boards of each dietetic regulator in Canada extended the recognition date to December 31, 2023.

At its meeting on December 15, 2023, the board considered a request from programs for an extension to the deadline. The board decided to extend the deadline to March 31, 2024. The Board recognized that its deadline did not necessarily accord with other Canadian dietetic regulators, some of whom approved a shorter extension.

### **FOR CONSIDERATION**

In a letter dated February 20, 2024, (*Appendix 1*) Brescia University College is seeking a final extension to May 10, 2024. As explained in the letter, Brescia is undergoing a merger with Western University, effective May 1, 2024. The extension will allow the program to complete the onboarding post-integration.

The request for extension is supported by EQual.

### **OPTIONS**

1. **Refuse to grant an extension to Brescia University past the March 31, 2024** deadline for recognition of previous PDEP accreditation awards for the purpose of registration in Ontario.
2. **Approve an extension to Brescia University to May 10, 2024**, for recognition of their previous PDEP accreditation awards for the purpose of registration in Ontario.

### **RECOMMENDATION**

That the Board continue to recognize PDEP accreditation and awards for Brescia University until May 10, 2024, for the purposes of the College's registration process, regardless of the date of the programs' last accreditation and expiry date.

### **ATTACHMENTS**

- Appendix 1: Letter from Brescia dated February 20, 2024

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<sup>2</sup> For further information, refer to June 16, 2023 [materials](#) and [minutes](#).  
[March 22, 2024 Meeting]

February 20, 2024

Dear Melanie Woodbeck and College of Dietitians of Ontario Council members,

I am writing on behalf of Brescia University College and Western University to request an additional extension of our current accreditation status due to unique circumstances.

As you may be aware, Western University and Brescia University College signed a Memorandum of Understanding in September for Brescia to integrate with Western beginning May 1, 2024. This means that Brescia will cease to exist and Western will acquire our Foods and Nutrition Programs and become our new employer. Western's plan is to continue with the programs as they are currently being offered; therefore, there are no foreseeable substantive changes. Brescia's Nutrition and Dietetics, Diploma in Dietetic Education and Training (DDEPT), and MScFN students have always received a Western University degree as Brescia has always been an affiliate of Western University.

Here is a link to the integration announcement:

[https://brescia.uwo.ca/communications/media\\_relations/media\\_releases/2023/brescia\\_and\\_western\\_integration.php](https://brescia.uwo.ca/communications/media_relations/media_releases/2023/brescia_and_western_integration.php)

As this is unprecedented, we are wondering if a further extension of our accreditation status could be considered beyond March 31, 2024, due to these exceptional circumstances, and for Western to have the opportunity to finalize the review and be the signatory on the EQual agreements. Western's Legal Counsel is already reviewing the agreements and amendment. We had originally considered requesting an extension to June 30<sup>th</sup> but even an extension to May 10<sup>th</sup>, 2024, would suffice.

Please let me know if you require any further information.

Thank you for your consideration,



Colleen O'Connor, PhD, RD (she/her)  
Associate Professor and Academic Director  
School of Food and Nutritional Sciences  
Brescia University  
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London, ON N6G 1H2  
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## Board Briefing Note

<b>Topic:</b>	Draft Revisions to the Code of Ethics
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Regulatory Effectiveness and Performance Measurement Effective and Transparent Communication Risk-Based and Right-Touch Regulation
<b>From:</b>	Professional Practice Program

### ISSUE

Review and approve the final Code of Ethics draft for publication and dissemination.

### PUBLIC INTEREST RATIONALE

The College ensures safe, ethical, and competent dietetic practice in Ontario. Proposed Code of Ethics revisions align with CDO's Equity, Diversity, Inclusion and Belonging (EDI-B) principles, emphasizing cultural safety, population health, advertising, conflict of interest, evidence-informed practice, and emerging technologies.

### BACKGROUND

The development of the Code of Ethics revisions involved several iterative steps undertaken by the Professional Practice Program, including environmental scans, collaboration with system partners, and engagement with the Professional Practice Committee.

In December 2023, the Board provisionally approved the draft Code of Ethics for consultation. Subsequently, the Code's initial version was circulated to dietitians and system partners for feedback between December 19, 2023, and February 4, 2024. The draft approved by the board in December is attached as *Appendix 2*.

### CONSULTATION FEEDBACK

- Quantitatively, ninety participants completed the survey. Key respondents identified were dietitians (n=81; 90%) and regulators (n=6; 7%), plus the College of Nurses, who

sent feedback independently via email. Public feedback was sought through the Citizen Advisory Group.

- Feedback revealed that 91% of respondents found the revised Code of Ethics comprehensible, with over 93% acknowledging its strong foundation in established principles: Respect for Autonomy, Beneficence, Non-Maleficence, and Respect for Persons/Justice.

## **EQUITY IMPACT AND LANGUAGE BIAS ASSESSMENT**

CDO's commitment to Equity, Diversity, and Inclusion-Belonging (EDI-B) underpins the revisions to the Code of Ethics to create comprehensive guidelines for dietitians, encompassing healthcare ethics and evidence-informed practice in line with the College's mandate to protect the public. Specifically, EDI-B was considered through the Code's redevelopment, registrant, and system partner consultation and in-depth review by a language and bias reviewer.

- 93% of respondents indicated that the revised Code of Ethics comprehensively addresses essential aspects of ethical dietetic practices, specifically promoting equity, diversity, and inclusion.
- 88% of survey participants stated that the Code of Ethics addressed the ethical dilemmas encountered by dietitians in Ontario, while 12% felt it only partly addressed these challenges. Consequently, the language and bias review identified further adjustments to be made to the Code of Ethics.
- Feedback regarding the impact on equity-deserving groups and client populations varied. Responses ranged from neutral stances to positive recognition of the code's emphasis on cultural respect, language adaptation, equal personalized care, and assurance of equitable care provision. Positive feedback also highlighted the code's clarity, inclusion of reflexive practice, and acknowledgment of historical context, including colonialism and racism. Some respondents noted the code's efforts in addressing equity, diversity, and inclusion.

## **FOR CONSIDERATION**

Following consultation, adjustments were made to the draft policy incorporating qualitative insights from the consultation and evaluation by a Language and Bias reviewer and legal counsel. Provisions have been rearranged to better group-related comprehension topics, and formatting and organization was updated for readability and accessibility. The review by a language and bias expert necessitated further changes. Given the extent of the changes, a tracked change version of the Code of Ethics is not available.

