



BOARD MEETING AGENDA

December 8, 2022 (11:20am – 3:50pm)

Zoom Webinar Meeting

<https://collegeofdietitians-org.zoom.us/j/89029026417?pwd=SOVnMk1wOFJuaZRYWTI2ZWVISUNNz09>

Webinar ID: 890 2902 6417

Passcode: 032133

Canada: +1 778 907 2071

ITEM & DISCUSSION	DECISION NEEDED	TIME	OWNER	ATTACHMENT
1.0 Call to Order and Land Acknowledgement		11:20 –11:25 (5 mins)	KL	
2.0 Approval of Agenda	Approval/ Motion	11:25	KL	2.1 DRAFT Board Meeting Agenda – December 8 & 9, 2022
3.0 Declaration of Conflict of Interest/Bias			KL	
INFORMATION ITEMS (Consent Agenda)				
4.0 Board Meeting Minutes: September 30, 2022	Approval/ Motion	11:25	KL	4.1 DRAFT Board Meeting Minutes – September 30, 2022
5.0 Executive Committee Report				5.1 Executive Committee Report – November 2022
OVERSIGHT & ACCOUNTABILITY				
6.0 Management Report	Information/ Discussion	11:25 –11:45 (20 mins)	MW	6.1 Management Report 6.2 Attachment 1 – Statement of Operations F2023 as at September 30, 2022 6.3 Attachment 2 – Capital Asset Purchases Report F2023 as at September 30, 2022 6.4 SML Grey Areas Article, November 2022, “A Long Time Coming” – See Section 3 in Management Report
7.0 Risk Monitoring Report (Q3)	Information/ Discussion	11:45 –12:15 (30 mins)	MW	7.1 Briefing Note - Risk Monitoring Report Q2

POLICY, BY-LAW & REGULATION				
LUNCH 12:15 – 1:15 (1 hour)				
8.0 Virtual Care Policy	Approval/ Motion	1:15 –1:45 (30 mins)	ST	8.1 Briefing Note – Virtual Care Standards and Guidelines
9.0 Social Media Policy	Approval/ Motion	1:45 –2:15 (30 mins)	DC	9.1 Briefing Note – Social Media Standards and Practice Guidelines
OVERSIGHT & ACCOUNTABILITY				
10.0 Board Meeting Evaluation Survey Revisions	Approval/ Motion	2:15 –2:45 (30 mins)	MW	10.1 Briefing Note – Board Evaluation Update
BREAK 2:45 – 3:05 (20 mins)				
STRATEGIC				
11.0 Regulatory Trends Update	Information/ Discussion	3:05 –3:30 (25 mins)	MW	
12.0 Extending the Strategic Plan	Approval/ Motion	3:30 –3:50 (20 mins)	MW	12.1 Briefing Note – Strategic Plan Extension
13.0 Adjournment	Approval/ Motion	3:50	KL	

[0.0 Reference - Land Acknowledgement](#)

[0.0 Board Action List as of September 2022 Board Meeting](#)

[0.0 Reference - 2020-2024 Strategic Plan - One Pager](#)

[0.0 Reference - High Five Agreement](#)



BOARD MEETING MINUTES
September 30, 2022 (9:00a.m. – 4:30p.m.)
Videoconference

Present

Kerri LaBrecque RD-Chair
Anahita Djalilvand RD
Ann Watt RD
Denis Tsang RD (**arrived at 9:38am**)
Donna Hennyey RD
Lesia Kicak RD
Julie Slack RD
Israel Ogbechie, Public Member
John Regan, Public Member
Karine Dupuis Pominville RD
Ray D'Sa, Public Member (**left at 12pm**)
Santhikumar Chandrasekharan, Public Member

Regrets

Douglas Ellis, Public Member
Sharanjit Padda, Public Member

Staff

Melanie Woodbeck - Registrar & Executive Director
Jada Pierre - Executive & General Office
Administrative Assistant
Lisa Dalicandro-Manager, Governance & Operations
Colin Ellis-Director of Communications
Sarah Ahmed-Director of Finance and Corporate
Services

ITEM & DISCUSSION	ACTION
<p>1.0 Call To Order and Land Acknowledgement K. LaBrecque opened the meeting with the Land Acknowledgement Statement.</p>	<p>The meeting was called to order at 9:04 a.m. by K. LaBrecque President and Chair.</p>
<p>2.0 Approval of Agenda</p>	<p>MOTION to approve the agenda.</p> <p>Moved by: K. LaBrecque Seconded by: S. Chandrasekharan</p> <p>Carried</p>
<p>3.0 Declaration of Conflict of Interest No conflict of interest was declared.</p>	
<p>4.0 Declaration of Bias No declaration of Bias was declared.</p>	

ITEM & DISCUSSION	ACTION
<p>Information Items (Consent Agenda)</p> <p>5.0 Council Meeting Minutes: June 16, 2022 June 17, 2022 July 5, 2022</p> <p>6.0 Executive Committee Report</p>	<p>MOTION to approve the Consent Agenda.</p> <p>Moved by: K. LaBrecque Seconded by: J. Slack</p> <p>Carried</p>
<p>7.0 EDI-B Learning: National Truth and Reconciliation Day</p> <p>As part of the CDO’s work on advancing EDI-B, each Board meeting now begins with a teaching and learning moment to discuss relevant examples of how EDI-B can be incorporated into the practical work of Board.</p> <p>The Board discussed the National Day for Truth and Reconciliation and reflected on the impact of residential schools.</p> <p>The Board was reminded that they are invited to the upcoming workshop “Unsettling & Trauma Informed Practices: An Indigenous Lens.”</p>	
<p>8.0 EDI-B Vision, Mission, Values</p> <p>M. Woodbeck presented the proposed EDI-B mission and vision statement on behalf of the Governance Committee. The purpose of the statement is to inform stakeholders of the CDO’s approach and accountability with respect to EDI-B.</p> <p>M. Woodbeck also presented the proposed addition of “Equity, Diversity, Inclusion and Belonging” to the CDO’s core organizational values. The purpose of including EDI-B as an organizational value is to demonstrate its significance in conducting the CDO’s public protection mandate.</p> <p>The Board agreed that the Governance Committee’s proposals broadly express to system partners CDO’s intent in relation to EDI-B.</p>	<p>MOTION to approve the EDI-B vision and mission statement.</p> <p>Moved by: K. LaBrecque Seconded by: L. Kicak</p> <p>Carried</p> <p>MOTION to add “Equity, Diversity, Inclusion and Belonging” as an additional core organizational value.</p> <p>Moved by: K. LaBrecque Seconded by: K. Dupuis-Pominville</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
<p>9.0 Financial Management Policy M. Woodbeck presented the proposed Financial Management policy, which replaces the executive limitations related to asset protection and Registrar expenses. The policy provides assurance that the planning and management of the CDO’s finances are consistent with the goals, objectives, and priorities set by the Board and ultimately allow the CDO to achieve its public protection mandate.</p> <p>The board discussed the proposed policy and agreed that it accurately captures the former executive limitations.</p>	<p>MOTION to approve the draft Financial Management Policy as proposed.</p> <p>Moved by: K. LaBrecque Seconded by: I. Ogbechie</p> <p>Carried</p>
<p>10.0 Board of Directors Code of Conduct M. Woodbeck reviewed the updates to the Code of Conduct policy and the Annual Acknowledgement and Confirmation form.</p> <p>The Board approved the revisions to the Code of Conduct as they align with the CDO’s commitment to EDI-B and other emerging initiatives such as social media, and complies with the College Performance Measurement Framework (CPMF)’s evidence measures.</p> <p>The Board also approved the revisions to the Annual Acknowledgement and Confirmation form, which accurately reflect what the Board had requested at a prior meeting.</p> <p>The Annual Acknowledgement and Confirmation form will be circulated to Board members for their completion</p>	<p>MOTION to approve the revised Code of Conduct policy as proposed.</p> <p>Moved by: K. LaBrecque Seconded by: A. Djalilvand</p> <p>Carried</p> <p>MOTION to approve the revised Annual Acknowledgement and Confirmation Form as proposed.</p> <p>Moved by: K. LaBrecque Seconded by: I. Ogbechie</p> <p>Carried</p>

11.0 Governance Modernization

Role Terminology

M. Woodbeck presented the proposed role terminology changes to the Board for consideration on behalf of the Governance Committee. The purpose of the terminology change is to make the roles and responsibilities of those who govern the CDO clearer to the public and reflective of the CDO's regulatory relationship with dietitians.

The Board agreed to the proposed terminology changes to take effect immediately and will be incorporated into CDO by-laws:

Current Terminology	Proposed Terminology
Council of the College	Board of Directors of the College
Council member(s)	Director(s)
President of Council	Chair of the Board of Directors
Vice-President of Council	Vice-Chair of the Board of Directors
Member	Registrant

Elections

M. Woodbeck reviewed the Governance Committee's proposal to adopt a single electoral district that encompasses all of Ontario. The Board agreed that the proposal aligns with best practices in regulatory governance and the likely direction RHPA colleges will move towards.

Board Competencies & Attributes

The Board considered a draft competency and attribute framework to be incorporated into the election and reappointment process for Board directors. Following a full review, the Board directed staff to have the draft framework reviewed by an EDI-B consultant. The draft framework will return to the Board after it has been reviewed for EDI-B purposes.

To support the implementation of a competency and attribute framework, the Governance Committee recommended that the Board expand its terms of reference to include the role of independent screening committee, to assess Board candidates. The Board discussed this recommendation and agreed that the Governance Committee is the most appropriate

MOTION to approve the proposed changes to the CDO's terminology.

Moved by: K. LaBrecque

Seconded by: S. Chandrasekharan

Carried

MOTION to approve in principle, the Governance Committee's recommendation to adopt a single electoral district that encompasses all of Ontario.

Moved by: K. LaBrecque

Seconded by: D. Hennyey

Carried

MOTION to approve adding the role of the independent assessment committee to the terms of reference for the Governance Committee.

Moved by: K. LaBrecque

Seconded by: D. Tsang

Carried

ITEM & DISCUSSION	ACTION
<p>12.0 Management Report M. Woodbeck presented the Management Report to the Board and highlighted key information, including:</p> <p><u>Finance HR and Corporate Services</u></p> <ul style="list-style-type: none"> • Revenues and expenditures on budget • Investment Portfolio Risk Reduced • Successful Database Upgrade Complete • Staffing transitions in progress • Office open for collaboration • Staff are Committed to EDI-B <p><u>Communications</u></p> <ul style="list-style-type: none"> • Four key strategic projects in progress • New data-driven public awareness campaign to launch tomorrow <p><u>Professional Practice and QA</u></p> <ul style="list-style-type: none"> • Successful JKAT season concludes • Reg talks on QA assessment and QA resources in progress • Collaboration with other regulators strengthened <p><u>Registration</u></p> <ul style="list-style-type: none"> • 1st Hybrid PBA Successfully Administrated • KPIs for registration exceeds targets • Timely responses to stakeholder consultations (OFC, Bill 106) <p><u>Governance and Oversight</u></p> <ul style="list-style-type: none"> • Full-steam ahead with Governance Modernization • CDRE Administration returns to CDO • EQual information sessions and workshops scheduled 	<p>The board accepted the report for information.</p>
<p>13.0 Board Meeting Evaluations and Trend Analysis The Board discussed the results of the June 17, 2022, Board meeting evaluations and trends analysis. K. LaBrecque reported that the evaluation was completed by 100% of Board directors in attendance.</p>	

ITEM & DISCUSSION	ACTION
<p>14.0 Review Board Meeting Evaluation Questions The Board discussed the Executive Committee’s recommended changes to the meeting evaluation questions and considered other ways to improve the assessment of the Board’s effectiveness. The Board directed staff to revise the questions to reflect its consensus culture and include a question about making decisions in the public interest.</p> <p>The revised evaluation questions will be reviewed by the Executive Committee before they are returned to the Board for further consideration.</p>	<p>Motion deferred until future meeting.</p>
<p>15.0 Risk Monitoring Report (Q2) M. Woodbeck reviewed the risk assessment and mitigation efforts for the second quarter and reported that a new risk was identified – risk of harm to clients. Mitigation efforts will be made in response to this new risk.</p> <p>Other areas where risk and mitigation plans have been reassessed:</p> <ul style="list-style-type: none"> • Accreditation provider transition • Potential Registration Regulatory Changes • Regulatory Governance Changes • Cybersecurity (<i>Risk response only</i>) 	<p>The board accepted the report for information.</p>
<p>16.0 Strategic Plan Update M. Woodbeck presented the CDO’s mid-year progress on the strategic plan for the Board’s information and feedback. Overall, the CDO is on track with its progress on the strategic plan and commitments made in the CPMF.</p>	<p>The board accepted the report for information.</p>
<p>17.0 Registrar Coverage Plan M. Woodbeck reviewed the updates to the Registrar Coverage plan, which reflect changes in staff roles and the CDO’s new responsibilities with the CDRE.</p>	<p>The board accepted the report for information.</p>

Adjournment	Motion to adjourn at 3:22p.m. was moved by K. LaBrecque. Carried
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K. LaBrecque RD, President

Jada Pierre, Recorder

Date

Date



EXECUTIVE COMMITTEE REPORT
[December 2022]

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

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

Executive Committee met on the following date(s)	Rationale for the Meeting
November 17th, 2022	Routine Meeting

SUMMARY OF DISCUSSIONS AND DECISIONS	WILL DECISION BE RATIFIED BY COUNCIL
Approved and made amendments to the Board agenda for the December Board Meeting	Yes
Reviewed Board Meeting Evaluation Results and Trends	N/A
Reviewed Draft Board Meeting Evaluation Survey Revisions with recommendation to the Board for consideration and approval	Yes
Provided feedback on draft policy on in-camera minutes with recommendation to the Board for consideration and approval	Yes
Reviewed the Interjurisdictional Registration Requirements Position Statement	No, more information required
Provided feedback on the Honoria Policy with recommendation to the Board for consideration and approval	Yes
Received a Registrar's Report	N/A

Respectfully Submitted,
Kerri LaBrecque, RD
President

MANAGEMENT REPORT – December 8 & 9, 2022

SECTION 1 OVERSIGHT/METRICS

FINANCIAL

A Statement of Operations for the fiscal year 2023 for the period April 1 to September 30, 2022 (first half of the year, or Q1 and Q2), is attached to this report (see Attachment 6.2). A review of the revenues and expenditures shows that revenues from members and applicants are in line with the half year budget and 2% higher than the prior year.

Investment income consists of a negative interest amount from the sale of bonds, which reflects a correction in the bond market in the first and second quarters. Market volatility also resulted in unrealized depreciation in the fair market value of investments (on unsold investments) and a realized gain on sale of investments. Guaranteed Investment Certificates have been purchased to limit the College's exposure to risk. Due to the unpredictable nature of the market, gains and losses on sales of investments and the appreciation or depreciation of unsold investments cannot be budgeted for. Dividend income was also earned during the period.

General Administration expenses are in line with the half year budget and Program expenses are lower than the half year budget due to timing, since many program activities will occur from October 2022 to March 2023.

A Capital Asset Purchases Report is also attached (see Attachment 6.3). This report shows that the project to upgrade the member database and improve online expense claims were completed as planned. Other asset purchases such computer equipment will be purchased as needed.

INVESTMENTS held by RBC Dominion Securities inc. (details from August 1, 2022, to September 30, 2022):

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

In August 2022, the College used cash on hand and dividend income to purchase common shares of Royal Bank of Canada for \$2,636 and common shares of Magna International for \$2,064.

In September 2022, the College sold a portion of its investments in Magna International common shares and in Royal Bank common shares for total proceeds of \$100,574. These funds were used to transfer \$100,000 to the College's Scotiabank business operating bank account to finance ongoing operations. These transfers are made every 3-4 months as required.

The fair market value of investments was \$3,642,098 on September 30, 2022.

Note that the College's Investment Policy states: "Investments in equities must be limited to 40% of

the book fund value of the total portfolio". A review was conducted of the book values of the investments from August 2022 to September 2022; equities comprised 14% of the book fund value in August and 12% in September. Therefore, the College complied with the policy from August to September 2022.