More significant changes include:

- **Principles: Respect for Persons, Justice, and Dignity:** Upholds every individual's inherent value and worth, advocating for fair treatment and the just and equitable distribution of resources and services to benefit society.
  - Rationale: The term “dignity” was included. According to the Ontario Human Rights Commission, dignity entails being treated with respect regardless of the situation, maintaining self-esteem, and being accepted and appreciated for one's worth as a human being. This concept aligns with established principles in human rights law, where dignity is recognized as a [constitutional value](#) in Canada.
- **Clarifying Expectations:** Strive to act trustworthy by making choices and engaging in behaviours that demonstrate reliability, honesty and integrity.
  - Rationale: The draft was changed from the expectations of “always acting trustworthy”, to “striving to act trustworthy”. This expectation should be understood within the context of human fallibility.

Appendix 1 provides the final draft of Ontario's Code of Ethics for Dietitians for the board’s review and approval.

## **RECOMMENDATION**

That the Board approves the Code of Ethics. If approved, the updated Code of Ethics will be published and widely communicated, including educational implementation with registrants and the public.

## **ATTACHMENTS**

- Appendix 1: Code of Ethics for Dietitians in Ontario (Final Draft 2024)
- Appendix 2: Code of Ethics for Dietitians in Ontario (Pre-Broad draft 2023)

## Draft Code of Ethics

### PURPOSE

The College of Dietitians of Ontario Code of Ethics guides ethical dietetic practice for dietitians registered with the College of Dietitians of Ontario.

The Code of Ethics defines values, principles, and expectations applicable across all contexts and decision-making levels. It articulates the ethical standards for practitioners, including dietitians, dietetic practicum students, and applicants to the college, and is used to help clients, colleagues, and the public understand ethical commitments.

### USING THE CODE OF ETHICS

The Code of Ethics aligns with other College standards, legislation, policies, and guidelines. It forms an ethical framework for dietetic practice, supporting informed decisions, upholding care and professionalism and building trust in dietitians.

### ETHICAL PRINCIPLES

The College has adopted a value-based Code of Ethics, which applies healthcare principles to guide evidence-informed and culturally safer dietetic practice.

The Code of Ethics principles align with professional values, including cultural humility, integrity, responsibility, excellence, and trustworthiness.

Key principles include:

- **Respect for autonomy:** Acknowledges the decision-making rights of individuals and ensures client-informed consent.
- **Beneficence (doing good):** Promote population/public health, equity, and accountability.
- **Non-maleficence (not harming):** Emphasizes harm reduction.
- **Respect for Persons, Justice, and Dignity:** Upholds every individual's inherent value and worth, advocating for fair treatment and the just and equitable distribution of resources and services to benefit society.

### ETHICAL EXPECTATIONS

Ethical expectations apply to four key areas: responsibility to the client, the public, the individual practitioner (self), and the profession.

A practitioner demonstrates these expectations when making ethical choices by ensuring:

## 1. RESPONSIBILITY TO CLIENTS

- a. Uphold the client's health care decisions, choices, and rights related to informed consent, research, and personal health information.
- b. Exercise knowledge, skills, judgement, and a professional attitude focused on client welfare to promote client-centred dietetic practices, treating clients with empathy, compassion and dignity. Foster respectful relationships.
- c. Commit to acknowledge and honour each client's inherent worth, value and cultural beliefs without discrimination, respecting their diverse ways of knowing.
- d. Provide equitable care to all clients regardless of personal attributes, including but not limited to race, ethnicity, gender identity and gender expression<sup>1</sup>, sexual orientation, body size/weight, age, religion, or socioeconomic status.
- e. Treat each client interaction (question, comments, discussion, verbal and non-verbal communication) uniquely, avoiding assumptions about backgrounds or beliefs. Seek clarification and respond empathetically to create a safe and supportive environment.
- f. Practise using an evidence-informed approach to meet a client's needs and combine evidence with a client's preferences and traditions for client-centred dietetic services.
  - I. Optimize food and nutrition decisions by considering benefits and risks while prioritizing each client's unique needs and values.
  - II. Acknowledge the limitations of evidence-informed practice, including that research evidence is only one source of knowledge and often reflects Western knowledge and methodologies. Consider all relevant contexts, traditions, and knowledge.
  - III. Recognize that clients may approach their health and wellness, food and nutrition in diverse ways. Be aware of personal, social, economic and environmental factors influencing individual and population health.
- g. Collaborate respectfully with colleagues, clients, caregivers, and relevant partners (including spiritual leaders and Elders) to provide care that meets specific client needs.
- h. Bill clients accurately and in a manner that reflects the services delivered. Maintain financial records whenever billing occurs in dietetic practice.
- i. Uphold professional boundaries and abstain from personal relationships with clients, including sexual relationships and conduct that could be perceived as sexual.
- j. Address trauma by acknowledging and understanding the impact of distressing experiences on an individual's mental, emotional, and physical well-being. Collaborate where possible to create an atmosphere that promotes healing, respects individual experiences, and avoids re-traumatization.

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<sup>1</sup> The Ontario Human Rights Code (OHRC), a provincial law in Ontario, Canada, provides legal protections against discrimination and harassment based on certain grounds. It sets out the rights and responsibilities related to human rights in various areas of public life, including employment, housing, goods and services, and education.

- k. In compliance with applicable legislation, implement measures that protect personal health information, ensuring these protections when utilizing artificial intelligence, social media, and virtual care tools.
- l. When using artificial intelligence (AI) tools such as Chatbots and virtual assistants, apply professional judgment to review AI output and ensure that the information generated when editing or creating content is consistent with equity, diversity, and inclusion principles.