HUMAN RESOURCES

In October, Linda Prince, CA, CPA joined the College as the new Director of Finance & Corporate Services. Linda brings years of experience directing and improving the financial health of not-for-profit organizations. She has held financial leadership roles in professional regulation, municipal government, healthcare, energy, and non-profit organizations.

Valérie Michaud joined the College as Bilingual Communications Officer on December 1. Valérie is a graduate of the Communications and Media Studies program at Laurentian University and holds an Advanced Diploma in Public Relations from Cambrian College. She most recently held the position of Communications Officer with the Municipality of West Nipissing.

EQUITY, DIVERSITY, INCLUSION AND BELONGING

The Equity, Diversity, Inclusion and Belonging Working Group (EDI-B WG) met on September 12, October 10, and November 7. Over the last quarter, activities included:

- Discussing, developing, and finalizing the College's benchmarking to the [Global Diversity, Equity and Inclusion Benchmarks](#). The Global Diversity, Equity, and Inclusion Benchmarks (GDEIB) will help us to determine strategy and measure progress in EDI-B at the College.
- Updated EDI-B Webpages. The [EDI-B home page](#) now includes: the new Board approved EDI-B vision statement, updated corporate values and EDIB definitions. An EDI-B "[Updates and Resources](#)" page was also created. This page includes information on CDO's EDI-B progress and will be updated regularly. The pages are also translated into French.

EDI-B Training

Board directors, committee members and staff attended a training workshop on *Unsettling & Trauma Informed Practices: An Indigenous Lens*. This virtual workshop was facilitated by Dr. Ashley Sisco and Jana George on Wednesday, November 30, 2022.

The workshop covered:

- Ontario's settler colonial history and how it has led to anti-Indigenous institutional racism and settler colonial violence in health care.
- The Allyship cycle and how to continue this critical work to inform unsettling and trauma-informed practice.
- Applied techniques to help address systemic barriers through unsettling and trauma-informed practice.

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

- What Type of Ally are you?
- Bias and Noise or Standards of Practice
- Rewards and Risks in Equity Diversity, and Inclusion Work
- Inclusive Work Environments for a Neurodiverse World
- Cultural Humility, Safety & Anti-Racism
- Trauma Informed Care
- Let's Talk...Conversation on Race, Equity and Belonging
- Mind Your Own Bias
- Anti-Racism at Work
- When it Comes to Diversity and Inclusion, are you Really Listening?
- Diversity, Equity, and Inclusion Principles in Fair Registration Practices
- Rewards and Risks in Equity, Diversity, and Inclusion Work: Striking the Right Balance While Promoting EDI

PROGRAM ADMINISTRATION

COMMUNICATIONS PROGRAM

In alignment with Goal Two (*Communicate effectively to support understanding of the College's mandate, services and resources*) of the CDO Strategic Plan 2020-24, the Communications Program actively supported a number of CDO programs and initiatives during fiscal Q2, in addition to leading the following initiatives:

PUBLIC AWARENESS CAMPAIGN

2022-23 digital ad campaign re-launches with immediate success

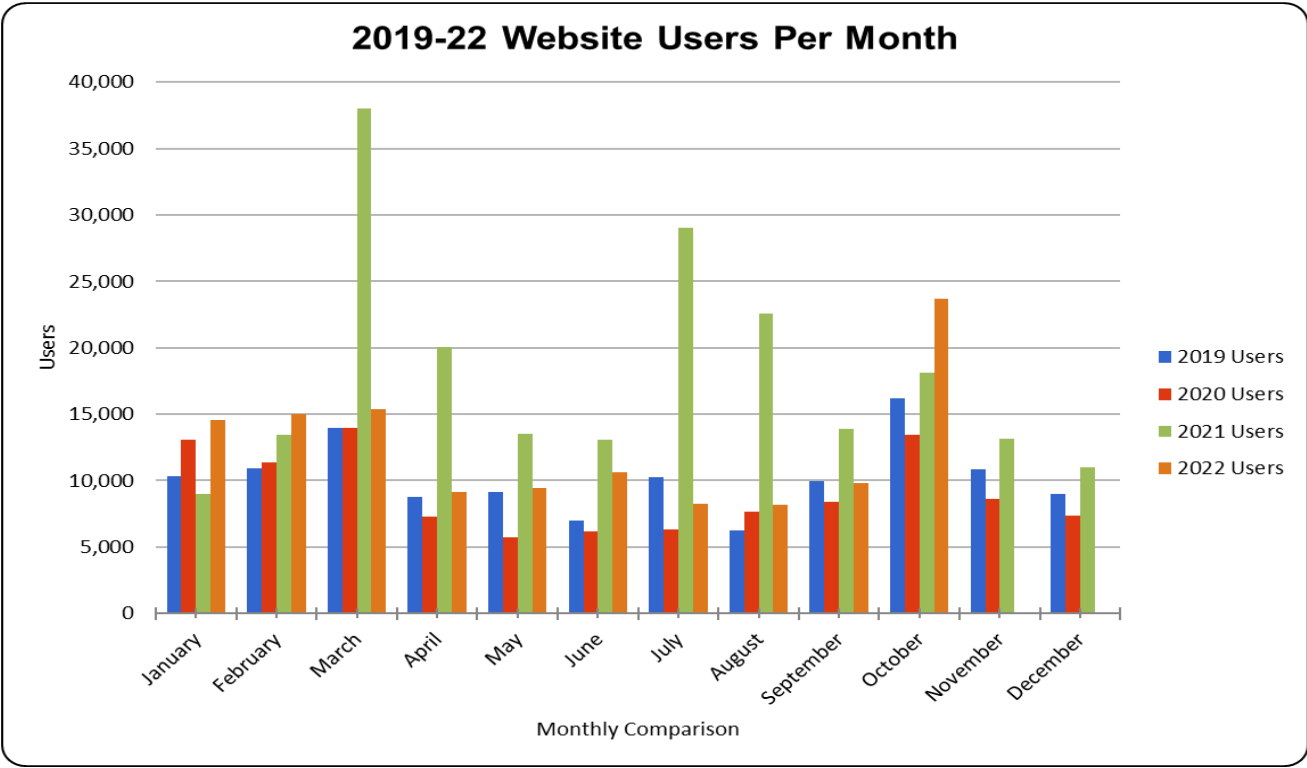
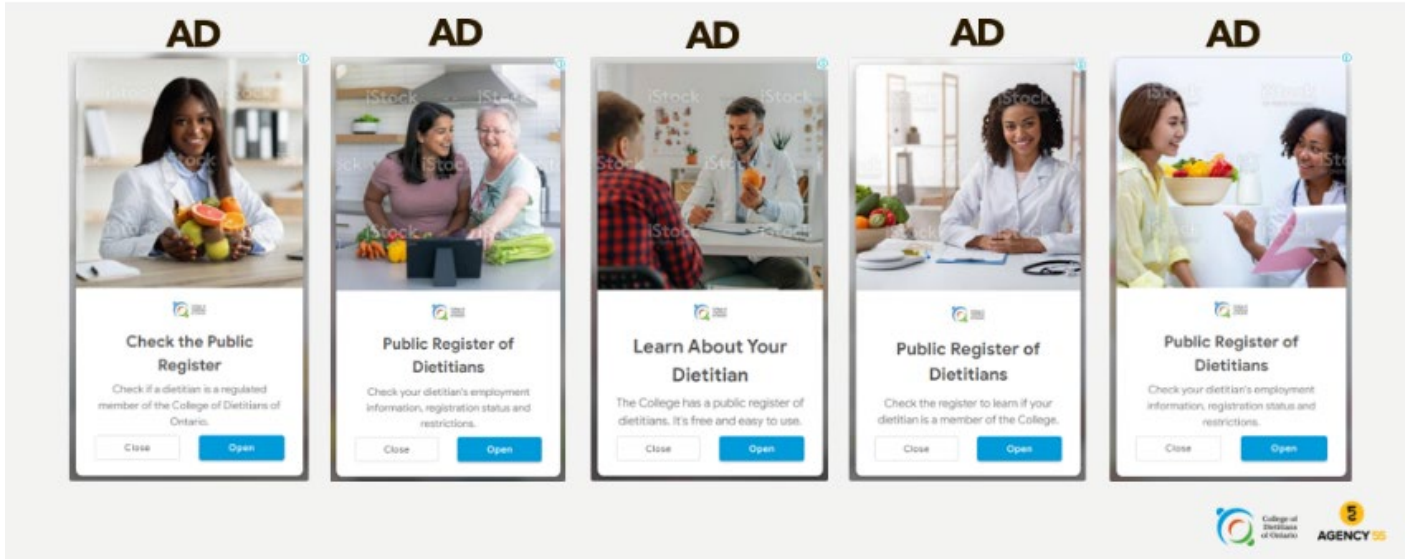
The public awareness campaign re-launched on October 1st following a pause to review metrics and refresh creative. The campaign has two components — online advertising and medical clinic advertising — and it generated immediate results upon re-launch.

Due to digital ads on Google, Facebook, and Instagram, website traffic increased to 23,672 users in October (*see chart below*), the highest month this calendar year, and the third highest month ever, demonstrating the value of digital advertising in driving website traffic.

Google Ads

Responsive Display

[Link to: Register of Dietitians](#)



CDO's Inaugural Medical Waiting Room campaign ran October – November 2022

The College's first-ever campaign on the Canadian Health Media Network (CHMN) launched on October 1st and concluded on November 30. The campaign featured edited versions of three videos currently on the College's YouTube Channel:

1. [The College of Dietitians of Ontario is by your side](#)
2. [How The College of Dietitians of Ontario works for you](#)
3. [Are you looking for information about your dietitian?](#)

The campaign ran on 29 waiting room screens across Ontario, with a focus on medical clinics in northern Ontario and the GTA, as recommended by the results of the 2021 benchmarking survey. The campaign has an estimated number of impressions of 960,000. We anticipate the CHMN campaign report to be delivered in December. The campaign is scheduled to run again in different medical waiting rooms in February – March 2023.

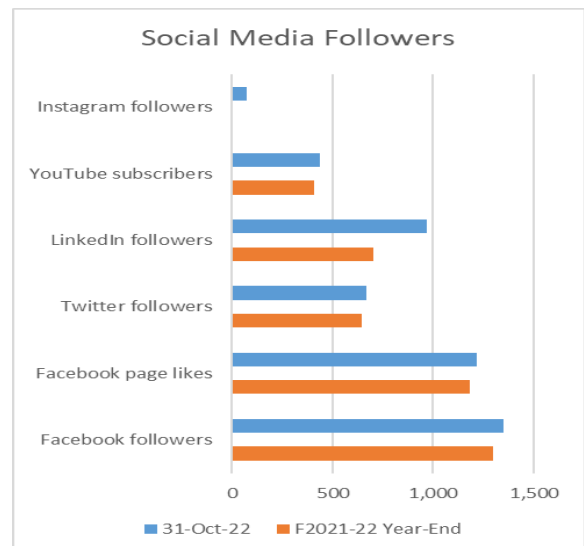
SOCIAL MEDIA

Current social media strategy performing well

Communications launched the College's first-ever Instagram page in September and as of November, it has grown to 73 followers. We continue to post consistently in both English and French and increase our online presence and following on all social media accounts. The College now posts regular reminders about our public protection mandate.

Communications leveraged the College's social media channels during the second quarter to drive engagement with the annual renewal season and other operational matters such as changes to the College's liability insurance requirements, and the recruitment of PBA interviewers and a bilingual communications officer.

Our most popular post of the second quarter was the College's recognition of the National Day for Truth and Reconciliation on September 30. The Twitter post had an engagement rate of 7.37% and 190 impressions. Engagement rates above 6% are considered very high.



BEST PRACTICES

Relational communications audit completed with recommendations

In October, an external relational audit was completed of the College's communications. The audit included several components, including a registrant survey, review of CDO communications, and relational communications training to staff.

Registrants reported that the frequency of communications from the College is good. There are, however, individuals who feel that CDO communicates too frequently. Our content is relevant to many and, when responses are sought, CDO is responsive. Registrants felt that CDO could improve through a "less is more" strategy: fewer topics in each communication and less detail is preferred, in terms of wordiness, information delivery and complexity.

The relational audit contained seven recommendations that will serve as the basis for the implementation of best practices moving forward, including the implementation of a corporate style, stylebook, and brand characteristics.

PROFESSIONAL PRACTICE PROGRAM – PRACTICE ADVISORY

PRACTICE ADVISORY SERVICE (PAS)

- 244 inquiries were received in Q2
- Top areas of inquiry for Q2:
 - College Requirements & Processes
 - Private Practice
 - Record Keeping
 - Workplace Issues
 - Conflict of Interest

Q2 PAS Satisfaction Survey

The Q2 PAS feedback survey was disseminated to 121 dietitians in October 2022. Feedback from respondents (n=15, 12%) shows:

- 100% felt the information received was relevant and valuable to their dietetic practice
- 93% felt their issue/question was sufficiently addressed.
- 93% were satisfied or very satisfied with the response they received from the PAS.
- 73% reported making changes to their dietetic practice (20% reported not applicable), and 93% said that the PAS confirmed their understanding of the laws, standards, and ethics.
- Since using the PAS, 87% have accessed the CDO website as a resource.
- 100% would use the PAS again, and 100% would recommend the Service to their colleagues.

Sample Comments from PAS Survey Respondents

- *"I thought the service was fantastic and answered all the questions I had or confirmed my understanding of. I loved how quickly they responded to my request as well - very helpful especially when the situation needs to be resolved in a timely manner!"*

- *“Very prompt and detailed responses. Responses were provided in a respectful manner - not condescending. Follow up resources to the proper policy/information was also very helpful.”*
- *“Assistance was provided promptly and comprehensively. I was referred to a second CDO staff member who also contacted me immediately and provided me with comprehensive and timely information.”*

Q2/Q3 PPP PRESENTATIONS DEVELOPMENT AND FACILITATION:

- **Regulatory Talks Member Education (Reg Talks) Webinars: [Practising Dietetics](#)**
 - Three one-hour regulatory Reg Talks webinars were held in September and October 2022.
 - The policy on determining practice hours and the definition of practising were discussed and applied to practice scenarios.
 - 86 dietitians and students participated
 - Recording and slides are available [here](#)
- **CDO 2022 Annual Workshop**
 - This year’s annual workshop, *Consent is not a Checklist: Exploring the Complexities of Consent*, is being conducted virtually between November and December in four two-hour sessions.
 - Participants will critically examine consent approaches in enabling informed decision-making in dietetic practice.
 - Participants will identify opportunities to advance equity, diversity, inclusion and belonging and will discuss why consent is not a checklist (or signed form) and the strategies to approach complex consent dilemmas in practice.

COLLABORATIONS:

- **Other Committees and Working Groups PPP participated in:**
 - Cross-Canada Dietetic Practice Advisor Group
 - Clinical Nutrition Leaders Action Group of Ontario (CNLAG)
 - Interprofessional Practice Advisors Group
 - COVID-19 Rehab Group
 - Quality Assurance Working Group (Director of Professional Practice is co-chair)

COMMITTEE SUPPORT: PROFESSIONAL PRACTICE COMMITTEE (PPC)

CDO’s Professional Practice Program reviews standards, policies and practice procedures considering legislative changes, trends in inquiries, complaints/reports, and consultation with partner groups. Policy work includes:

- **Draft Social Media Standard and Guidelines:**
 - Legal review and two focus group consultations (n=19 RDs) have been completed.
 - Feedback was incorporated and a revised draft was presented to the PPC in November. The PPC recommended the draft with suggested edits be presented to the

Board at the December Meeting for approval in principle for the purpose of consultation with system partners and registrants.

- **Draft Virtual Care Standards and Guidelines for Dietitians in Ontario:**
 - Legal review of the draft copy of the Draft Virtual Care Standards and Guidelines for Dietitians in Ontario was completed.
 - Feedback was incorporated and a revised draft was presented to the PPC in November. The PPC recommended the draft with suggested edits be presented to the Board at the December Meeting for approval in principle for the purpose of consultation with system partners and registrants.

PROFESSIONAL PRACTICE PROGRAM - QUALITY ASSURANCE

The Quality Assurance (QA) component is designed to support dietitians' professional development and continuous improvements in a manner aligned with right touch regulation.

POLICIES AND COMMITTEE (QUALITY ASSURANCE COMMITTEE) SUPPORT:

- The Quality Assurance Committee (QAC) reviewed and approved proposed edits to the Policies related to JKAT, 500 HOURS and Learning Diary Reviews.
- Learning Diary Templates and Score Cards were updated to include the Integrated Competencies for Dietetic Education and Practice (ICDEP) practice competencies identified to determine competence.

SELF-DIRECTED LEARNING (SDL) TOOL

- Registrants complete their online SDL tool between September 1– October 31.
- Staff and the QAC have begun the Annual Review of the SDL Tool. This review includes the random selection of 2.5% of the general membership, anyone who missed the submission deadline and anyone who had to resubmit last year.
- Thirty registrants* were given an extended deadline of November 8, 2022, to complete their SDL Tool.
- Fifteen members were referred to the Inquiries, Complaints, Reports Committee (ICRC) with an allegation of *professional misconduct for failure to submit their SDL Tool as directed by the Quality Assurance Committee.*

**Decrease in the total number of members that did not complete by the deadline compared to last year (2021 = 55; 2022 = 30)*

JURISPRUDENCE KNOWLEDGE & ASSESSMENT TOOL (JKAT)

- The 2022 JKAT was closed on August 15, 2022.
- One member did not complete their JKAT by the extended deadline of September 17, 2022. As a result, this member has been referred to the Inquiries, Complaints, Reports Committee (ICRC) with an allegation of *professional misconduct for failure to complete their JKAT directed by the Quality Assurance Committee.*

- Staff started reviewing JKAT questions based on registrant’s comments. Updated JKAT questions will be ready for 2023 participants by January 2023.

PRACTISING FEWER THAN 500 HOURS IN 3 YEARS DECLARATION

- Members declared their practice hours at renewal.
- Thirty-six registrants declared practicing fewer than 500 hours in the previous three years (2019-2022) and were referred to the Quality Assurance Program.
- Options include a process where dietitians can provide evidence of their continued competence. They must choose their options (submit a learning diary, sign a Voluntary Undertaking, or resign) by January 16, 2023. Their learning Diaries will be reviewed by two trained assessors and the QAC by March 2023 to determine if competency has been maintained or if further professional development activities and/or further assessments are required.

STANDARDS AND COMPLIANCE PROGRAM

Inquiries, Complaints and Reports Committee (ICRC) Quarterly Stats from September 1, 2022 to October 31, 2022

Note: The reporting period was shortened to ensure the information was available in advance of the Board meeting.

2 new matters received by the College of Dietitians of Ontario

- 0 Complaints
- 1 Report
- 1 Referral from the Quality Assurance Committee
- 0 Inquiries

1 matter closed at the preliminary review stage

- Registrar did not refer 1 Report to the Inquiries, Complaints and Reports Committee after making preliminary inquiries.

1 matter closed by the Inquiries, Complaints and Reports Committee

- 1 Complaint: written reminder issued
- 0 Reports
- 0 Referrals from the Quality Assurance Committee
- 0 Inquiries
- Outcomes grouped by risk: 0 No or Minimal Risk; 1 Low Risk; 0 Moderate Risk; 0 High Risk
 - *Average time for disposal: 255 days for all matters; 255 days for complaints only*
 - *Note: In accordance with the CPMF specifications, time for disposal is now calculated using the date received for Complaints and date the Committee appointed an investigator for Reports and QA Referrals; Reports and QA Referrals where the Committee does not appoint an investigator are omitted.*

13 matters currently open

- 2 Complaints:
 - 2 decisions reached in principle and will be finalized shortly
- 9 Reports:
 - 1 report at the preliminary stage
 - 6 ongoing investigations
 - 2 returning to panel following investigations
- 1 Referral from the Quality Assurance Committee:
 - 1 referral at the preliminary stage
- 1 Inquiry: 1 ongoing inquiry
 - *Average time matters have been open: 161 days for all matters; 106.5 days for complaints only*
 - *Note: In accordance with the CPMF specifications, length of time a matter has been open is now based on date received for Complaints and date the Committee appointed an investigator for Reports and QA Referrals; Reports and QA Referrals that are still under preliminary review are omitted.*

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

- 2 case conferences complete and reviews are scheduled

4 registrants currently being monitored for compliance

- 1 registrant entered undertaking with the College
- 2 registrants completing Specified Continuing Education and Remediation Programs (SCERP) directed by the Committee
- 1 registrant directed to complete a SCERP that is currently on hold

REGISTRATION PROGRAM

2022 Annual Renewal

CDO's annual renewal process occurred between August 30 and October 31. Registrants renewed for the period of November 1, 2022, to October 31, 2023.

Renewal Statistics:

- 4427 registrants and 22 Professional Corporations were eligible to renew.
- Extensions granted based on compassionate grounds, illness, and/or personal hardship:
 - 20 registrants
- Late notices sent:
 - 36 registrants, \$128 late fee applied (32% fewer than in 2021)
 - 3 Professional Corporations, \$70 late fee applied (as per previous years)
- Enhanced communication efforts and staff efficiently responding to inquiries regarding 2022 annual renewal likely accounted for the reduced number of late notices.

- On November 9, excluding those granted extensions, 30-day *Notice of Intention to Suspend* letters were sent to 22 registrants who have yet to renew. Failure to renew and pay outstanding fees by December 8, will result in a suspension of membership, effective December 9.
- A total of 122 members resigned (to date) during the 2022 annual renewal period (26% less than in 2021)

Canadian Dietetic Registration Examination (CDRE)

A total of 132 Ontario candidates wrote the November 2022 administration of the CDRE on November 3rd and 4th, 2022, via an online remote-proctored format with Meazure Learning. Results are expected early to mid-December 2022.

Prior Learning Assessment and Recognition (PLAR) Process

Knowledge and Competence Assessment Tool (KCAT):

- The next scheduled annual administration of the KCAT is February 22, 2023.
- Following recent discussions with other Canadian dietetic regulators, a process has been adopted to send all candidates directly to the CDO to be processed as our applicants. This manages workload more effectively and ensures timely communications re: exam information. PLAR exam results will be shared with the respective regulator upon candidate request.
- As part of CDO's project to incorporate the 2020 Integrated Competencies for Dietetic Education and Practice into its processes, the remapping work for the KCAT is near completion. New content will be piloted in the summer of 2023, for final incorporation into the 2024 KCAT administration, as planned.

Performance Based Assessment (PBA):

The PBA was held on July 27 via a hybrid process:

- Ten candidates wrote online from home (or other private location) via a remote proctored process.
- Four candidates chose to write in-person at the CDO office. A quiet space, laptop computer, and on-site technical support were provided. Otherwise, as per exam best practices, a similar process for the in-person PBA was administered in comparison to those at home.
- Four candidates (2 in-person, 2 remote) passed the PBA. Once these candidates complete the Jurisprudence Knowledge and Assessment Tool (JKAT) they will be eligible for registration as a Temporary registrant while they await to write the CDRE.
- The remaining 10 candidates have the option to re-write the PBA on June 21, 2023, or complete one of the other accepted PLAR pathways as outlined in [Policy 6-10: Eligibility for PLAR](#).

Waiving of Annual Fee During Pandemic

From June 19, 2020, through October 31, 2022, the Board approved a suspension of the Annual Fee provisions outlined in College By-Law No. 2: Fees, for applicants returning to practice to assist the Ontario healthcare system during the COVID-19 pandemic. One former registrant returned to

practice via this route. As October 31, 2022, has passed, the return to practice application form and website information has been updated accordingly.

Office of the Fairness Commissioner (OFC)

- CDO's Fair Registration Practices (FRP) report for 2021 will be submitted by the OFC's deadline of December 14. A copy of the report will subsequently be posted on CDO's website.
- The OFC anticipates that the 2022 FRP template will be distributed in winter 2023, the deadline date for submission is still to be determined.

Legislative Changes

The [Registration Requirements Regulation](#) under the *Regulated Health Professions Act, 1991*, was finalized and posted October 31. The requirements relate to:

1. Timely decisions and responses – come into force January 1, 2023
2. Language proficiency requirements – come into force January 1, 2023
3. Exemption from Canadian experience – come into force January 1, 2023
4. Emergency classes of registration – come into force August 31, 2023

CDO is well positioned to meet the requirements for timely decisions and responses based on current registration processes. CDO also has the PLAR process in place which does not require Canadian experience. Accepting language proficiency tests permitted by Immigration, Refugees, and Citizenship Canada were reviewed by the Registration Committee on November 28, for incorporation into CDO registration *Policy 4-50: Language Proficiency*.

The work on developing criteria for an Emergency Class of Registration will begin in 2023 pending, legal advice. Establishing an Emergency Class of Registration will have significant budget implications for CDO, which will be factored into the Registration Program budget for fiscal 2023-2024.

In the coming months, the ministry will work with the Colleges on key metrics for reporting, including:

- The average time between applicants' submission of materials and Registrar's response;
- The average time for a Registrar's decision on an application;
- The number of applicants using Immigration, Refugees and Citizenship Canada (IRCC) approved tests for demonstration of language proficiency; and,
- The number of applicants seeking assessment of equivalence of international experience and the outcome of those assessments (i.e., how many were found to have equivalent experience, how many were found to require additional education and training).

Registration Committee Meetings

- October 12, 2022:
 - A presentation by CDO's Quality Assurance Program was given on Learning Diary Review Training related to registration *Policy 3-30: Assessing Currency for Applicants*

- The committee approved the proposed approach for staff to draft subsequent revisions to *Policy 5-30: Upgrading After a Second Failure of the CDRE*
- 2 application files were reviewed by a panel of the Registration Committee:
 - 1 appeal for KCAT eligibility: decision granted
 - 1 upgrading portfolio for return to practice: decision deferred, requesting the applicant submit additional information
- November 16, 2022 (Panel Meeting):
 - 1 application file was reviewed by a panel of the Registration Committee:
 - upgrading portfolio for return to practice: decision to admit
- Next Registration Committee meeting to be held on November 28, 2022

INFORMATION TECHNOLOGY

The new external IT support vendor started on December 1. A cloud-based phone system will be implemented by the end of January 2023. Discovery meetings with staff and vendors for next fiscal's project work has started.

SECTION 2 ISSUES TRACKING

College Performance Measurement Framework (CPMF) Soft Launches

The Ministry of Health (MOH) provided colleges with a draft version of the 2022 CPMF Reporting Tool. As in previous years, the soft launch of the CPMF Reporting Tool is intended to provide colleges with an opportunity to ask questions or request further clarification ahead of the formal launch in December.

The draft Reporting Tool is consistent with last year's Reporting Tool, with the following additions:

- Eight key pieces of evidence have been categorized as benchmarks for regulatory excellence
- If a college does not meet or partially meets a benchmark, they are required to provide an implementation plan, expected timelines and identify any barriers to implementing that benchmark

Regulatory Environmental Scanning

The Health Profession Regulators of Ontario (HPRO) has received a grant from the Government of Canada's *Community Support, Multiculturalism, and Anti-Racism Initiatives Program*, intended to support Ontario Health Profession Regulators in developing a joint:

- Equity, diversity, and inclusion (EDI) framework and strategy to support sustainable current and future (EDI) initiatives and structural change in regulation;
- EDI self-assessment checklist and reporting tool; and
- EDI toolkit, including internal training components for colleges.

CDO will participate in the consultation that will inform the project.

SECTION 3 OTHER INFORMATION ITEMS

6.1 Management Report

6.2 Attachment 1 – Statement of Operations F2023 as at September 30, 2022

6.3 Attachment 2 – Capital Asset Purchases Report F2023 as at September 30, 2022

6.4 SML Grey Areas Article, November 2022, [“A Long Time Coming”](#) which discusses [Bill 36](#) introduced on October 19, 2022, which will restructure the governance of health professions in British Columbia.

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at September 30, 2022
FISCAL YEAR ENDED MARCH 31, 2023

Board attachment 6.2

	6 Months Ended			Total Annual Budget Mar 31, 2023	Comparative 6 Month Actuals Sept 30 2021	Sept 2022 vs Sept 2021 % Variance
	Actuals Sept 30 2022	Total Annual Budget Sept 30 2022	Actual vs Budget % Variance			
REVENUE						
Membership & Other Fees (1)	\$ 1,463,230	\$ 1,477,462	-1%	\$ 2,954,924	\$ 1,441,044	2%
Interest & Dividends (2)	(124,713)	93,000	-234%	186,000	89,002	-240%
Realized Gain/(Loss) on Sale of Investments (3)	57,304	-		-	7,868	-
TOTAL REVENUE	1,395,822	1,570,462	-11%	3,140,924	1,537,914	-9%
EXPENSES (Operating)						
General & Administrative (4)	1,301,341	1,273,179	-2%	2,546,358	1,122,967	-16%
Registration Program (5)	72,681	99,857	27%	199,714	43,120	-69%
Quality Assurance Program (6)	26,261	77,451	66%	154,901	19,622	-34%
Practice Advisory Program (7)	10,825	20,432	47%	40,864	5,879	
Patient Relations Program (8)	-	563	100%	1,125	-	
Standards & Compliance Program (9)	108,809	131,913	18%	263,825	120,131	9%
TOTAL EXPENSES BEFORE AMTZ'N	1,519,917	1,603,394	5%	3,206,787	1,311,719	-16%
EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	(124,095)	(32,933)		(65,864)	226,195	-155%
<i>Less: Non-cash expenses:</i>						
Capital Asset Fund - Amortization (10)	(34,070)	(35,000)	3%	(70,000)	(38,142)	
Unrealized FV appreciation (depreciation) of Investments (3)	(476,137)				183,355	
SURPLUS/(DEFICIT)	(634,302)	(67,933)	834%	(135,864)	371,407	
FUND BALANCES - beginning of year	3,896,732	2,846,454		3,896,732	3,728,079	
FUND BALANCES - March 31, 2023	\$ 3,262,430	\$ 2,778,521		\$ 3,760,868	\$ 4,099,486	

NOTES and HIGHLIGHTS:

REVENUE (actual revenues were 11% less than the half year budget)

- Revenues from members** in all categories have generated **\$1,463,230** at the half year point. This amount is **in line with the budget** and **2% higher than the prior year**. Membership fees are being reported on an accrual basis to recognize revenues paid in Fiscal 2022, but earned from April 1 to September 30, 2022. The budget and prior year fees have also been adjusted to recognize 6 months of income earned.
- Investment income (interest & dividends)** consists of a negative interest (loss) amount of \$184,547 from the sale of bonds held at RBC Dominion Securities. This was the result of a correction in the bond market. Since then, more Guaranteed Investment Certificates have been purchased to limit the College's exposure to risk. Dividend income was \$59,834 in the first half of the year.
- Unrealized depreciation** in the fair value of investments was **\$476,137** (on unsold investments). The College also had a **Realized a Gain on Sale of Investments** of \$57,304. Due to the unpredictable nature of the market, gains and losses on sales of investments and the appreciation or depreciation of unsold investments cannot be budgeted for.

EXPENSES (actual expenses were 5% less than the half year budget)

- Overall, **General & Administrative** expenses were **in line with the budget (i.e., the variance was less than 5% from the half year budget)**:

Council (i.e. Board) costs were **36% less than budget** since some in-person meetings were budgeted for (including travel, accommodation and food) but the June and September 2022 meetings were virtual. In person meetings are planned from December 2022 on. Training for the Board on conflict of interest and on governance occurred as planned. Legal fees of \$13,116 were spent for work done for Governance modernization and CPMF initiatives.

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

Other **General & Administrative Expenses** such as **Salaries & Benefits, Communications, Membership Dues, Professional Fees, Rent, Insurance and Telephone/Internet expenses** were **in line** with the budget.

Computer expenses were **higher than budget** since the costs of upgrading the database were budgeted for the entire year, but the actual expenses occurred in Q1. In addition, an unplanned change of the credit card payments processor company was required to reduce risk in the renewal process, although it increased costs unexpectedly. **Legal Fees for general matters** were also **higher than budget** for legal advice received on a number of operational matters and operational contracts. **Bank Charges** exceeded the budget since the payroll is now being outsourced to an external vendor.