## 2. RESPONSIBILITY TO THE PUBLIC

- a. Demonstrate professionalism, constructive dialogue, integrity, and civility in all communications.
- b. Act transparently and ethically in all professional and business dealings:
  - a. When advertising, transparently, publicly, and comprehensively disclose any financial or material relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the advertising.
  - b. Uphold ethical integrity by avoiding conflicts of interest. Identify circumstances that could result in a conflict of interests, particularly those involving financial, contractual, or material relationships with commercial entities interested in the outcomes of dietetic practice. These relationships represent a high risk for influencing or undermining the dietitian's primary obligation to exercise professional judgment on a patient's or the public's behalf. Conflicts of interest should be prevented wherever possible (i.e., by avoiding gifts or payments from interested third parties). If not possible, conflicts of interest should be decisively managed publicly and comprehensively disclosed<sup>2</sup>.
- c. Strive to act trustworthy by making choices and engaging in behaviours that demonstrate reliability, honesty and integrity.
- d. Be aware of potential harm when practising dietetics and identify risk characteristics, including the type, likelihood, frequency, impact, duration, and whether they are perceived by the practitioner (to themselves) as rational or irrational<sup>3</sup>.
  - i. Determine the best way to mitigate harm in a given situation, take appropriate actions and apply protective factors.
  - ii. While taking no action can be a valid risk response, avoiding or ignoring risks can lead to harm.
- e. Provide optimal care to reduce health disparities, protect human rights, and promote fairness and equity. Strive to eliminate barriers for equity-deserving groups, contribute

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<sup>2</sup> RDs are well-positioned to clarify media perceptions of food and appropriately disclose partnerships.

<sup>3</sup> This refers to whether the perceived risk or harm is based on logical, evidence-based reasoning or if emotional, unfounded, or irrational beliefs and fears drive it. When assessing potential harm in dietetics, it's important to consider whether the concerns are grounded in sound reasoning and evidence or based on irrational or emotional reactions that may not be supported by evidence.

to improving access to dietetic care when possible, and address and prevent systemic<sup>4</sup> racism and discrimination in healthcare.

- f. Uphold human autonomy when using technology, including Artificial intelligence (AI) tools, ensuring individuals retain decision-making authority, especially regarding person-centred outcomes. When using AI in healthcare, integrate it responsibly and ethically, improving dietetic services with professionalism and compassion.
- g. Complete and organize record keeping in order to ensure easy access, promote collaboration with other healthcare providers, adhere to legal requirements, and safeguard client confidentiality.
- h. Comply with reporting duties by promptly reporting inappropriate behaviour or treatment, including self-reporting as required by law<sup>5</sup>.
- i. Regularly evaluate the quality and effectiveness of dietetic services.
- j. Operate efficiently within the healthcare system, which includes demonstrating responsible resource management.

### 3. RESPONSIBILITY TO SELF AND THE PROFESSION

- a. Practitioners must be accountable for their actions when practising dietetics. Being aware of the power and privilege is critical to understanding how to be accountable. This awareness will aid practitioners in meeting requirements to avoid exploiting power imbalances.
- b. Accountability to the profession extends to public platforms and communication where practitioners must act in the interest of public health.
- c. Engage in reflective practice, identify learning needs, and participate in continuing education and ongoing training, including learning about Equity, Diversity, Inclusion and Belonging (EDI-B). Stay up-to-date on best practices, including AI ethics and technology change, for continued competence, quality assurance, quality improvement, and professional growth. Support and foster learning together with colleagues and students.
- d. Uphold a compassionate approach, consistent with professional obligations, when interacting with individuals and technology during practice.
- e. Assume responsibility for your physical and mental well-being, and avoid practising dietetics when your capacity to deliver appropriate and competent services is compromised.
- f. Ensure decision-making remains independent of third-party interests, accountable to clients, and client-focused (i.e., putting the client's interests first) to foster trust and credibility.
- g. Be reflexive and identify how personal biases impact interactions with people.
- h. Refrain from verbal/physical/emotional/sexual harassment.

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<sup>4</sup> RDs can play an important role in identifying systemic discriminatory practices and advocating for change.

<sup>5</sup> Mandatory reports are legally mandated, necessitating submission to the designated authority for specified reasons.

- i. Practise within the limits of individual competence and scope of practice. Know when to consult, refer and collaborate with an inter-professional team to support collaborative care, communication, and respect for colleagues.
- j. Be collegial, understand how to work effectively with others and manage interpersonal and collaborative relations. Refrain from harassing, abusing, or discriminating against others, such as colleagues, employees, or students.

For questions, please feel free to contact the College's Practice Advisory Service:  
[practiceadvisor@collegeofdietitians.org](mailto:practiceadvisor@collegeofdietitians.org) 416-598-1725 / 1-800-668-4990, ext. 397.

DRAFT



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## DEFINITIONS

“Bias”: The Ontario Human Rights Commission defines bias as a predisposition, prejudice or generalization about a group of persons based on personal characteristics or stereotypes.

“Client”: Client is the recipient of dietetic service regardless of setting (e.g., an individual, population, employee, business, employer, agency, etc.).

“Client-Centred Care”: Client-centred practice is not merely about delivering safe services where the client is located. It involves advocacy, empowerment, and respecting the client’s autonomy, voice, self-determination and participation in decision-making. You can access the College’s practice advisory resources related to client-centred care here for more information.

“Conflict of Interest”: A conflict of interest is a situation in which secondary interests or obligations risk compromising (or appearing to compromise) an individual’s primary obligation to make decisions in the public’s interest and based on the best available evidence. For more information on conflicts of interest, please see the [College’s Standards and Guidelines for Professional Practice – Conflict of Interest](#).

“Cultural humility”: “Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when understanding another’s experience.” For this definition and more information relating to cultural humility, see the First Nations Health Authority resource entitled [Cultural Safety and Humility](#).

“Equity Deserving Groups” refers to communities or individuals who have historically experienced disadvantages, discrimination, or inequities in society. These groups may include but are not limited to racialized peoples and ethnic minorities, 2SLGBTQIA+ individuals, people with disabilities, Indigenous peoples, and other marginalized communities. The term emphasizes the need for equitable treatment and opportunities to address historical and systemic disparities.

“Evidence-informed practice” combines the best available research evidence and the dietitian’s experiential knowledge with the client’s preferences, context, and available resources in decision-making (Integrated Competencies for Dietetic Education and Practice (ICDEP), 2020).

“Practitioner”: The term practitioner includes registered dietitians, dietetic practicum students, and applicants. Also, as per [The Integrated Competencies for Dietetic Education and Practice](#) (ICDEP), the term “candidate” refers to a student in an academic program, an intern in a practicum program or an individual writing the CDRE, according to context.

“Peoples”: Peoples means a distinct group of persons linked by a common identity, culture, history, and collective interests.

## Draft Code of Ethics

### PURPOSE

The Code of Ethics guides ethical dietetic practice for dietitians registered with the College of Dietitians of Ontario. It defines values, principles and expectations applicable across all contexts and decision-making levels. It articulates the ethical standards for dietitians, dietetic practicum students and applicants to the college and is used to help clients, colleagues, and the public understand ethical commitments.