Underspending occurred in a number of areas, including **Annual Report, Staff Development and Contracted Services**. The Annual Reports for Fiscal 2021 and 2022 will be published later in the fiscal year. Most staff development and training will occur later in the year and contracted services will be utilized as needed.

- The **Registration Program** expenses were **27% less than budget due to timing**. Most credit card fees, which comprise a large portion of administrative costs, will occur in October 2022 as members renew their licenses online. Computer expenses related to the Registration area of the database upgrade and changing the credit card payments processing company resulted in higher costs than planned. A summer student was hired as planned to assist Registration during the database upgrade.

\$53,650 is the annual budget for administration and maintenance costs of the Performance Based Assessment (PBA) and the Knowledge and Competence and Assessment Tool (KCAT). The PBA was administered in July 2022; to date, the cost of administration is \$21,000, and scoring, arbitration and psychometric analysis will occur later in

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at September 30, 2022
FISCAL YEAR ENDED MARCH 31, 2023

Board attachment 6.2

the fiscal year. These costs will be offset by fees from writers. Item writing to develop new question content for the KCAT cost \$9,400; the session included nine subject matter experts. This project has been much more work than anticipated so CDO will defer an Orientation & Self-Assessment Tool (OSAT) project to next fiscal. The next administration (or running) of the KCAT is in February 2023.

Registration Committee expenses were **41% less than budget** because meetings were all virtual (some were budgeted for in-person) and more consulting fees for work on credential assessments for members will occur later in the year.

(6) The **Quality Assurance Program** expenses were **66% less than budget** since **more** work to revise the Peer & Practice Assessment (PPA) processes to move the assessment to a virtual, paperless platform will be done later in the fiscal year. Phases 1 and 2 of this project have been completed. The final phase will be completed by March 2023. Modifications to the Jurisprudence Knowledge Assessment Tool (JKAT) will also be done later in the fiscal year. Related computer expenses and assessor training will occur as well. **QA Committee** expenses were **84% less than budget** since the meetings held were virtual (some were budgeted for in-person).

(7) The **Practice Advisory Program** expenses were **47% less than budget** since the fall workshops are all virtual (5 were budgeted as in-person), and a Town Hall meeting, translation costs and most staff development activities will occur later in the year. Legal Fees of \$4,428 were spent for a review of new policies and guidelines.

Professional Practice Committee held 1, half-day virtual meeting. Focus groups with dietitians who are Subject Matter Experts on policy development were held in July as planned, for work on the Social Media policy.

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

(9) Overall, **Standards & Compliance Program** expenses were **18% less than budget** due to timing, since the costs of hearings, legal fees and consulting fees are budgeted for the entire year, but one hearing was held in June, and more ICRC meetings will occur later in the year.

\$74,000 is the annual budget for Investigations of members (conducted by an external investigator) and \$76,000 for Case Management (conducted by an external manager) of member files. \$48,000 was spent on Investigations of members and \$46,000 was spent on Case Management. The College had a higher than predicted number of complex ICRC matters that have required case management and investigation. It is difficult to predict and budget for the total costs of investigations from year to year.

The **Discipline Committee** was underspent because it held no meetings; **ICRC** was underspent since the meetings were held were conducted virtually. \$30,000 was budgeted for Legal Fees for matters going to ICRC; actual Legal Fees of \$5,900 were paid for legal matters to be reviewed by ICRC.

\$6,000 is the annual budget for subject matter experts/consultants to conduct interviews and/or provide opinions/reports to the investigator for ICRC; no consulting work was required in the first half of the year.

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

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

COLLEGE OF DIETITIANS OF ONTARIO
 CAPITAL ASSET PURCHASES REPORT
 FOR THE FISCAL YEAR ENDED MARCH 31, 2023, as at September 30, 2022

Board attachment 6.3

	Budget 2022/2023	Actual Purchases April - Sept. 2022	Description
<u>I - Computer equipment (hardware) replacements</u>			
1. 7 desktops that are 5 years old (7 contingency) (7 x \$1,200)	8,400	2,116	1 HP laptop & 1 Microsoft Surface Pro tablet
2. 6 monitors (5 contingency, 1 required) (6 x \$250)	1,500		
Subtotal (Computer Hardware)	9,900	2,116	
<u>II - Leasehold Improvements</u>			
Changes to Office Space	-		
Subtotal (Leasehold Improvements)	-	-	
<u>III - Office equipment</u>			
Office furniture	-		
Subtotal (Office Furniture & Equipment)	-	-	
<u>IV - Non-iMIS Software</u>			
MS Office for new laptops (3 x \$150 x 1.13)	509		
Subtotal (Computer Software - non-iMIS)	509	-	
<u>V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of Average)</u>			
Gen Admin - iMIS Upgrade & Sonic Forms Upgrade - VA (74 hrs x \$185 x 1.13)+(31 hrs x \$185 x 1.13)	21,951	17,961	
Gen Admin - Finance - Online Claims (45.5 hrs x \$185 x 1.13)	9,512	8,309	
Gen Admin - Public Register (25 hours x \$185 x 1.13)	5,226		
PAP Workshops (6 hrs x \$185 x 1.13)	1,254	941	
Registration - Liability Insurance (7.5 hrs x \$185 x 1.13)	1,568	3,293	
Registration - Renewal (13.5 hrs x \$185 x 1.13)	2,822	2,456	
Subtotal (Computer Software - iMIS)	42,333	32,960	
Total additions anticipated	52,742		
Capital Assets Purchases Budget F'2022-2023	\$ 53,000	\$ 35,077	

Purchases of computer equipment were reasonable given the number of changes in staffing during the year.



Board Briefing Note

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

ISSUE

To review the Q3 Risk Monitoring Report.

PUBLIC INTEREST RATIONALE

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

BACKGROUND

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

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

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

CONSIDERATIONS

The December 2022 (Q3) Risk Monitoring Report is before the Board for its consideration

(Appendix 1) with updates on the status and progress towards treatment of the various risks identified.

Updates to the Risk report include:

New risks identified:

- Public Member Appointments and Succession Planning

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

- Accreditation provider transition (*Risk Response*)
- Regulatory Governance Changes (*Risk Assessment*)
- Succession Planning/Staff Turnover and Retention (*Risk Response*)
- Increasing Costs of Regulation (*Risk Response*)

Risk downgraded

- Registration Regulatory Changes: In February and early September 2022, the Ministry of Health consulted with Colleges regarding potential registration amendments related to Canadian experience, registration timelines, language proficiency, and registration processes during emergencies. [Legislation was introduced](#) on October 31, 2022.

Now that the new registration requirements are known, the College can begin working towards them. The College has a PLAR process and does not require Canadian experience. Given the resources already allocated to the registration program, including the database, the College is prepared to meet the new legislative deadlines. The Registration Committee is examining and updating the Language Proficiency Policy. New resources, however, will need to be allocated to creating emergency classes of registration as required by the legislation.

RECOMMENDATION/NEXT STEPS

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

ATTACHMENTS

- Appendix 1: December 2022 (Q3) Risk Monitoring Report

**Risk Monitoring Report
December 2022**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 25, 2022
Program	Accreditation Provider Transition (risk response updated)	<p>Following the withdrawal of the national education accreditation provider effective March 31, 2022, the Alliance signed an agreement with EQual as the new 3rd party accreditation service provider. Each provincial dietetics regulatory College has approved EQual as the accreditation provider and will continue to recognize previous PDEP awards until August 31, 2023.</p> <p>Should some programs (in Ontario or outside of Ontario) choose not to sign on to the new accreditation process, the College would need to determine how to assess Canadian graduates from unaccredited programs. This would be an individualized, labour-intensive equivalency process for the College.</p>	<ul style="list-style-type: none"> • Alliance to work with PDEP to discuss how to collaborate going forward. • EQual to conduct info sessions and 1.5-day orientation workshops for education and practicum program representatives (at no cost to the schools for 2 attendees) to provide more information to programs on the process and standards, etc. ahead of enrollment. • The typical PDEP fee will be applied for first year of EQual accreditation to facilitate educational program budgeting. • Alliance now part of EQual Council, which is a governance board that oversees and approves EQual strategic direction and policies. • Continue to monitor the ability of programs to transition by the award extension date approved by all 10 dietetic regulators. • CDO communication with the MOH and OFC on the transition. 	<ul style="list-style-type: none"> • All programs have attended info sessions this fall. • Workshops are being scheduled for early 2023. • After the workshop, each participant will receive a copy of the EQual standards. • CDO attended EQual Council meeting as Alliance representative in November 2022.
Public Protection	Potential Risk of Harm to Clients/Public	<p>Potential risk to the public due to unethical, incompetent, or unprofessional care.</p> <p>An increase in the number and complexity of complaints and reports also has an impact on College resources and how they are utilized.</p>	<ul style="list-style-type: none"> • Refresh risk in dietetic practise research. • Monitor ICRC data to identify patterns of concern and develop and update member education, standards of practice, guidelines, and other initiatives accordingly. • Professional Practice Program will develop and implement a continuous monitoring and 	<ul style="list-style-type: none"> • Risk tool created for ICRC assessments ensures that risk of harm is connected to outcome. • ICRC data collection chart updated to capture risk categories • New Risk tool created for Registrar referrals to ICRC to ensure consistency and transparency

**Risk Monitoring Report
December 2022**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 25, 2022
			<p>evaluation plan to assess currency and revisions to policy/standards of practice.</p> <ul style="list-style-type: none"> Update College programs and tools with a risk-based approach to prevent harm. 	
Governance	<p>Public Member Appointments and Succession Planning (new)</p>	<p>The board currently has six public members appointed, however, limitations on member unavailability and two appointments expiring in the near term are creating risk and uncertainty in the CDO fulfilling its statutory obligations.</p> <p>Heavy board and committee workloads for public members can affect the ability of the CDO to remain constituted, achieve quorum, meet legislative deadlines/internal service-standards, and ensure the critical public voice in decision-making. Also potentially affected are the CDO's governance modernization goals and the general satisfaction and wellbeing of CDO public members.</p>	<ul style="list-style-type: none"> Communicate needs with Public Appointments Secretariat (PAS). Examine committee TORs and by-laws around composition requirements. 	<ul style="list-style-type: none"> Management meeting with PAS occurred this fall.
Governance	<p>Regulatory Governance Changes (risk assessment updated)</p>	<p>Earlier this year, the Ministry of Health consulted on a governance modernization and oversight proposal. When proposed legislation will be introduced. Focus is currently on pressures on the health care system, health care practitioner capacity, particularly in hospital settings, and registration of international graduates.</p> <p>The governance changes may have significant financial and human resource implications for the College.</p>	<ul style="list-style-type: none"> Move ahead with CDO's strategic goal of governance modernization and begin preparing for legislative changes. Through regulatory collaboration and networking, stay informed of potential changes. Conduct a French language audit of College communications to identify priority areas. Continue to work towards fully meeting CPMF measures. 	<ul style="list-style-type: none"> Council participated in the consultation and provided a letter to the Ministry on February 23, 2022. Governance workplan is progressing, with items on December Board agenda for consideration.

**Risk Monitoring Report
December 2022**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 25, 2022
Operational	Cybersecurity Breach	Risk arises from the current geopolitical situation, increasing sophistication of phishing scams, and greater connectivity of people, systems and programs at the College. Potential risks include: privacy breaches, organizational/staff downtime, reputation, and financial costs.	<ul style="list-style-type: none"> • The College has a cyber security response plan, credit card incident response plan, and an emergency disaster recovery plan that are reviewed on an annual basis. • The College maintains insurance which covers IT and cybersecurity. • A security audit was completed in September 2021 and minor gaps were identified and addressed. • Post security audits will take place to ensure compliance with audit recommendations • Staff regularly engage in awareness dialogue regarding phishing scams. • Additional formal training for Council and Staff on cybersecurity will be explored. • New staff data governance working group to identify and mitigate risks in this area through its project work. • CDO staff attends regular Cyber security community of practice meetings to stay abreast of developments and best practices. 	<ul style="list-style-type: none"> • Training needs analysis survey and internal phishing campaigns conducted in order to customize staff cyber security training.
Operational	Succession Planning/Staff Turnover and Retention (risk response updated)	Risks around business continuity, retention of institutional knowledge through retirement, leave of absence, or resignation. The pandemic has led to societal changes and re-evaluation of priorities, work-life balance, and return to work policies.	<ul style="list-style-type: none"> • Review of staffing model by third party HR consulting firm completed in fall 2021, resulting in the addition of staffing resources to ensure the College can successfully meet its regulatory obligations now and into the future. These additional HR resources improve the distribution 	<ul style="list-style-type: none"> • HR policy review in progress. • Registrar coverage plan refreshed. • Additional resources added to Finance and Corporate Services during staff transition. Process mapping in this area will commence.

**Risk Monitoring Report
December 2022**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 25, 2022
			<p>of workload, assist with succession planning, and help to diffuse the centralization of institutional knowledge.</p> <ul style="list-style-type: none"> • Remote work is the primary mode of working, with scheduled in-office team collaboration periodically. Office space to support this mode of work and investment in technology to support continued remote work is being explored. • College HR processes and procedures are undergoing review in 2022. • Conduct process documentation for key College activities to further decentralize knowledge of processes and procedures and ensure continuity. • Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge. 	
Financial	Increasing Costs of Regulation (risk response updated)	Resources required to keep pace with complex and evolving regulatory requirements and economic inflation are increasing. Annual membership fees have been static since 2019.	<ul style="list-style-type: none"> • Prudent financial habits are in place at the College. For example, the College engages in zero-based budgeting; assesses vendor contracts to ensure the best value for the College (quality balanced with price) and Council and Management regularly monitor expenditures against the approved budget. Internal controls are in place for the highest risk areas, including on College purchases, and the audit Committee and Management review these internal controls annually. 	<ul style="list-style-type: none"> • Inflation rates have increased (~6.5% at October 2022), have begun to have an impact on price of goods and services CDO relies on. • Reserve fund policy approved by Council in June 2022.

**Risk Monitoring Report
December 2022**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 25, 2022
			<ul style="list-style-type: none"> • Will require either additional resources or reduction of strategic projects. • Conduct analysis on By-law 2: Fee Schedule in Q3; will be presented for consideration at March 2023 board meeting. • Other resource efficiencies are being explored. 	
Financial	Investment Returns	Markets may become volatile due to current geopolitical conditions, presenting a risk to the College's investment returns.	<ul style="list-style-type: none"> • Monitor situation with investment advisor. • To diffuse the risk, some funds have been moved to stable GICs. • The College's investment policy requires book value of investments in equities to not exceed 40% of the entire book value of the portfolio to limit market risk while allowing for a reasonable growth of the portfolio. 	<ul style="list-style-type: none"> • Investment policy approved by Council in June 2022. • Portfolio risk reduced, now comprises 14% in equities and a number of bonds have been sold and the proceeds reinvested in stable GICs.



Board Briefing Note

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

ISSUE

Based on the Professional Practice Committee (PPC) recommendation, the Board is being asked to consider and approve, in principle, the *Draft Virtual Care Standards and Guidelines for Dietitians in Ontario* for consultation with Registrants and system partners.

PUBLIC INTEREST RATIONALE

The role of the College is to protect the public by regulating the dietetic profession in Ontario in a way that promotes safe, ethical, and competent dietetic practice.

This *Draft Virtual Care Standards and Guidelines for Dietitians in Ontario* relates to the following:

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

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

BACKGROUND

Virtual Care is a provision of dietetic services, such as counselling, consultation, monitoring, education with a client who is located remotely, within or outside the jurisdiction from the dietitian providing the service².

The *Draft Virtual Care Standards and Guidelines for Dietitians in Ontario* is being proposed to support dietitians in Ontario engaging in virtual care dietetic practice. This will support the College to keep pace with emerging best practices in how the College effectively administers its Professional Practice Program (PPP) components. It also aligns with the Right Touch approach that underpins the College Performance Measurement Framework Measures required by the Ministry of Health. This proposed draft is based on practice advisory inquiries, the timeliness of this issue in the context of the COVID-19 pandemic, and an exponential increase in the use of this modality of practice.

In developing the draft, the professional practice program took the following iterative steps to guide dietitians:

- **2020:** Amid the pandemic, three webinars were offered by the College to allow registrants to better understand the regulatory and professional obligations when providing virtual care, including practice scenarios. Registrants' inquiries identified the need for clarity and guidance documents on virtual care.
- **2021:** Environmental scans were conducted to determine the current state of analysis on virtual care policies and guidelines. This review identified critical themes for inclusion in a draft standard and guidelines document. These included consent for service, privacy considerations for the client, security, and confidentiality, client-centredness, technology, and professional obligations.
- **2022:**
 - **July 2022:** The first draft of the *Virtual Care Standards and Guidelines for Dietitians in Ontario* was circulated and reviewed by the PPC, and feedback was given.
 - **October 2022:** Legal counsel reviewed the updated Draft Virtual Care Standards and Guidelines and their feedback was incorporated.

² Adapted from the College of Dietitians of British Columbia (2018). Virtual Dietetic Practice Guidelines. Retrieved from <https://collegeofdietitiansofbc.org/wp-content/uploads/2020/03/Virtual-Practice-Guide-final-June-03-19-1.pdf>

- **November 2022:** Redrafted *Virtual Care Standards and Guidelines* document was reviewed, edited, and approved to go forward to the Board for review and approval in principle approval.

CONSIDERATIONS

The College does not currently have a resource explicitly outlining considerations for virtual care in dietetic practice. When the College receives inquiries from registrants, the current practice advice is to use professional judgment and components of the College's [Code of Ethics](#), [Privacy of Personal Information Dietetic Practice Tool Kit](#), Information and Privacy Commissioner of Ontario's [Privacy and Security Considerations for Virtual Health Care Visits](#), and appropriate legislation, as applicable.

Overall, these resources are valuable but not specific to virtual care and not sufficiently comprehensive to dietitians' needs and obligations on this subject matter. This highlights the benefit of having a guiding document that is easily accessible for dietitians. A Standard and Guideline document would standardize the practice advice and make the College's considerations on virtual care clearer by articulating dietitians' minimum expectations and best practices to practice safely, competently, and ethically.

EQUITY IMPACT ASSESSMENT

CDO acknowledges its commitment to equity, diversity, inclusion and belonging (EDI-B) and the promotion of learning and inclusive experiences that fulfill its mandate of serving and protecting the public. EDI-B was considered in the research, analysis and drafting of this Standards and Guidelines document. Specifically, cultural safety and cultural humility have been included in the document.

When implementation of this policy is achieved, further analysis and mitigation of risk and unintended impacts will be considered and acted upon. Consultation with registrants and system partners (such as other dietetic regulatory colleges across Canada, and other health regulatory colleges within Ontario) will help to inform the impacts or considerations of this document with a critical EDI-B lens.

RECOMMENDATIONS:

That the Board approves in principle the draft *Draft Virtual Care Standards and Guidelines for Dietitians in Ontario (Appendix 1)* as presented (or with recommended changes) for consultation with Registrants and system partners.

NEXT STEPS

Should the Board approve, in principle, the *Draft Virtual Care Standards and Guidelines for Dietitians in Ontario*, including any proposed revisions, staff will complete the following steps:

1. **Revise Draft Standards and Guidelines (as needed) per Board recommendations.**
College staff will make any revisions directed by the Board.
2. **Circulate for Registrant and System Partner consultation.**
Circulate to relevant users, including dietitians, for feedback—planned circulation: 30 days following the Board meeting.
3. **Review and analyze consultation feedback.**
As appropriate, college staff will review feedback and incorporate it into the Standard and Guidelines document.
4. **Final Board approval.**
Present the revised draft (as applicable) to the Board for final approval at March 2023 Board meeting.
5. **Publish and communicate broadly.**
Publish on the College website and develop a communication plan to educate dietitians and other relevant stakeholders.
6. **Incorporate into College programs.**
Include in College publications and program tools such as the Jurisprudence and Professional Practice Resources, the Jurisprudence Knowledge and Assessment Tool (JKAT) and the Peer & Practice Assessment.

ATTACHMENTS

- Appendix 1: Draft Virtual Care Standards and Guidelines for Dietitians in Ontario

Virtual Care Standards and Guidelines for Dietitians in Ontario



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Purpose

The *Virtual Care Standard and Guidelines for Dietitians in Ontario* are best used with relevant legislation, the Code of Ethics, other College Standards and Guidelines, and the *Virtual Care Standard and Guidelines for Dietitians in Ontario* serve dietitians, the College and its committees when considering dietitian practice or conduct.

Standard statements articulate the minimum level of performance expectations for the professional conduct of dietitians while using virtual care, followed by a list of how the Standard is demonstrated in practice. The practice guidelines articulate best practice suggestions for safe, competent, and ethical dietetic practice.

Definition

Virtual care¹ is the provision of dietetic services (e.g., counselling, consultation, monitoring, teaching, etc.) between dietitians and their clients, substitute decision-makers (SDM), and/or client's caregivers, and collaboration with health care providers within the [circle of care](#). This is achieved remotely through technology when in-person care is not accessible, possible or required or accommodates client preference. It may include telephone, videoconferencing, email, apps, wearable technology, and web-based communication. Virtual care uses information technologies to facilitate or maximize the quality and effectiveness of client care across many practice areas (e.g., nutrition care, public health, private practice, etc.).

Virtual care can be synchronous (interacting with the client or substitute decision maker in real-time) or asynchronous (interaction not occurring at the same time) via video, audio, or written formats (e.g., secured emails and text messages). In general, practice obligations do not change, regardless of the modality in which care is provided. The dietitian must practice the same way they would if they were conducting an in-person session, recognizing no change to their professional obligations, including relevant legislation.

The [Personal Health Information Protection Act, 2004 \(PHIPA\)](#), for example, is legislation that applies to virtual dietetic practice as it does to in-person care. Therefore, dietitians must comply with applicable laws, the College's Code of Ethics and other relevant Standards when providing virtual care.

This document provides dietitians with minimum expectations and best practices when engaging in virtual care while meeting legal and professional obligations.

Standard Statements

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

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

A registered dietitian demonstrates the standard by:

- I. Assessing the appropriateness of virtual care for each client at all stages of the care process. Virtual care may not be appropriate for some clients and in some situations.
- II. Exercising professional judgement as they would if seeing the client in person, being aware of the limitations of not seeing the client in person and considering specific questions necessary to ask the client because of virtual care limitations.
- III. Showing sensitivity, respect and understanding of client-specific factors for virtual care (e.g., client's comfort, competence, history of use, hearing and visual abilities, access to devices/internet etc.).

Practice Guidelines:

Dietitians are encouraged to:

- I. Be familiar with all aspects of virtual care, including risks and benefits, evidence-informed and best practices around appropriate and secure technologies, privacy, virtual platforms, functions, security measures, employer requirements, and data collection.
- II. Communicate necessary information to deliver safe, competent and ethical virtual care to clients (e.g., including details in your privacy policies/statement of information practices, instructions for virtual care, etc.).
- III. Anticipate the need to change virtual care technologies. This may include but is not limited to technological failures and client progress, requirements and preferences, which may consist of a client declining virtual care. Anticipate technical problems and disruptions before using tools and be reactive with a plan for possible disruptions if video/audio quality on a virtual visit is poor because of equipment or internet issues. (e.g., move to a telephone call, rescheduling a visit, etc.).
- IV. Adapt to changes in virtual care technologies based on product changes, security features and technological advances.

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

A registered dietitian demonstrates the standard by:

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

Practice Guidelines:

Dietitians are encouraged to:

- I. Complete a Privacy Impact Assessment (PIA) regarding collecting, using, and disclosing personal health information when deciding to use an app/platform. A PIA is a risk management tool and a process "to identify and manage privacy and information security risks associated with virtual health care"². See the Information and Privacy Commissioner of Ontario's (IPC) [Privacy Impact Assessment Guidelines for the Ontario Personal Health Information Protection Act](#) and [Planning for Success: Privacy Impact Assessment Guide](#).
- II. Identify administrative, technical, and physical safeguards to protect the security of PHI, such as ensuring private space for the delivery of virtual sessions and securing mobile devices when unattended. Refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#) or organizational policies.
- III. Use measures to ensure confidentiality, such as password protection, data encryption, two-factor authentication, and secure networks (e.g., encrypting a mobile device). Dietitians may wish to consult with the Information and Privacy Commissioner of Ontario (IPC) or an information technology and/or privacy expert for up-to-date guidance and questions about technical support services, if warranted.
- IV. Keep up-to-date with the requirements of the Information and Privacy Commissioner of Ontario (IPC) and the Office of the Privacy Commissioner of Canada, including safeguards outlined in the [Information and Privacy Commissioner's Privacy and Security Considerations for Virtual Health Care Visits](#).
- V. Implement a cyber security plan (e.g., security software, updates, security scans to identify and eliminate viruses, malware, spyware, etc.) and maintain good information technology practices.
- VI. Work with their Health Information Custodian or Privacy Officer (as applicable) to ensure understanding and compliance with the requirements of the Information and Privacy Commissioner of Ontario (IPC). In private practice, dietitians can refer to the [Privacy of Personal Information Dietetic Practice Toolkit](#).
- VII. Ensure virtual practice policies are updated and current and consider the risks, benefits, and limitations of virtual care and the virtual care technology (e.g., when dietitians will use technology, the technical requirements, how dietitians will keep information secure, etc.). Dietitians should communicate policies with clients, as required (e.g., email communication parameters, etc.).
- VIII. Encourage their clients to find a private location for virtual care and verify the client's identity and location and whether others are present.
- IX. Explain the functionality of the virtual platform before and at the start of any virtual session. In individual and group settings, clarify with clients what PHI will be collected, used and/or disclosed. Dietitians should identify limitations (i.e. security risks) if clients disclose PHI in group settings and consider strategies for maintaining privacy and security as required.

² Information and Privacy Commissioner of Ontario (2021). Privacy and Security Considerations for Virtual Health Care Visits. Retrieved from <https://www.ipc.on.ca/wp-content/uploads/2021/02/virtual-health-care-visits.pdf>

- X. Be aware of the security features to protect the client’s identifying information, if storing recordings.

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

A registered dietitian demonstrates the standard by:

- I. Complying with the [Professional Practice Standard for Consent to Treatment and the Collection, Use and Disclosure of Personal Health Information](#) when practising dietetics virtually.
- II. Respecting client decisions. If a client refuses to consent to virtual care services and the dietitian cannot provide in-person services, reasonable attempts must be made to arrange alternative services for the client as required by the [Professional Misconduct Regulation](#).
- III. Complying with the [Record Keeping Standard](#) by keeping records in the same manner as in-person practice.

Practice Guidelines:

Dietitians are encouraged to:

- I. Discuss the use of technology in providing virtual care, such as nature and duration of care, any benefits, risks, limitations, outcomes, and alternatives to virtual care (e.g., the client should understand the technology related to the transmission and collection, use, storage, disclosure of personal health information, and limits to data security).
- II. Adapt assessment tools, approaches to care, resources, and communication to meet clients’ needs, be appropriate for the virtual platform, and consider clients’ progress and care plan.
- III. Plan for client emergencies. Be familiar with emergency and crisis resources and know how to access them.
- IV. Document how the dietetic service was provided (e.g., via telephone or video conferencing), including billing records and invoices provided to clients.
- V. Develop processes and/or policies for a system of retention to secure client health records (e.g., clarify health record custody and retention requirements, particularly when working in multiple sites, with numerous dietitians and interprofessional colleagues working together).
- VI. When using electronic records, plan a reliable backup system. Refer to the Record Keeping Standards, and the [Privacy of Personal Information Dietetic Practice Toolkit for Registered Dietitians in Ontario](#).

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

A registered dietitian demonstrates the standard by:

- I. Applying the [Code of Ethics](#) principles to guide evidence-informed dietetic practice: beneficence (to do good), non-maleficence (not harm), respect for persons/justice, and autonomy.
- II. Ensuring that virtual care is in the client's best interest, where the quality of care will be comparable to in-person care and potential benefits to the client outweigh any potential risks.
- III. If registered in another province or country, reporting concurrent registration in another jurisdiction within 30 days of any [changes](#) to the College of Dietitians of Ontario.
- IV. Ensuring and confirming that their liability insurance provides coverage for virtual care visits, particularly for dietitians who have insurance coverage through their employer and/or practise across borders.
- V. Complying with all applicable laws and College guidance regarding interjurisdictional practice when providing virtual care.

Practice Guidelines:

Dietitians are encouraged to:

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

For externally registered dietitians:

Externally licensed dietitians who use the title dietitian and/or provide dietetic services to clients in Ontario must be aware of the College's [Position Statement: Registration Requirement for Inter-Jurisdictional Practice](#).

Resources

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

- [Confidentiality and Privacy](#) resources
 - [Privacy of Personal Information Dietetic Practice Tool Kit for Registered Dietitians in Ontario](#)
 - [Privacy Legislation and What it Means](#)
 - [Are You a Health Information Custodian?](#)
 - [PHIPA A Guide for Regulated Health Professionals](#) eHealth Ontario
 - [eHealth Ontario guides to information security for small offices](#)
 - [eHealth Ontario guides information security for large organizations](#)
- Virtual Care, Social Media and Technology Page (includes webinars, FAQs, and resources). (2021) <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology.aspx>
 - Virtual Care FAQs (2020): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care-social-media-technology/virtual-care-faqs.aspx>
 - Telephone and Web-Based Counseling (2017) [https://www.collegeofdietitians.org/resources/professional-practice/telepractice/telephone-web-based-counselling-\(2017\).aspx](https://www.collegeofdietitians.org/resources/professional-practice/telepractice/telephone-web-based-counselling-(2017).aspx)
 - Reg Talks Virtual Care Webinar (2020) <https://www.collegeofdietitians.org/cdo-masterpage/news/news-items/2020/virtual-care-webinar-recording-available.aspx>
 - Pandemic FAQs (2021): <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/workplace-issues/pandemic-faqs.aspx>
 - All Things Privacy with Kate Dewhirst, LLB [Webinar](#) (June 2021)
 - All Things Privacy with Kate Dewhirst, LLB [Slides](#) (June 2021)
 - Virtual Care Quiz (2020): <https://www.collegeofdietitians.org/news/2020/quiz-virtual-care.aspx>
 - [Dietetic Practice and Online Communications](#) (2021)
 - Position Statement for Interjurisdictional Practice (2019): <https://www.collegeofdietitians.org/registration-policies/inter-jurisdictional-registration-requirement.aspx>

Legislation

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

Information and Privacy Commissioner of Ontario:

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

Other

- Alliance of Canadian Dietetic Regulatory Bodies (2022). Cross Border Dietetic Practice in Canada. <https://collegeofdietitians.ab.ca/wp-content/uploads/2022/03/Cross-Border-Practice-Position-Alliance-April-2022.pdf>
- Citizen Advisory Group. (May 2020). Resuming Non-essential Care During the COVID-19 Pandemic. <https://citizenadvisorygroup.files.wordpress.com/2020/05/citizen-advisory-group-13-may-2020-final-report.pdf>
- College of Physicians and Surgeons of Ontario. (June 2022). Virtual Care. <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Virtual-Care>
- Health Standards Organization (HSO). 2018. Standards Council of Canada and International Society for Quality in Health Care. Virtual Health. <https://healthstandards.org/standard/virtual-health-global/>; accessed October 15, 2020.



Board Briefing Note

Topic:	Draft Social Media Standards and Practice Guidelines for Dietitians in Ontario
Purpose:	Decision Required
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Effective and Transparent Communication Risk-Based and Right-Touch Regulation
From:	Professional Practice Committee

ISSUE

Based on the recommendation from the Professional Practice Committee (PPC), the Board is being asked to consider, and approve in principle, the proposed *Draft Social Media Standards and Practice Guidelines for Dietitians in Ontario* for consultation with Registrants and System Partners.

PUBLIC INTEREST RATIONALE

The role of the College is to protect the public by regulating the dietetic profession in Ontario in a way that promotes safe, ethical, and competent dietetic practice.