### ETHICAL PRINCIPLES

The College has adopted a value-based Code of Ethics, which applies healthcare principles to guide evidence-informed<sup>1</sup> and culturally safe<sup>2</sup> dietetic practice. These principles align with professional values like cultural humility<sup>3</sup>, integrity, responsibility, excellence, and trustworthiness. Key principles include:

- **Respect for autonomy:** Acknowledges the decision-making rights of individuals and ensures client<sup>4</sup>-informed consent.
- **Beneficence (doing good):** Promoting population/public health, equity, and accountability.
- **Non-maleficence (not harming):** Emphasizes harm reduction.
- **Respect for persons/justice:** Advocates for fair treatment and just and equitable distribution of resources and services to benefit society.

### USING THE CODE OF ETHICS

The Code of Ethics aligns with other College standards, legislation, policies, and guidelines. It forms an ethical framework for dietetic practice, supporting informed decisions, upholding care and professionalism and building trust in dietitians. Ethical expectations are organized into responsibilities to the client, the public, the individual practitioner (self), and the profession.

A registered dietitian demonstrates this expectation when making ethical choices by ensuring:

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<sup>1</sup> Evidence-informed practice brings together the best available research evidence and the dietitian's experiential knowledge, along with the client's preferences, context, and available resources in the decision-making process (Integrated Competencies for Dietetic Education and Practice (ICDEP), 2020)

<sup>2</sup> Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe receiving health care (ICDEP, 2020).

<sup>3</sup> Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience." (First Nations Health Authority (n.d.)).

<sup>4</sup>Client is defined as the recipient of dietetic service regardless of setting (e.g., an individual, population, employee, business, employer, or agency etc.) A client-centred approach emphasizes respect for the individual and focuses on the therapeutic or counselling relationship between the dietitian and the client.

## 1. RESPONSIBILITY TO CLIENTS

- a. Acknowledge, respect and uphold the client's choices and rights for informed consent, research and personal health information.
- b. Treat each question and comment uniquely, avoiding assumptions about backgrounds or beliefs. Seek clarification and respond empathetically to create a safe and supportive environment.
- c. Commit to acknowledge and honour each client's inherent worth, value and cultural beliefs without discrimination, respecting their ways of knowing<sup>5</sup>.
- d. Consider clients' specific needs, wants and goals to provide client-centred services. Be open to client input, respect decisions, accommodate choices and document the treatment accordingly.
- e. Bill clients accurately in a manner that reflects the services that were delivered and maintain financial records whenever billing occurs in dietetic practice.
- f. Uphold professional boundaries and abstain from personal relationships with clients, including sexual relationships and conduct that could be perceived as sexual.
- g. Create an inclusive environment by actively including diverse individuals in decision-making, addressing power imbalances and recognizing the whole person beyond labels or roles.
- h. Implement measures to protect personal health information, ensuring confidentiality and privacy according to current legislation, including when using artificial intelligence, social media, and virtual care.
- i. Act caringly, respect client dignity, and treat people<sup>6</sup> with empathy and compassion. Strive to create a welcoming, trusting, respectful and safe environment.
- j. Offer trauma-informed, culturally sensitive, anti-oppressive care by understanding and respecting cultural beliefs, addressing trauma, facilitating healing, and preventing re-traumatization.
- k. Contribute knowledge, skills, judgement, and a professional attitude focused on client welfare to promote safe, client-centred dietetic practices.
- l. Provide equitable care to all clients regardless of personal attributes such as race, ethnicity, gender identity and gender expression<sup>7</sup>, sexual orientation, body size/weight, age, religion, or socioeconomic status.
- m. Collaborate respectfully with colleagues, clients, caregivers, and relevant partners (including spiritual leaders and elders) to provide care that meets specific client needs.

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<sup>5</sup> Cultural ways of knowing refers to how “different cultures and communities acquire, interpret, and apply knowledge. It recognizes that knowledge is not universally acquired or understood in the same way across all cultures, and it emphasizes the importance of respecting and valuing diverse ways of knowing”.

<sup>6</sup> “Peoples” means a distinct group of persons who are linked by a common identity, culture, history, and collective interests.

<sup>7</sup> The Ontario Human Rights Code (OHRC), a provincial legislation in Ontario, Canada, provides legal protections against discrimination and harassment based on certain grounds. It sets out the rights and responsibilities related to human rights in various areas of public life, including employment, housing, goods and services, and education.

- n. When utilizing artificial intelligence<sup>8</sup> (AI) tools like Chatbots and virtual assistants<sup>9</sup>, ensure they are consistent with equity, diversity and inclusion principles, serving all clients impartially, free from bias based on attributes such as sex, gender, or race.
- j. Practise using an evidence-informed approach to meet a client's needs and combine evidence with a client's preferences and traditions for client-centred dietetic services.
  - i. Optimize food and nutrition decisions by considering benefits and risks while prioritizing each client's unique needs and values, making their requirements the primary focus.
  - ii. acknowledge the limitations of evidence-informed practice, including that research evidence is only one type and often reflects Western knowledge and methodologies. Consider all relevant contexts, traditions, and knowledge.
  - iii. Recognize that clients may approach their health and wellness, food and nutrition in various ways. Be aware of personal, social, economic and environmental factors determining individual and population health<sup>10</sup>. Dietitians may need to learn and unlearn to honour and respect client knowledge, cultural and Indigenous ways of knowing<sup>11</sup> in client practices and be mindful of the uniqueness and complexity of clients' experiences and realities.

## 2. RESPONSIBILITY TO THE PUBLIC

- a. Demonstrate professionalism, constructive dialogue, integrity, and civility in all communications, including virtual care and on social media.
- b. Act transparently and ethically in all professional and business dealings, including concerning fees, advertising, and managing conflicts of interest.
  - a. Transparently, publicly, and comprehensively disclose any financial or material relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the advertising.
  - b. Uphold ethical integrity by avoiding conflicts of interest<sup>12</sup>. Identify circumstances that could result in a conflict of interests, particularly those involving financial, contractual, or material relationships with commercial

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<sup>8</sup> Artificial Intelligence (AI) tools are software applications or systems that leverage and generate various artificial intelligence techniques to perform specific tasks or functions. These tools are designed to mimic human cognitive functions such as learning, problem-solving, reasoning, and decision-making, often in an automated or semi-automated manner.

<sup>9</sup> AI-powered chatbots and virtual assistants use natural language processing (NLP) to engage in text or voice-based conversations with users, answer questions, and provide assistance.

<sup>10</sup> The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture or race/racism (Government of Canada, 2022).

<sup>11</sup> Preferred by many Indigenous scholars, recognizing Indigenous rights, reconciliation and the importance of addressing historical injustices and working toward a more equitable future for Indigenous peoples. Cultural or Indigenous ways of knowing refers to how cultures develop diverse worldviews over time. There is no single way of “knowing,” and different cultures may approach knowledge in different ways.

<sup>12</sup> A conflict of interest is defined as a situation in which the existence of secondary interests or obligations risks compromising (or appearing to compromise) an individual's primary obligation to make decisions in the public's interest and on the basis of the best available evidence.”

(Rodwin M. A. (2018). Attempts to redefine conflicts of interest. *Accountability in research*, 25(2), 67–78. <https://doi.org/10.1080/08989621.2017.1405728>).

entities that have an interest in the outcomes of dietetic practice. These relationships represent a high risk for influencing or undermining the dietitian's primary obligation to exercise professional judgment on a patient's or the public's behalf. Conflicts of interest should be prevented wherever possible (i.e., by eschewing gifts or payments from interested third parties). If not possible, conflicts of interest should be decisively managed publicly and comprehensively disclosed.

- c. Act in a trustworthy manner at all times.
- d. Be aware of potential harm when practising dietetics and identify risk characteristics, including the type, likelihood, frequency, impact, duration, and whether they are perceived as rational or irrational<sup>13</sup>.
  - a. Determine the best way to mitigate harm in the situation, take appropriate actions and apply protective factors, such as ongoing education and training to enhance cultural competence, safety, and humility, including a grasp of equity, diversity, inclusion and belonging principles.
  - b. While taking no action can be a valid risk response, avoiding or ignoring risks can lead to harm. Effective protective measures may involve communication and collaboration with interprofessional care teams, organizations, regulatory colleges, professional associations, or other system partners.
- k. Approach technology, including AI tools, to uphold human autonomy, ensuring individuals retain decision-making authority, especially regarding person-centred outcomes. When using AI in healthcare, integrate it responsibly and ethically, improving dietetic services with professionalism and compassion.
- l. Complete and organize record keeping for easy access, promote collaboration with other healthcare providers, adhere to legal requirements, and safeguard client confidentiality.
- e. Comply with reporting duties by promptly reporting inappropriate behaviour or treatment, including self-reporting as required by law<sup>14</sup>
- f. Provide optimal care to reduce health disparities, protect human rights, and promote fairness and equity. Eliminate barriers to culturally safe care for equity-deserving<sup>15</sup> groups, contribute to improving access to dietetic care when possible, and contribute to addressing and preventing systemic racism and discrimination in healthcare.
- g. Operate efficiently within the healthcare system while demonstrating responsible resource management.
- h. Regularly evaluate the quality and effectiveness of services.

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<sup>13</sup> refers to whether the perceived risk or harm is based on logical, evidence-based reasoning or if it is driven by emotional, unfounded, or irrational beliefs and fears. When assessing potential harm in dietetics, it's important to consider whether the concerns are grounded in sound reasoning and evidence, or if they are based on irrational or emotional reactions that may not be supported by evidence.

<sup>14</sup> Mandatory reports are legally mandated, necessitating submission to the designated authority for specified reasons.

<sup>15</sup> Equity-deserving groups" refer to communities or individuals who have historically experienced disadvantages, discrimination, or inequities in society. These groups may include but are not limited to racial and ethnic minorities, 2SLGBTQIA+ individuals, people with disabilities, indigenous populations, and other marginalized communities. The term emphasizes the need for equitable treatment and opportunities to address historical and systemic disparities.

### 3. RESPONSIBILITY TO SELF AND THE PROFESSION

- a. Be accountable for one's actions when practising dietetics. Be aware of one's power, position and privilege. Avoid exploiting power imbalances. Ensure that any public platform represents independent expertise and is exercised in the interest of public health.
- b. Engage in reflective practice, identify learning needs and participate in continuing education, ongoing training, and staying updated on best practices, including AI ethics and technology change for continued competence, quality assurance and quality improvement, professional growth and currency. Support and foster learning together with colleagues and students.
- c. Maintain awareness of contexts when interacting with individuals and technology to uphold a compassionate approach in professional conduct.
- d. Assume responsibility for your physical and mental well-being and avoid practising dietetics when your capacity to deliver appropriate and competent services is compromised.
- e. Provide accurate and truthful information in all communications. Avoid conveying falsehoods, fraudulent content, deceptive messages, misleading information, disparaging remarks, hateful content or unfair statements or claims.
- f. Ensure decision-making remains independent of third-party interests, accountable to clients, and client-focused (i.e., putting the client's interests first) to foster trust and credibility.
- g. Be reflexive and aware of personal biases and work to mitigate them in interactions with people, including clients and colleagues, to promote equity and inclusivity.
- h. Practise within the limits of individual competence and scope of practice. Know when to refer and collaborate with an inter-professional team to support collaborative care, communication, and respect for colleagues.
- i. Maintain independence and commit to continuing learning to support a dietetic practice that is sound and grounded in the best available evidence and client-centred care., which is essential to exercise professional judgment.
- j. Refrain from verbal/physical/emotional/sexual harassment.
- k. Be collegial, understand how to work effectively with others and manage interpersonal and collaborative relations.  
Refrain from harassing, abusing, or discriminating against others, such as colleagues, employees, or students.

For questions, please feel free to contact the College's Practice Advisory Service:  
[practiceadvisor@collegeofdietitians.org](mailto:practiceadvisor@collegeofdietitians.org) 416-598-1725 / 1-800-668-4990, ext. 397.