The *Draft Social Media Standards and Guidelines for Dietitians in Ontario* relates to the following:

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

¹ College of Dietitians of Ontario (2013). Framework for Standards of Professional Practice. Retrieved from <https://www.collegeofdietitians.org/resources/about-the-college/standards-of-professional-practice-framework.aspx> [December 8 & 9 Meeting, 2022]

BACKGROUND

Over the years, the College developed the following resources to guide dietitians when using social media:

- Code of Ethics: The Code of Ethics indicates: "A registered dietitian demonstrates beneficence ("to do good") by ensuring that they: a. demonstrate professionalism, constructive dialogue, and civility in all communications, including when using social media."²
- Boundary Guidelines: The [Boundary Guidelines for Professional Therapeutic-RD Client Relationships](#) guide dietitians when interacting with clients on social media, advising dietitians to be mindful of sharing personal information and separating personal and professional communications. It also includes that it is not appropriate for dietitians to accept clients as friends via social media or to interact personally on social media sites. This boundary crossing could potentially interfere with the professional RD-Client therapeutic relationship³.
- Practice Scenarios: A boundary-crossing scenario on social networking is provided [here](#), and a consent scenario about disclosing personal health information via the internet is provided [here](#). There is also a [social media scenario](#) about supervising student learners in the 2020-2021 [Ethics and Professionalism Workshop – Adapting to Change](#).
- E-Learning Module: The College also collaborated with six other regulatory Colleges to provide a collaborative e-learning module – [Pause before you Post: Social Media Awareness for Regulated Health Professionals](#) in 2013. While dated, it contains some vital guidance on professional behaviours and managing social media use in practice and practice scenarios for application.
- Practice Articles: Lastly, the Staff recently updated College articles on social media ([Dietetic Practice and Online Communications](#) and [Dietetic Practice and Social Media](#)).

Overall, these resources are dispersed, and there would be a benefit to having a guiding document that is easily accessible for dietitians. In addition, some resources have some dated content that lacks applicability to the use of social media as a viable communication channel that can be used safely and professionally.

²College of Dietitians of Ontario, 2019. Code of Ethics. Retrieved from: <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/professional-ethics.aspx>

³College of Dietitians of Ontario, 2017. Boundary Guidelines for Professional Therapeutic-RD Client Relationships. Retrieved from: <https://www.collegeofdietitians.org/resources/standards/boundary-guidelines-for-professional-therapeutic-r.aspx>

A college-specific *Social Media Standard and Guidelines* are being proposed to support dietetic practice in Ontario. This proposed draft will support the College in keeping pace with emerging best practices in how the College effectively administers its Professional Practice Program (PPP) components. Changes align with the Right Touch approach and are important considerations given the recent focus on reporting the College Performance Measurement Framework Measures required by the Ministry of Health.

CONSIDERATIONS

The fundamental goals of the *Social Media Standards and Guidelines* are to articulate best practice principles and provide guidance for safe, competent, and ethical dietetic practice. In addition, the Social Media Standard and Guidelines clarify the required behaviours by which a dietitian's performance can be evaluated and serve as a basis for assessing whether dietitians fulfill their professional responsibilities around decision-making in daily practice when using social media.

Social Media Standards and Guidelines may be used for several purposes, including:

1. To fulfill the College's regulatory mandate of public protection;
2. To inform the public, employers, other health care providers and College registrants about expectations that dietitians must meet when using social media in their dietetic practice;
3. To provide performance assessment criteria through reflective practice, self-evaluation, and peer review for the College's Quality Assurance Program;
4. To help guide the College's decision-making in matters related to the professional conduct of dietitians in diverse practice settings; and
5. To support compliance with dietitians' required standards and performance expectations surrounding professional behaviours when communicating using social media.

Draft Standard and Practice Guidelines Development Steps:

- In 2021, the PPP conducted environmental scans of social media resources from Ontario health regulators and the Ontario College of Teachers, the Ontario College of Social Workers and Social Service Workers and national dietetic regulators to support the development of College-specific Social Media Standards and Guidelines. The environmental scan was provided to the Professional Practice Committee (PPC), which included a list of peer-reviewed and grey literature resources on social media and health professionals.
- The PPP also requested comments and concerns from the Inquiries, Complaints and Reports Committee (ICRC) over the last few years and social media concerns from other investigations/decisions. A list of concerns that have arisen at the ICRC level, including what the ICRC considered higher risk conduct on social media, was provided to the PPC.

- **October 2021:** As a result of the information described above, overarching principles were identified with the Professional Practice Committee (PPC), and a draft Standards and Guidelines document was developed.
- **February 2022:** The first draft of the Social Media Standards and Guidelines document, reviewed by the PPC at the February 2022 PPC Meeting, was subsequently reviewed by legal counsel and feedback was provided and incorporated into the draft.
- **July 2022:** Staff held two dietitian focus groups for a preliminary in-depth consultation. Feedback was gathered from 19 dietitians on the draft copy of the Standard and Practice Guidelines. The reports from the Focus Groups were provided for PPC's review.
- **November 2022:** Legal feedback and preliminary dietitian focus group consultation feedback were provided to the PPC at the November 3, 2022, meeting. The PPC made recommendations and motioned to accept the draft with suggested edits, including a proposed recommendation to the Board to approve the draft in principle for purposes of broader consultation.

EQUITY IMPACT ASSESSMENT

CDO acknowledges its commitment to EDI-B and the promotion of learning and inclusive experiences that fulfill its mandate of serving and protecting the public. Specifically, EDI-B was considered through this policy development, including issue analysis. Other examples include focus group recruitment and Standard content. Lastly, during policy implementation, identification and mitigation of unintended impacts will be sought.

Focus Group Recruitment

For focus group recruitment, as part of our commitment to principles of EDI-B, applications from all dietitian registrants including Black, Indigenous, and people of colour, persons with disabilities, and persons of all sexual orientations and gender identities were encouraged. The focus group included dietitians with a range of experience in various practice settings, in diverse geographic settings across Ontario (i.e. rural practice to inner city), with diverse experiences (new to practice and experienced practitioners). Recruitment efforts also intended to create heterogeneity within the group by recruiting for diversity in years of practice, and diversity in workplace setting, aiming for maximum variation within the group to capture a variety and range of experience held by dietitians with common practice characteristics.

Standard and Guideline Content

In addition, in this Standard and Practice Guidelines, cultural safety and cultural humility have been included in the document.

Policy Implementation

During policy implementation, consultation will be sought from registrants and system partners for positive or negative impacts to any equity deserving group/client population.

RECOMMENDATION

That the Board approve, in principle for consultation, the proposed *Draft Social Media Standard and Practice Guidelines for Dietitians in Ontario (Appendix 1)* as recommended by the Professional Practice Committee.

NEXT STEPS

Should Council approve, in principle, the Draft Social Media Standards and Practice Guidelines for Dietitians in Ontario including any proposed revisions, staff will complete the following steps:

- 1. Circulate for consultation** - Make any revisions directed by the Board and circulate the proposed draft to registrants and other relevant system partners for feedback. Planned circulation period: 30 days.
- 2. Analyze feedback and revise** - Analyze the feedback received from the consultation and incorporate it into the draft. May go to the PPC depending on results on the consultation.
- 3. Final Board approval** - Present to the Board for final approval of the Draft, including final modifications at the March 2023 meeting.
- 4. Publish and communicate broadly** - Publish on the College website and develop a communication plan for education to dietitians and other relevant system partners.
- 5. Incorporate into College Programs** - Include in College publications and program tools such as the Jurisprudence and Professional Practice Resources, the Jurisprudence Knowledge, and Assessment Tool (JKAT) and the Peer & Practice Assessment.

ATTACHMENTS

Appendix 1: Draft Social Media Standards and Guidelines for Dietitians in Ontario



Appendix 1

Draft Social Media Standards and Practice Guidelines for Dietitians in Ontario

Introduction

Social media^{1,2} is a broad term used to define forms of electronic communication, including websites or applications for social networking and blogging through which dietitians may personally and/or professionally create and share information, ideas, messages, and content (e.g., text, video, audio and/or images) and/or provide comments and reactions to the social media posts of other users. Social media may include blogs, vlogs, wikis, message boards, chat rooms, forums, podcasts, electronic polling, social bookmarking, clouds, social networking (e.g., Facebook, Instagram, Twitter, LinkedIn) and video platforms (e.g., TikTok, YouTube) and more.

Social media platforms and technology are constantly evolving, and while the platforms and terminology may change (e.g., "sharing" or "liking" a "post" and the ways that people can interact on various platforms), the concepts provided in these Standards and Practice Guidelines apply to all social media use.

Social media³ can be used for several reasons in dietetic practice, including:

- Increasing dietitian capacity to reach the public, clients and their families with timely, high-quality health and nutrition information and resources;
- Answering questions and obtaining feedback from clients, families and the public;
- Raising public awareness of key nutrition issues;
- Promoting and advertising upcoming events, programs, or dietetic services available;
- Providing education to nutrition students and dietetic practicum students;
- Networking with other professionals and sharing educational information;
- Creating common interest groups on nutrition topics; and
- Creating communities of practice to support health professionals and clients.

¹ Merriam Webster Dictionary (2022). Social Media. Retrieved from <https://www.merriam-webster.com/dictionary/social%20media>

² Canadian Dietetic Regulatory Practice Advisory Network (2022). Social Media Guidelines. Unpublished.

³ College of Dietitians of Ontario (2021). Dietetic Practice and Social Media. Retrieved from <https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/virtual-care,-social-media-technology/dietetic-practice-and-social-media.aspx>

Purpose:

The Standards and Guidelines articulate key principles for social media practice. The fundamental goal of the *Social Media Standard and Guidelines* for Registered Dietitians is to set out expectations for the professional conduct of dietitians while using social media. Standard statements articulate the minimum level of performance expectations for the professional conduct of dietitians while using social media, followed by a list of how the Standard is demonstrated in practice. The practice guidelines articulate best practice suggestions for safe, competent, and ethical dietetic practice.

The *Social Media Standards and Guidelines* are not for use in isolation. Together with relevant legislation, the [Code of Ethics](#), other [College Standards and Guidelines](#), the *Social Media Standards and Guidelines* serve dietitians, the College and its Committees when considering dietitian practice or conduct. Dietitians should also consider their organizational and/or employer social media policies.

Social Media Standards and Guidelines may be used for several purposes, including:

1. To inform the public, employers, other health care providers and dietitians about the expectations dietitians should meet when using social media in their dietetic practice.
2. To help guide the College's decision-making in matters related to the professional conduct of dietitians in diverse practice settings.
3. To support compliance with dietitians' required standards and performance expectations surrounding professional behaviours when communicating using social media.
4. To fulfill the College's regulatory mandate of public protection.

Social media can be a valuable tool for health professionals to communicate, collaborate and share information. However, there are also risks. Following a principled approach for [risk reduction](#) and [public protection](#), Standard statements define the minimum expectations, and the practice guideline statements provide best practice suggestions.

Dietitians can refer to the Social Media Standard and Guidelines – Practice Scenarios for accompanying guidance, highlighting risks and challenges that dietitians may face while using social media. The scenarios illustrate, through practical examples, an application of the principles and how dietitians can apply the Standards and Guidelines personally and professionally in relation to social media use².

Principle 1: Personal and Professional Use of Social Media

This Standard and Guideline focuses on a dietitian's professional use of social media, but it may also apply to personal use. As regulated health professionals, dietitians are responsible for abiding by the [Code of Ethics](#) and [Professional Practice Standards](#). This commitment to public protection requires dietitians to be mindful of their professional practice at work, at home, and in public.

The Supreme Court of Canada ruled that off-duty conduct can be considered in investigations and discipline, where a sufficiently negative impact on the profession and the public's interest can be demonstrated⁴. Dietitians are responsible for balancing their responsibilities as regulated health professionals with their right to freedom of expression in their private lives⁵. While personal accounts can provide limited access through strong privacy settings, dietitians should consider that even private posts, or content and comments made in "private/closed" groups or via direct message may have the potential to be public and accessible to all and potentially subject to regulatory investigation and discipline. Generally, the College's interest lies in regulating actions performed within the scope of practice. There are times, however, when a dietitian's private life can have potential implications for public protection and may be within the purview of the College for its public protection mandate. This could apply where a dietitian's actions impact professional ethics or public safety, whereby the College would have a legitimate public protection interest in regulating the behaviour.

Standard Statement for Personal and Professional Use on Social Media

Standard 1: Dietitians must identify themselves in a transparent manner that is identifiable to the public when [practising dietetics](#) via social media as per the [Professional Misconduct Regulation](#).

A registered dietitian demonstrates the Standard by ensuring:

- i. Dietitians use the same name that appears in their profile on the College Register of Dietitians and their professional designation, including either Registered Dietitian, RD or the French equivalents when [practising dietetics](#) via social media.

⁴ *Ross v. New Brunswick School District No. 15*, 1996 CanLII 237 (SCC), [1996] 1 SCR 825, <<https://canlii.ca/t/1frbr>>

⁵ Adapted from the College of Dietitians of British Columbia (2021). CDBC Social Media Guidelines. Retrieved from https://collegeofdietitiansofbc.org/wp-content/uploads/2021/08/Social_Media_Guidelines.pdf

⁶ Adapted from the College of Dietitians of Alberta (2021). Social Media, Virtual and Cross Border Practice. Retrieved from <https://collegeofdietitians.ab.ca/wp-content/uploads/2021/04/Chapter-14-Social-Media-Virtual-Cross-Border-Practice-20212.pdf>

Practice Guidelines for Personal and Professional Use on Social Media

Practice Guideline: Dietitians may decide to maintain separate personal and professional accounts, and it is important to be mindful that professional and personal are only sometimes distinguishable. When posting personally, one’s registration as a dietitian may be known, and/or dietitians may share personal details on their professional accounts. When posting, consider overall conduct and communication that maintains the profession’s reputation, upholds a culture of respect and trust with the public and does not harm the public or negatively impact client care⁷.

Practice Guideline: Dietitians may consider providing a disclaimer when representing personal views, particularly unrelated to the profession or views that could affect the public’s trust in the profession. For example, *“The posts on this site are my own opinions and do not necessarily represent the position, opinions and behaviour of other dietitians or the profession in general.”*⁶

Principle 2: Professionalism and Social Media Conduct

Practicing dietetics requires upholding the [Code of Ethics](#), including beneficence (to do good), non-maleficence (do no harm), respect for persons/justice and respect for autonomy, all of which guide evidence-informed dietetic practice. Dietitians' interactions with clients and colleagues demonstrate values such as honesty, reliability, and compassion. Dietitians gain the trust of their clients, practicing with cultural humility and providing culturally safe care. The same principles of professionalism used by dietitians in face-to-face communications apply to social media, including professional judgment and critical thinking.

Standard Statements for Professionalism and Social Media Conduct

Standard 2: Dietitians must demonstrate professionalism, constructive dialogue, and civility in all professional communications, including when using social media.

A registered dietitian demonstrates the Standard by ensuring:

- i. Dietitians must conduct themselves respectfully and in a professional manner that does not impact the delivery of quality dietetic services, the safety or perceived safety of others while using social media⁶. Others include but are not limited to the public, clients, colleagues, supervisors, employers, educators, professors, mentors, students or a regulatory body⁵. Dietitians are accountable to the public they serve, their colleagues in the profession and the College.

⁶ Adapted from the College of Physicians and Surgeons of Ontario (2021). Social Media – Policy. Retrieved from <http://policyconsult.cpso.on.ca/wp-content/uploads/2021/06/Social-Media-Draft-Policy.pdf>; <https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Social-Media>

Standard 3: Dietitians must consider their social media conduct and how it affects their own reputation, the reputation of the profession, including how it impacts the public trust⁶. While disagreements or conflicts can arise in professional practice, dietitians must act respectfully while using social media for advocacy.

A registered dietitian demonstrates the Standard by:

- i. avoiding unprofessional, disgraceful, or dishonourable behaviour. Examples of unprofessional, disgraceful, or dishonourable behaviour⁷ may include, but are not limited to:
 - language towards others that includes profanity, is disrespectful, insulting, intimidating, humiliating, or abusive.
 - bullying, attacking, harassing, and making comments that may be, or perceived to be disparaging to others, unsubstantiated and/or defamatory⁷, hate speech (related to race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, disability, weight, or level of education), or discriminatory (e.g., racism, transphobia, sexism).
 - Posting inappropriate photos, reels, stories, and comments (e.g., alcohol and/or drug impairment while practicing)⁵.
- ii. recognizing their professional obligation to report to the College and others as relevant (e.g., employer), incidents of unsafe or unethical conduct of dietitians that may cause harm to the public as per the [Professional Misconduct Regulation](#). Examples may include but are not limited to discriminatory language, sharing client personal health information without informed consent, and sharing misleading or deceptive information.