### References

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## 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

## Board Action List

Actions as of March 1, 2024				
Meeting Date	Agenda Item	Action	Status	Notes
<b>Day 1</b> December 14	1. EDI-B Training	Provide Board and Committee members with training resources and evaluation link.	Complete	
<b>Day 2</b> December 15	5. Board Meeting Evaluation Results	Executive Committee to discuss comment regarding the Board's adherence to its mandate.	Complete	
	9. Accreditation Recognition Deadline	Notify education programs of Board's decision	Complete	
		Notify Alliance of Board's decision	Complete	
	10. Recognition of US Accredited Programs	Notify Accreditation Council for Education in Nutrition and Dietetics (ACEND) of Board's decision	Complete	
	11. Revisions to Interjurisdictional Practice Position Statement	Consultation with system partners	Complete	
		Analyze consultation results	Complete	Board will consider policy and consultation feedback at the March 22 meeting.
	13. Revisions to the Code of Ethics	Consultation with system partners	Complete	
		Analyze consultation results	Complete	Board will consider policy and consultation feedback at the March 22 meeting.
	14. Updates to Executive Committee Terms of Reference	Update Terms of Reference for Governance and Audit Committee	In progress	

		Amend bylaw 1 to reflect changes to Terms of References	Not started	
		Amend governance manual to reflect changes to Terms of References	Not started	

<b>Acronyms</b>	<b>Definition</b>	<b>Board Attachment 0.0</b>		
ACEND	Accreditation Council for Education in Nutrition in Dietetics (United States)			
BBI	Behaviour Based Interview			
CAG	Citizens Advocacy Group			
CDR	Commission on Dietetic Registration (United States)			
CDRE	Canadian Dietetic Registration Examination			
CLEAR	Council on Licensure, Enforcement and Regulation			
CNAR	Canadian Network of Agencies for Regulation			
COI	Conflict of Interest			
CPMF	College Performance Measurement Framework			
DA	Dietitians Australia			
DC	Dietitians of Canada			
DELFO	Dietetic Education and Leadership Forum of Ontario			
EDI-B	Equality, Diversity, Inclusion & Belonging			
HIROC	Healthcare Insurance Reciprocal of Canada			
HPARB	Health Professions Appeal and Review Board			
HPRO	Health Profession Regulators of Ontario			
ICDEP	Integrated Competencies for Dietetic Education and Practice			
ICRC	Inquiries, Complaints and Reports Committee			
IPC	Information and Privacy Commissioner (Ontario)			
JKAT	Jurisprudence Knowledge & Assessment Tool			
KCAT	Knowledge and Competence Assessment Tool (part of Registration program's PLAR process)			
MAID	Medical Assistance in Dying			
MOH	Ministry of Health (Ontario)			
OFC	Office of the Fairness Commissioner (Ontario)			
PAPA	Practice Advisor and Policy Analyst			
PBA	Performance Based Assessment			
PDEP	Partnership for Dietetic Education and Practice			
PHIPA	Personal Health Information Protection Act, 2004			
PLAR	Prior Learning Assessment and Recognition process (part of Registration program)			
PPA	Peer and Practice Assessment (part of QA) – may transition to PIA = Practice Improvement Assessment			
PPC	Professional Practice Committee			
QA	Quality Assurance			
QAC	Quality Assurance Committee			
RD	Registered Dietitian			
RHPA	Regulated Health Professions Act, 1991			
SCERP	Specified Continuing Education Remediation Program			
SDL	Self-Directed Learning Tool (part of QA program)			
SMART	(Goals) specific, measurable, attainable, realistic, timebound			
TCL	Term, Condition and Limitation			
<b>Health Regulatory Colleges</b>				
<b>Acronyms</b>	<b>Definition</b>			
CASLPO	College of Audiologists and Speech-Language Pathologists of Ontario			
CCO	College of Chiropractors of Ontario			
CDHO	College of Dental Hygienists of Ontario			
CDO	College of Denturists of Ontario			
CDO	College of Dietitians of Ontario			
CDTO	College of Dental Technologists of Ontario			
CMLTO	College of Medical Laboratory Technologists of Ontario			
CMO	College of Midwives of Ontario			
CMRITO	College of Medical Radiation and Imaging Technologists of Ontario			

CMTO	College of Massage Therapists of Ontario			
CNO	College of Nurses of Ontario			
COCOO	College of Chiropodists of Ontario			
COKO	College of Kinesiologists of Ontario			
CONO	College of Naturopaths of Ontario			
COO	College of Optometrists of Ontario			
COO	College of Opticians of Ontario			
COTO	College of Occupational Therapists of Ontario			
CPO	College of Physiotherapists of Ontario			
CPO	College of Psychologists of Ontario			
CPSO	College of Physicians and Surgeons of Ontario			
CRPO	College of Registered Psychotherapists of Ontario			
CRTO	College of Respiratory Therapists of Ontario			
CTCMPAO	College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario			
OCHM	College of Homeopaths of Ontario			
OCP	Ontario College of Pharmacists and Pharmacy Technicians			
RCDSO	Royal College of Dental Surgeons of Ontario			
<b>Universities</b>				
<b>Acronyms</b>	<b>Definition</b>			
NOSM	Northern Ontario School of Medicine (affiliated with NODIP)			
TMU	Toronto Metropolitan University			
UofG	University of Guelph			
UofO	University of Ottawa			
UofT	University of Toronto			
UWO	University of Western Ontario			
<b>Practicum Programs</b>				
<b>Acronyms</b>	<b>Definition</b>			
MAN	Master of Applied Nutrition (UofG)			
MHSc	Master of Health Science (TMU)			
MPH	Master of Public Health (UofT)			
MScFN	Masters of Science in Food and Nutrition (Brescia, UWO)			
NODIP	Northern Ontario Dietetic Internship Program (affiliated with NOSM)			
PMDip	Professional Masteres Diploma in Dietetics (TMU)			
<b>Alliance of Canadian Dietetic Regulatory Bodies</b>				
<b>Acrolynm</b>	<b>Definition</b>			
CDBC	College of Dietitians of British Columbia			
CDA	College of Dietitians of Alberta			
SDA	Saskatchewan Dietitians Association			
CDM	College of Dietitians of Manitoba			
CDO	College of Dietitians of Ontario			
ODNQ	Order of Dietitians and Nutritionists of Quebec			
NBAD	New Brunswick Association of Dietitians			
NLDC	Newfoundland and Labrador College of Dietitians			
NSCDN	Nova Scotia College of Dietitians and Nutritionists			
CDPEI	College of Dietitians of Prince Edward Island			

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

These four goals will be accomplished through the following strategies:

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

## CDO Board Voting Practices

Board directors have a fiduciary duty to the College and are required to act honestly, in good faith and in CDO's best interests. Directors exercise reasonable diligence and accountability and ensure that the public interest is at the forefront of all decision making.