Standard 4: Dietitians must comply with the law when using social media.

A registered dietitian demonstrates the Standard by ensuring:

- i. understanding how the law applies to professional practice for social media and complying with legal responsibilities. For example, [Canada's Anti-Spam Legislation](#) (CASL) may affect dietitians if they use electronic channels to promote or market services, organizations, or products. In addition, defamation⁷, copyright, and plagiarism laws also apply to social media and social sharing. Dietitians must consider professional conduct and always provide attributions and links to original sources when sharing information, including content across different platforms (i.e., citing the original source).

⁷ Libel and Slander Act, RSO 1990, c.L.12. Retrieved from <https://www.ontario.ca/laws/statute/90l12>

Practice Guidelines for Professionalism and Social Media Conduct

Practice Guideline: Dietitians should consider clear, professional, and audience-appropriate language when using social media.

For the purposes of this Standard and Practice Guideline, "liking" can be considered communicating a (positive) reaction to and "sharing" can be regarded as "reposting" information or forwarding information to users. Reactions may include emojis that can be interpreted as "positive" and/or "negative". Dietitians should consider the implications of liking, reposting, and reacting to comments, including how they may be interpreted and the possible implications of these actions. For example, abbreviations, acronyms, dietetics and/or health-related terminology, or emojis can be misinterpreted or confusing and hard to understand for the public. Posting short and incomplete sentences can add to this confusion. In addition, not all clients and social media users are aware of online language culture and trends (e.g., short forms for LOL, BRB, etc.). "Using emojis and texting in shorthand can clarify meaning and tone but also lends informality. Dietitians should balance clarity with professionalism. Consider that reacting with an emoji to any post or comment on a post can be easily misconstrued, causing complications and confusion"⁵.

Practice Guideline: Dietitians are responsible for all information, including comments, posted on any social media account that is their own. Dietitians should take all reasonable steps to comment, remove or edit content posted by others that is within the locus of their own control that may be seen as unprofessional (e.g., insults, inaccurate, misleading, or deceptive information). While dietitians are not responsible for comments outside of the locus of their own control (e.g., unsolicited comments), dietitians should strive to be aware of comments posted about their practice. Unsolicited reviews via public forums, which are developed by members of the public and link to a dietitian's social media platform, are not prohibited. Still, where information is inaccurate, misleading, fraudulent, or defamatory, dietitians should take reasonable steps (e.g., contact the website administrator) to request corrections or deletions.

Practice Guideline: Dietitians consider how responding to or "liking" a comment/post or image on someone else's profile/page/app may be interpreted as agreeing with or supporting the comments.

Practice Guideline: Dietitians are encouraged to use appropriate organizational communication channels to discuss, report and resolve workplace and/or other issues involving regulated health professionals.

Practice Guideline: If dietitians are employers, have employees, or manage their private practice, they are encouraged to consider developing their own social media policies and/or protocols/procedures for their practice. Topics may include the purpose of use, approved platforms, content expectations and guidelines, who can post and comment, guidelines for personal profiles, and consequences of not meeting policy obligations⁵. Dietitians may consider

developing strategies on how to respond to clients if contacted through their personal account, including how to decline invitations and preserve the client-RD relationship. Dietitians are encouraged to have a strategy for approaching inappropriate (i.e., excessive or offensive) messages or negative client reviews without breaching client confidentiality. It may be helpful to evaluate the situation, the quality of care provided to the client, and assess any issues the client has described in their review. The dietitian may consider responding directly to the client if they are known, or a general response for the public. Comments should be consistent with principles in this Standard and Guideline and the Code of Ethics.

Principle 3 – Evidence-Informed Practice on Social Media

Employers, clients, and the public rely on a dietitian’s expertise to provide accurate and timely nutrition information.

Standard Statements for Evidence-Informed Practice on Social Media

Standard 5: Dietitians must communicate any food, nutrition, and/or health-related information through social media in an evidence-informed and culturally safe manner.

A registered dietitian demonstrates the Standard by ensuring:

- i. they avoid posting information that is misleading, deceptive, inappropriate, or harmful. Information must be supported by best available evidence⁶ and support equity, diversity, inclusion and belonging, including Indigenous and cultural ways of knowing where relevant.

Standard 6: Dietitians must be aware of and transparent about the limits of their knowledge and skill, and not misrepresent their qualifications when sharing content related to food and nutrition⁶.

A registered dietitian demonstrates the Standard by ensuring:

- i. the [professional misconduct regulation](#) is met which prohibits the inappropriate [use of a term, title or designation](#) in respect of a dietitian's practice. An inappropriate use may include:
 - Modifying the legislated title, and/or using a false or misleading term such as Medical Dietitian when the person is not a physician; or
 - Implying specialization or certification such as Paediatric Dietitian since there are no recognized and certified specialties in dietetics. Dietitians should avoid the use of the word “specialist” in title and in self-description.
 - Dietetic Students are reminded that using the title dietitian in Ontario is prohibited under the [Dietetics Act, 1991](#), unless a person is a registrant of the College of Dietitians of Ontario.

Practice Guidelines for Evidence-Informed Practice on Social Media

Practice Guideline: When dietitians include links to other information and resources (e.g., websites, videos, podcasts, etc.) in social media posts, dietitians should take reasonable steps to ensure all information is current, accurate and reliable. Dietitians may state that information is valid as of the date of publication; including the date that a post is published⁵.

Practice Guideline: Dietitians should follow organizational policies and consider what information, if any, requires documentation or archival (e.g., what information provides evidence of actions, events, facts, thought processes, and/or decisions within dietetic practice) in relation to social media and their dietetic practice.

Practice Guideline: Dietitians can identify their practice area or health condition focus (e.g., public health, diabetes, etc.) on their social media accounts or platforms to assist the public in finding their services. It is also generally acceptable to indicate that a practice is focused to a particular group, such as children. As social media handles and/or hashtags can be considered use of the RD title (e.g., equivalent to an advertisement, or business card), dietitians should describe any focused area of practice after the RD title when using social media to prevent modifying the legislated title or implying specialization. Use of separate hashtags can accomplish this (e.g., #RD #pediatric_care).

Principle 4: Informed Consent, Confidentiality and Privacy on Social Media

Dietitians have an ethical and legal obligation to maintain client confidentiality and privacy² and obtain informed consent from clients when providing services and interacting with clients using social media⁵. In many cases, consent may be implied when clients choose to engage in communication via social media⁵. Dietitians follow the [Professional Practice Standard for the Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information](#). Dietitians exercise professional judgment to determine when informed consent can be expressed (oral or written) or implied.

Most social networking sites do not provide a secure platform for sharing confidential client information, such as personal health information.

Standard Statements for Informed Consent, Confidentiality and Privacy on Social Media

Standard 7: Dietitians must refrain from seeking client health information online without client consent⁷, unless absolutely necessary for safety concerns. The [Personal Health Information](#)

[Protection Act, 2004 \(PHIPA\)](#) does permit indirect collection without consent in limited circumstances (i.e., appropriate rationale related to safety concerns).

A registered dietitian demonstrates the Standard by ensuring:

- i. they follow the [Professional Practice Standard for the Collection, Use and Disclosure of Personal Health Information](#), if collecting, using and disclosing personal health information via social media. Dietitians comply with the legislative requirements in (PHIPA) and the [Health Care Consent Act, 1996](#).

Standard 8: If posting content on social media that contains client personal health information (e.g., client case studies or gathering information from other dietitians or health care providers), dietitians de-identify information and/or obtain and document express informed consent from the client or their substitute decision maker (SDM) for disclosure and publication via social media⁷.

A registered dietitian demonstrates the Standard by ensuring:

- i. clients must not be able to identify themselves as the subject of the post. Dietitians must remove any information/circumstances that the personal health information could be used, either alone or with other information to identify the individual. If in doubt that anonymity be maintained (e.g., smaller communities where clients be identified with little information such as location or medical condition), informed consent must be obtained from clients or their SDM and documented.
- ii. if posting a client's identifiable personal health information on social media, dietitians must follow the [Professional Practice Standard – Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information](#) to ensure knowledgeable consent is obtained and documented, as well as, requirements to obtain express informed consent from clients or their SDM - iii and iv below.
- iii. when obtaining express informed consent from clients or their SDM to collect, use and disclose personal health information on social media, dietitians must show the client the content to be posted on social media, inform them that consent can be withdrawn at any time, inform them of any risks of the content (e.g. once posted it may be challenging to have it completely removed), and provide information such as the purpose, where it will be posted, and any other relevant information used (e.g. client education materials)⁷.
- iv. reasonable steps are taken to mitigate power imbalances inherent in client-RD relationships. Clients may be vulnerable and feel pressured to consent. Dietitians must take reasonable steps to prevent potential effects (e.g., inform clients if they do not consent, it will not affect their care.)

Standard 9: If unauthorized use, disclosure, loss or theft of personal health information occurs, dietitians must follow their [obligations for handling privacy breaches](#).

A registered dietitian demonstrates the Standard by ensuring:

- i. compliance with the legislative requirements in *PHIPA*.

Practice Guidelines for Informed Consent Practice on Social Media

Practice Guideline: Dietitians should consider and apply privacy settings to determine who can view their posts. It may be helpful to routinely review privacy settings and policies of the platforms used, as they may change. Dietitians should be aware that others can copy, screenshot, and share information without their knowledge or permission.

Principle 5 - Professional Boundaries and Social Media

Dietitians share food, nutrition and health information related to the dietetic scope of practice for educational or informational purposes. When using their professional designation or providing health-related info, dietitians are acting in a professional capacity.

Standard 10: Dietitians must apply their professional judgment and carefully consider risks of providing any client-specific, individualized advice via social media (i.e. the advice provided creates a reasonable perception that a dietitian-client relationship exists).

In the event that client specific individualized advice must be provided over social media, dietitians must be able and willing to meet professional obligations in a client-dietitian relationship as noted in the Virtual Care Standards and Guidelines, including fulfilling privacy obligations as per the *PHIPA*. Providing dietetic assessment and/or treatment/intervention via remote technology is considered providing dietetic virtual care. Dietitians are expected to comply with all their existing professional expectations including those set out in relevant legislation, the Code of Ethics, and College Standards.

A registered dietitian demonstrates the Standard by ensuring:

- i. understanding the limits to what can be communicated safely and how social media may make meaningful, client-RD communication more difficult. When interactions with clients become more complex and individualized, dietitians should consider providing communication options off social media. When general information is being provided, it should be clearly stated that the information posted is not intended to replace individualized dietetic advice⁵.

Standard 11: Dietitians must maintain professional boundaries when interacting with clients with whom a client-RD relationship exists, persons associated with these clients, and dietetic learners via social media.

A registered dietitian demonstrates the Standard by ensuring:

- i. they must consider the risks of dual relationships (compromised professional judgment and/or unrealistic client expectations) as well as the impact. Dietitians must not exploit power imbalances in the dietitian-client relationship or persons closely associated with them, and any relationship with dietetic learners (mentoring, teaching, supervising, or evaluating student learners)⁷.

Practice Guidelines for Professional Boundaries and Social Media

Practice Guideline: Maintaining boundaries depends on context. In smaller communities, dietitians may be in the same social media networks as clients, or friends and family. Consider the type and length of care, and vulnerability of the client. The [Boundary Guidelines](#) provide guidance to dietitians when interacting on social media, advising dietitians to be mindful of sharing personal information and considering separating personal and professional communications.

Principle 6 - Conflict of Interest and Social Media

Dietitians always use professional judgement to keep clients, colleagues, the public and the professions' obligations a priority². A dietitian is in a conflict of interest when they consider their own (or someone else's) interests ahead of or instead of the interests of their client⁸. Given the casual nature of social media and the opportunities to market and advertise services and products, be aware of behaviours and actions that may lead to conflicts of interest. For more information on conflict of interest, refer to the [Standards and Guidelines for Professional Practice: Conflict of Interest](#).

Principle 7 – Advertising and Promoting Dietetic Services on Social Media

Social media provides opportunities for dietitians to promote their dietetic services. A group or an individual dietitian can create sites for various purposes such as describing nutrition services, sharing nutrition education and resources, summarizing recent nutrition research, and professional opinions. The College encourages professional advertising of dietetic services.

⁸ College of Dietitians of Ontario (2017). Standards and Guidelines for Professional Practice – Conflict of Interest. Retrieved from <https://www.collegeofdietitians.org/resources/standards/standards-and-guidelines-coi.aspx>

When advertising, keep in mind the public's best interest and ensure full disclosure and transparency.

Standard Statement for Conflict of Interest, Advertising and Promoting Dietetic Services on Social Media

Standard 12: Dietitians must avoid, or recognize and manage to avoid, an actual or perceived conflict of interest when using social media.

A registered dietitian demonstrates the Standard by ensuring:

- i. Dietitians must comply with any applicable advertising laws, standards, and guidelines, including the Standards and Guidelines for Professional Practice – Conflict of Interest when advertising and promoting dietetic services on social media.

Practice Guidelines for Conflict of Interest, Advertising and Promoting Dietetic Services on Social Media

Practice Guideline: Dietitians should be aware of potential conflicts of interest that could arise when a dietitian promotes products or services that are unrelated to dietetics through a social media account that identifies them as a dietitian. In addition, dietitians should carefully consider the endorsement of a specific brand or product. Principles of transparency, honesty, evidence-informed practice, professional judgment, and ethics should be considered.

Frequently Asked Questions (FAQs)

The FAQs provide information on how the expectations in the *Social Media Standards and Guidelines* can be met.

Can you describe what “professionalism,” and “reputation of the profession” means? How does the College determine this?

A recent systematic review⁹ sought to define professionalism for the dietetics profession for the purpose of teaching nutrition and dietetics. As noted by Dart et al. (2019), professionalism is central to safe and ethical dietetic care and crucial to maintaining trust from the public in healthcare providers. As such, trust is an important part of professionalism. Conduct on social media that undermines the public’s trust and confidence of the profession may impact client access to dietetic care and client care itself.

Generally, College Standards and resources, including the Code of Ethics and other professional resources such as the Integrated Competencies for Dietetic Education and Practice (ICDEP)¹⁰ inform what is considered professional.

Professionalism is contextual. Concepts of equity, diversity and inclusion are relevant to how professionalism has been defined and conceptualized, historically related to the cultural norms of dominant groups¹¹. The College is committed to informed equity, diversity, inclusion and belonging (EDI-B) action to minimize systemic barriers and build a more inclusive and equitable health system for all, including Indigenous peoples, immigrants, refugees, people who are racialized, people with disabilities and the 2SLGBTQIA communities.

To evaluate alleged dietitian unprofessional conduct or communication on social media and the impact to professional reputation, the College ensures that the complaints and reports process is fair, consistent, and unbiased. An EDI-B lens is applied to concepts of professionalism, including declaration of bias. Each complaint or report is handled on a case-by-case basis through a neutral, objective fact-finding process. For example, if a complaint arose about a dietitian’s alleged unprofessional conduct on social media, the complaint would be investigated based on the facts and circumstances of the case, including the performance expectations in the Social Media Standard & Guidelines using an evidence-informed approach. In addition, being a professional means practising while considering the following abilities¹²:

- Being reflective and committed to safe, competent, ethical practice

⁹ Dart, J., McCall, L., Ash, S., Blair, M., Twohig, C., & Palermo, C. (2019). Toward a Global Definition of Professionalism for Nutrition and Dietetics Education: A Systematic Review of the Literature. *Journal of the Academy of Nutrition & Dietetics*, 119(6), 957–971. <https://doi.org/10.1016/j.jand.2019.01.007>

¹⁰ Partnership for Dietetic Education and Practice (2020). Integrated Competencies for Dietetic Education and Practice (ICDEP). Retrieved from <https://www.pdep.ca/library/PDEP-Policies/Integrated-Competencies-For-Dietetic-Education-And.aspx>

¹¹ College of Physicians and Surgeons of Ontario (2022). Advice to the Profession: Social Media. Retrieved from <https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Social-Media/Advice-to-the-Profession-Social-Media>

¹² College of Dietitians of Ontario (2022). Policy on Determining Currency Hours for Dietitians in Ontario

- Practising with integrity, humility, honesty, diligence, respect and treating others fairly and equitably.
- Valuing dignity and worth of all persons regardless of age, race, culture, creed, sexual orientation, gender identity and expression, body weight, ableness and/or health status
- Complying with legal requirements and professional obligations
- Applying the principles of sensitive practice and functioning in a client-centred manner
- Working within areas of personal knowledge and skills
- Maintaining a safe work environment
- Maintaining personal wellness consistent with the needs of the practice
- Using an evidence-informed approach to your work
- Acting ethically, respecting autonomy, beneficence, non-maleficence, and respect for justice.