**Quorum.** The minimum number of individuals required to have a meeting. For Board meetings, it is the majority of directors (50% +1) and does not require a specific composition of professional and public members. Vacancies do not count when determining quorum.

**Motion.** To introduce a new idea or action which is voted on.

## Voting Options



**For.** You are comfortable moving forward with the proposed motion.



**Against.** You do not agree that the proposed motion is the best course of action for CDO.



**Abstain.** Is not a vote for or against.  
You do not have enough information to make a decision.  
You have a conflict of interest or bias.



**Consensus** is preferred.



**Majority** is required.



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

---

Signature

Ann Watt

---

Name

August 2, 2023 | 8:08:25 PM EDT

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Date





## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

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Signature

Arundhati Joshi

---

Name

July 20, 2023 | 1:46:29 PM EDT

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Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

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Signature

Barbara Grohmann

---

Name

July 22, 2023 | 9:13:56 AM EDT

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Date



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<Original signed by>

---

Signature

Barbara Major-McEwan

---

Name

July 20, 2023 | 8:12:58 PM EDT

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Date



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<Original signed by>

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Signature

Brenda Murphy

---

Name

July 21, 2023 | 10:59:32 AM EDT

---

Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

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Signature

Cindy Tsai

---

Name

July 20, 2023 | 4:43:03 PM EDT

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Date



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<Original signed by>

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Signature

Dawn van Engelen

---

Name

July 21, 2023 | 12:56:34 PM EDT

---

Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

---

Signature

Denis Tsang

---

Name

July 20, 2023 | 12:29:31 PM EDT

---

Date



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<Original signed by>

---

Signature

Donna Hennyey

---

Name

July 21, 2023 | 3:25:53 PM EDT

---

Date





## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

---

Signature

Hannah Chan

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Name

July 24, 2023 | 9:50:50 AM EDT

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Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

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Signature

Jane Lac, RD

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Name

July 22, 2023 | 9:42:57 PM EDT

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Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

---

Signature

John Regan

---

Name

July 23, 2023 | 5:46:02 AM EDT

---

Date



## ANNUAL ACKNOWLEDGEMENT AND CONFIRMATION

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<Original signed by>

---

Signature

Julie Slack

---

Name

July 24, 2023 | 9:01:03 AM EDT

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Date



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<Original signed by>

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Signature

Khashayar Amirhosseini

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Name

August 2, 2023 | 8:59:01 AM EDT

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Date



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<Original signed by>

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Signature

Laura Bjorklund

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Name

July 25, 2023 | 8:28:02 AM EDT

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Date



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<Original signed by>

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Signature

NAVITA VIVEKY

---

Name

July 26, 2023 | 3:46:47 PM EDT

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Date



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<Original signed by>

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Signature

Raynold D'Sa

---

Name

July 25, 2023 | 12:20:14 PM EDT

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Date





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<Original signed by>

---

Signature

Riley Aldrich

---

Name

July 20, 2023 | 2:10:45 PM EDT

---

Date



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<Original signed by>

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Signature

Ruchika Wadhwa

---

Name

July 25, 2023 | 10:41:03 AM EDT

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Date



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<Original signed by>

---

Signature

Santhikumar Chandrasekharan

---

Name

July 20, 2023 | 1:20:31 PM EDT

---

Date



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<Original Signed by>

---

Signature

Sasha Miles

---

Name

July 20, 2023 | 12:29:25 PM EDT

---

Date



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<Original signed by>

---

Signature

Sharanjit Padda

---

Name

July 25, 2023 | 10:54:48 AM EDT

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Date



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<Original signed by>

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Signature

Teresa Taillefer

---

Name

July 20, 2023 | 1:11:09 PM EDT

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Date



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<Original signed by>

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Signature

Galina Semikhnenko

---

Name

February 9, 2024 | 7:23:23 PM EST

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Date



## **Annual Conflict of Interest Declaration for Board and Committee Members**

Board and committee members have a fiduciary duty to the CDO in which they must avoid situations where their personal, professional or financial interests or relationships conflict with their duties to the College. Board and Committee members should avoid situations where the duties they owe to the CDO may conflict with duties they owe to other organizations or individuals. The definition of 'conflict of interest', and obligations relating to conflicts of interest, are set out in CDO

[By-law 1: General By-law](#), Article 16:

### **16.1 Definition of Conflict of Interest**

A conflict of interest exists if a reasonable person would conclude that a director or committee member's personal, professional or financial interest or relationship may affect his or her judgement, impartiality or the discharge of his or her 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**

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

### **16.3 Process for Resolution of Conflicts**

If a director or committee member believes that he or she may have a conflict of interest in any matter relating to Board or committee business the director or committee member must consult with an appropriate person such as the 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 member must declare it to the Board of Directors or the committee and accept the Board of Director's 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 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 a conflict of interest,
- b) not participate in any discussion of the matter,
- c) not attend any meeting of part or 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 director or committee member believes another director or committee member has not declared a conflict of interest (despite information notification or inquiry) the director or committee member who has that belief must advise an appropriate person such as the Chair of the Board, Registrar or legal counsel (if the conflict arises in a hearing context). If Board of Directors or a committee chair concludes that a director or committee member respectively has an undeclared conflict of interest, the Board of Directors or the chair may direct the director or committee member to immediately comply with clauses (b), (c) and (d) of section 16.3.



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Ann Watt

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

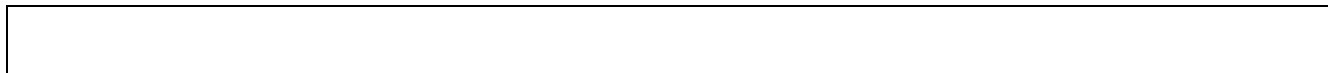
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Ann Watt>

August 2, 2023 | 8:08:25 PM EDT

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Signature

---

Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Arundhati Joshi

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Arundhati Joshi>

July 24, 2023 | 2:37:58 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Barbara Grohmann

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Barbara Grohmann>

July 22, 2023 | 9:13:56 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role
Clinton Family Health Team	Executive Director

I Barbara Major-McEwan have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

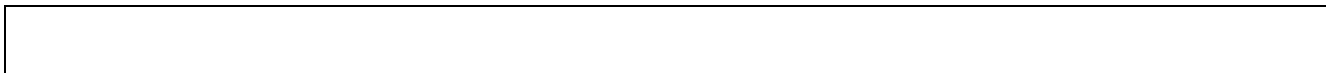
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Barbara Major McEwan>

July 20, 2023 | 8:12:58 PM EDT

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Signature

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Date



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Brenda Murphy

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Brenda Murphy>

July 26, 2023 | 2:33:11 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Cindy Tsai

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Cindy Tsai>

July 20, 2023 | 4:43:03 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Dawn van Engelen

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Dawn van Engelen>

July 21, 2023 | 12:56:34 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role
Ontario Health	Lead, Clinical Programs

Denis Tsang

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Denis Tsang>

July 24, 2023 | 8:27:21 AM EDT

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Signature

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Date



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Donna Hennyey

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

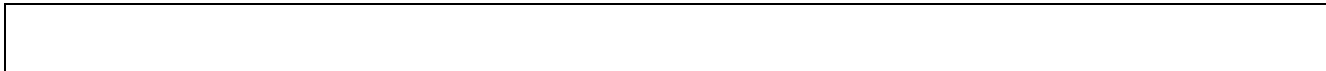
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Donna Hennyey>

August 4, 2023 | 8:58:40 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role
Ontario Public Service - Ontario Cabinet Office	Senior Advisor

Hannah Chan

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

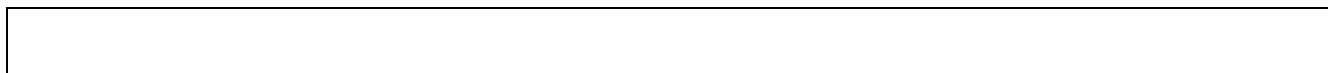
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Hannah Chan>

July 24, 2023 | 9:50:50 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role
College of Dietitians of Ontario	Professional Practice Committee Member
College of Dietitians of Ontario	Item Writer (Independent Contractor)

Jane Lac  
I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Jane Lac>

July 24, 2023 | 1:35:01 PM EDT

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Signature

---

Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

John Regan

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by John Regan>

July 27, 2023 | 7:08:58 AM EDT

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Signature

---

Date



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Julie Slack

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

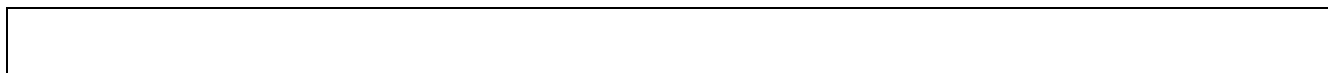
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Julie Slack>

July 24, 2023 | 9:01:03 AM EDT

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Signature

---

Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

I Khashayar Amirhosseini have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Khashayar Amirhosseini>

August 2, 2023 | 8:59:01 AM EDT

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Signature

---

Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Laura Bjorklund

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

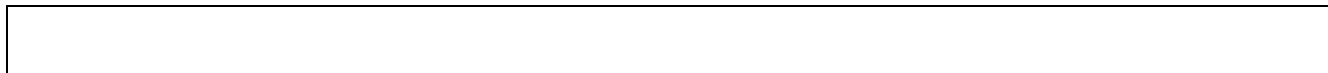
I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Laura Bjorklund>

July 25, 2023 | 8:28:02 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Viveky Navita

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Navita Viveky>

August 1, 2023 | 10:25:30 AM EDT

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Signature

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Date



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Ray D'Sa

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Raynold D'Sa>

July 25, 2023 | 1:35:15 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Riley Aldrich

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

**DECLARATION OF OFFENCES, CHARGES AND BAIL CONDITIONS**

**\*To be completed by public council members only.** *Elected council and committee members are required to make a declaration of offences, charges and bail conditions as part of their annual renewal process with the College and on an ongoing basis.*

I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Riley Aldrich>

July 20, 2023 | 2:10:45 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

I **do not** have any conflicts of interest to declare.

I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

--

I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Ruchika Wadhwa

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Ruchika Wadhwa>

July 25, 2023 | 11:51:50 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

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I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

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I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Santhikumar Chandrasekharan

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Santhikumar Chandrasekharan>

July 20, 2023 | 1:20:31 PM EDT

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Signature

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Date



**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

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Organization	Role

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Organization	Role

sasha miles

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

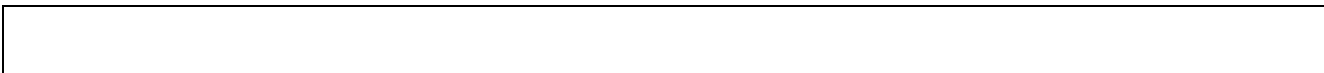
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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Sasha Miles>

July 20, 2023 | 12:29:25 PM EDT

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Signature

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Date

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I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

I Sharanjit Singh Padda

\_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Sharanjit Padda>

July 25, 2023 | 10:54:48 AM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

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Organization	Role

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--

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Organization	Role
Mattawa and Area Police Services Board	Member

Teresa Taillefer

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Teresa Taillefer>

July 20, 2023 | 1:11:09 PM EDT

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Signature

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Date

**DECLARATION OF CONFLICT OF INTEREST (COMPLETE ALL THAT APPLY)**

I **have not** held 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, in the previous year.

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I **have** an actual or potential conflict of interest to declare relating to the following organizations which have a mandate or that could potentially conflict or be seen as conflicting with the mandate of the CDO:

Organization	Role

I **have** an actual or potential conflict of interest to declare relating to another personal, professional or financial interest or relationship, as follows:

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I **have** changed my employment (job function, employer, etc.), volunteer involvement, or affiliations with other organizations within the past year.

Organization	Role

Galina Semikhnenko

I \_\_\_\_\_ have read the Board Code of Conduct, the CDO by-laws and the Governance Manual and declare that the information is true and accurate to the best of my knowledge.

I confirm that if any information reported in this declaration changes, I will advise the Chair of the Board (or Registrar) immediately and prior to participating further in any ongoing Board and/or Committee discussion, correspondence, or business; and will also advise the Board at its next meeting. I understand that this declaration is not a substitute for declaring any actual or potential conflicts of interest for specific matters discussed at a Board and/or committee meetings should they arise.

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I **have not** been found guilty of any offences and there are no outstanding charges of bail conditions pending against me.

I **have** been found guilty of the following offences in the last year and/or the following outstanding charges or bail conditions are pending against me:



<Original signed by Galina Semikhnenko>

February 9, 2024 | 7:23:23 PM EST

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Signature

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Date