What does practising dietetics on social media mean?

Dietitians should exercise reasonable professional judgement to determine if they are practising dietetics on social media based on the individual circumstances related to their specific role and practice setting. The definition of practising dietetics is quite broad and can include various practice areas and workplace settings.

As noted in the College's definition of practising, dietetic practice can be in a paid or unpaid capacity (e.g., volunteer work) for which registrants use food and nutrition specific knowledge, skills and judgment while engaging in:

- the assessment of nutrition related to health status and conditions for individuals, groups and populations;
- the management and delivery of nutrition therapy to treat disease;
- the management of food services systems; building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means; and
- the management, education or leadership that contributes to the enhancement and quality of dietetic and health services.

For greater clarity, dietetic practice includes the following activities:

- Assessing, promoting, protecting, and enhancing health and the prevention of nutrition-related diseases in populations using population health and health promotion approaches, as well as strategies focusing on the interactions among the determinants of health, food security and overall health.
- Conducting dietetic, health and evaluation research, product development, product marketing, and consumer education to develop, promote and market food and

nutritional products and pharmaceuticals related to nutrition disorders or nutritional health.

- Developing or advocating for food and nutrition policy.
- Communicating food & nutrition information in any print, radio, television, video, Internet, or multi-media format

NB: This is an excerpt of the Definition of Practising Dietetics. Please see [link](#) for full details.

Can you describe what is meant by cultural safety and cultural humility via social media use?

Dietitians can support equity, diversity, inclusion and belonging through social media use by committing to practicing in a manner that promotes cultural humility and cultural safety.

Although definitions may vary in the literature, for the purposes of this document, practicing cultural humility involves self-reflection, curiosity and adopting a learner's mindset to understanding the experiences of another person¹⁴. Cultural humility includes empathy and respect, practicing in a client-centred manner and being open to the experiences, preferences and worldviews of clients and colleagues. It also means being aware of one's position and privilege¹³.

Culturally safe care as noted in the ICDEP¹¹ is an outcome based on respectful engagement when power imbalances are recognized and addressed in the provision of dietetic care. Free of racism and other discrimination, clients, colleagues, and students should feel safe receiving and/or working with and accessing care from dietitians and dietitians should be safe and respected providing care^{11, 14}.

Dietitians should be aware that conduct on social media (which may include liking, sharing, and/or commenting on content) and unprofessional comments and/or behaviour can impact safety and trust for clients and the public, potentially impacting willingness to access care, and/or create harm.

How might dietitians approach potential or actual clients who are contacting a dietitian inappropriately (repeatedly or offensively) on social media?

Dietitians may consider developing their own code of conduct and/or social media policy and/or protocols/procedures for their practice⁵. Standard 3, i., may help guide expectations. Dietitians may develop a strategy for how to respond to a client/potential client and what steps may occur based on the communication or behaviour (i.e., notification, blocking, etc.). The code of conduct or policy, protocol or procedure may include how to deal with public relations issues and how negative comments will be responded to⁵.

¹³ College of Occupational Therapists of Ontario (2022). Culture, Equity, and Justice in Occupational Therapy Practice. Retrieved from https://www.coto.org/docs/default-source/culture-equity-justice/coto-culture-equity-and-justice-in-occupational-therapy-en.pdf?sfvrsn=4392a2c6_16

Appendix II**Draft Social Media Practice Scenarios**

Board Meeting

December 8, 2022

6. - Appendix II

Please review the Draft Social Media Standard and Practice Guidelines prior to reviewing the Draft Social Media Practice Scenarios.

There are no simple answers to these scenarios.

The scenarios provide accompanying guiding questions, applying the principles from the Standard and Guidelines. This provides an example of how dietitians can apply the Standards and Guidelines personally and professionally in relation to social media use.

Scenario 1: Tik Tok Trouble

Together with colleagues, some dietitians have used Tik Tok at their local hospital to post collaborative team dances of healthcare providers in their uniforms during the pandemic. However, one dietitian has created their own videos using the tag name “Dietitian Dilemmas.” The dietitian has been complaining about a staff member on TikTok video reels and has frequently complained that the staff member is “ignorant” and that they do not have a good relationship with them. There are also posts about clients who are “difficult,” albeit anonymously. The dietitian has also commented negatively about their employer on TikTok video reels.

Considering the principle of professionalism and social media conduct and apply the following guiding questions:

1. Is the dietitian practicing dietetics?
2. Is this a professional account? If so, is the dietitian identifiable (via name and designation)? For example, even if using a separate tag name, does the dietitian’s professional designation and same name that appear somewhere on their profile?
3. How can this dietitian’s social media presence impact the public’s perception of the dietitian and the profession, including diminishing the dietitian’s credibility and the public’s trust and confidence in the profession?
4. Could any content/comments be perceived as offensive, discriminatory, or disrespectful? Is the post true? Is it kind? Is it helpful?
5. Has the dietitian used appropriate organizational/communication channels to discuss, report and resolve workplace or other professional issues?

6. While disagreements or conflict can arise in professional practice, is the dietitian acting respectfully towards her colleagues and clients?

Scenario 2: Tricky Tweets

A dietitian uses their name and designation on Twitter and provides advice on all sorts of topics (often not dietetic related). One post covers the topic of essential oils for healing, the next about antioxidants to boost immunity and “prevent infections.” Tags include “Immunologist RD.” Links to other materials provided appear inaccurate and unreliable.

Consider the principles of evidence-informed practice and apply the following guiding questions:

1. Is the information shared evidence-informed (i.e., accurate, current, appropriate) and not misleading, deceptive, inappropriate, or harmful?
2. What are the limits of the dietitian’s knowledge and skill?
3. Does the dietitian misrepresent their qualifications when sharing content related to food and nutrition?
4. Is there an inappropriate use of a term, title or designation in respect of a dietitian's practice (i.e. using a term or implying specialization or certification)?
5. Are links to other information and resources in posts current, accurate and reliable?

Scenario 3: Oversharing on FB?

A dietitian shares a client case through a private Facebook group open only to other dietitians and dietetic students. The case is complex, and the dietitian appreciates gathering insights on the client’s clinical management from other dietitians. Through several posts, the dietitian provides details, including the personal health information of the client (e.g., medical diagnosis, age, lab results, health history and occupation). However, they do not share any demographic info, nor the client’s name. The dietitian practices in a small community and in a less common area of dietetic practice. A dietetic student in the group recognizes the content and believes the case is about their aunt.

Consider the principles of informed consent, confidentiality and privacy and apply the following guiding questions:

1. Has the dietitian de-identified information and/or obtained client express informed consent for disclosure and publication via social media?
2. If obtaining express informed consent from clients or their substitute decision-maker (SDM) to collect, use and disclose personal health information on social media, has the dietitian showed the client the content to be posted on social media, including informing the client that consent can be withdrawn at any time? Have any risks of the content and information such as the purpose, where it will be posted, any other relevant information used be provided?

3. Although the content and comments are made in a “private/closed” group, do the posts have the potential to be public and accessible to all?

Scenario 4: Negative Reviews

A client posts a negative review of a dietitian’s service via an online review website and writes comments about the dietitian, some of which are untrue. The dietitian is upset and feels somewhat vulnerable. The dietitian is ready to type up their post, then pauses and reflects.

Consider the principles of the Social Media Standard and Practice Guidelines and apply the following guiding questions:

1. Has the dietitian evaluated the situation? Consider the quality of the care provided to the client and assess any issues the client describes in the review.
2. Is there any content posted by the client that may be insulting, inaccurate or misleading?
3. Would contacting legal counsel for advice be warranted in this situation?
4. Can the dietitian contact the website to request a correction or deletion?
5. Would responding to the post be helpful? If so, dietitians should avoid responding in haste or anger. If posting a response, does the response ensure confidentiality (i.e., responding either directly to the client if they are known, or by providing a general response for public viewing, carefully considering what should be included (e.g., what care you strive to provide, how you deal with client concerns generally, etc.)?
6. Are the dietitian’s comments consistent with the Code of Ethics and with the Standards of Practice?
7. In what ways can the dietitian’s entire professional profile help to build a positive online presence?
8. In what ways, if any, can the client’s experience be improved? How does the dietitian foster client feedback and act on suggestions?

Scenario 5: “Liking” the wrong post?

A dietitian who is passionate about plant-based diets and animal rights gets into a highly debated online discussion with a PhD who cites research about animal foods. One participant in the thread makes a defamatory comment towards the professor. The dietitian “likes” the post.

Consider the principles of the Social Media Standard and Practice Guidelines and apply the following guiding questions:

1. Is the dietitian practicing dietetics?
2. Is this a professional account? If so, is the dietitian identifiable (via name and designation)? For example, even if using a separate tag name, does the

dietitian's professional designation and same name that appear somewhere on their profile?

3. If using a professional account, could a "like," "follow," "thumbs-up" or reaction be perceived as an endorsement of the post?
4. If this is not a professional account, could this conduct sufficiently have a negative impact on the profession and the public's interest?
5. How can this dietitian's social media presence impact the public's perception of the dietitian and the profession, including diminishing the dietitian's credibility and the public's trust and confidence in the profession?
6. Could any content be perceived as offensive, discriminatory, or disrespectful?
7. Is the dietitian acting respectfully?

Scenario 5: Hanging out on Messenger

A dietitian is supervising practicum students and sends posts on Facebook Messenger and Instagram Direct Message.

Consider the principles of professional boundaries and apply the following guiding questions:

1. Is this a professional or personal account?
2. Is professional language used?
3. Has the preceptor maintained professional boundaries (consideration of power imbalances in the dietitian-student relationship)?
4. When interacting with clients/students, is the dietitian using electronic communication and social media to enhance the student's learning or for personal reasons?



Board Briefing Note

Topic:	Updates to the Board Meeting Evaluation Template
Purpose:	For decision
Strategic Plan Relevance:	Governance Modernization and Enhancing Public Trust
From:	Executive Committee

ISSUE

To consider proposed revisions to the board meeting evaluation.

PUBLIC INTEREST RATIONALE

Good governance is the foundation for effective regulation and public trust. Best practices in regulation support the ongoing assessment of board meetings with a focus 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.

The College Performance Measurement Framework (CPMF), which measures how well regulatory Colleges are protecting the public interest, also requires the Board to regularly assess its effectiveness.

BACKGROUND

At its last meeting, the Executive Committee considered the June board meeting evaluation results and suggested recommendations to the Board on how the evaluation could be improved in light of strides made in governance modernization and EDI-B. The Board considered the feedback at its September 30, 2022, meeting and provided additional input and asked that the Executive Committee consider draft changes to the evaluation at its November meeting.

FOR CONSIDERATION

Taken together, the proposed revisions for the evaluation were:

- Phrase questions in a positive tone.

- Include a question about whether discussions remained on topic.
- Include an EDI-B check-in.
- Revise the question: “No member dominated the discussion” to focus more on the board’s consensus culture.
- Address how the board engages in decision-making, ensuring the public interest in decision making.
- Revise the question: “Council demonstrated an ability to make the best decisions possible,” since the Board had differing understandings of the meaning behind this question.

The current and proposed board meeting evaluation questions are attached as *Appendix 1*. The Board is being asked to consider the proposed evaluation and determine whether any changes are required. Text boxes will be added to the survey following each question but won’t be mandatory.

If approved, the meeting evaluation questions will be circulated after day 1 of the Board meeting, with the results to be reviewed on day 2.

ATTACHMENTS

- Appendix 1: Current and Proposed Board Meeting Evaluation

APPENDIX 1

Current Questions	Proposed Questions
<ol style="list-style-type: none"> 1) Every member of Council had an opportunity to express their opinion 2) Active listening was demonstrated at all times 3) No member dominated the discussion 4) Time was efficiently managed during the meeting 5) Decisions made were summarized after each agenda item 6) Members of Council actively participated in the decision making process 7) Council demonstrated an ability to make the best decisions possible 8) Climate was respectful 9) In your opinion, were operational issues discussed inappropriately? 10) Additional remarks 	<ol style="list-style-type: none"> 1) All Directors had an opportunity to express their opinions 2) All Directors were prepared and actively participated in the decision-making process 3) The meeting climate was respectful and exemplified a culture of equity, diversity, inclusion, and belonging 4) Discussions were constructive and focused 5) Time was efficiently managed during the meeting 6) Decisions made were summarized after each agenda item 7) All decisions were made in the public interest 8) The Board considered all perspectives and made decisions on consensus 9) The Board had all the information it needed to make the best decision possible 10) The Board’s focus remained on strategy, oversight, governance, and a risk-based approach to regulation 11) Additional comments or feedback:



Board Briefing Note

Topic:	Extending the Strategic Plan Until Fiscal March 2025
Purpose:	For decision
From:	Melanie Woodbeck, Registrar and Executive Director

ISSUE

To consider whether to extend the Board’s strategic plan for one additional fiscal year, from the current end date of March 2024 to March 2025.

PUBLIC INTEREST RATIONALE

A strategic plan ensures that an organization is systematically scanning the environment, setting goals and working towards a desirable future state in a focused and intentional way. A regulatory College’s strategic plan ensures that the evolving needs of the public are addressed to ensure achievement of the public safety mandate.

BACKGROUND

The Board approved the [current strategic plan](#) on March 27, 2020, only ten days after a state of emergency was declared in Ontario due to the COVID-19 pandemic. The plan currently spans four fiscal years and ends in March 2024. Should the plan conclude as scheduled, the Board will need to engage in strategic planning during the upcoming fiscal year 2023 – 2024, and budget for this activity in the upcoming budget to be presented to the Board at its next meeting in March 2023.

FOR CONSIDERATION

The first year of a strategic plan, fiscal 2020 – 21 would typically include the initiation of a number of key strategic projects and line up for future ones, however, due to the uncertainty created by the pandemic, many of these projects, and the resources required to carry them out, were deferred.

The second year of the strategic plan, fiscal 21 - 22, was a transition year for the College, with a number of leadership changes in the areas of communications, governance, and the office of the Registrar.

In March 2022, the College added KPIs and a number of strategies to each of the four goals. In the 2022 – 2023 fiscal year, more resources were added and various projects were initiated that set the groundwork for future activities. These activities included a database upgrade; a relational communication audit; a data-based public awareness campaign; a right-touch, risk-based analysis of the QA program; a third-party governance review and an EDI-B workplan based on a completed EDI-B audit.¹

Management has conducted a scan of the regulatory environment, and notes that the current plan continues to be relevant - key regulatory initiatives are incorporated in the current strategic plan goals and strategies. The plan also aligns with the expectations set out in the Ministry of Health's College Performance Measurement Framework (CPMF).

There are still a number of larger projects that will be proposed in the next fiscal workplan that will take time to implement, would be difficult to carry out while concurrently preparing for a new strategic plan, and while possibly making a pivot in strategic direction.

The proposal for extension of the plan by 1 year was also contemplated by the Executive Committee at its November 2022 meeting.

RECOMMENDATION

That the Board consider extending the current strategic plan by 1 fiscal year until March 2025. The next strategic planning sessions will occur in fiscal 2024 – 2025 for approval by the board in March 2025.

However, should the Board wish to keep the strategic plan timeline originally set, strategic planning will be added to the next fiscal workplan and budgeted for.

¹ A full status summary of strategic projects and activities at completed from April to September 2022 was reported to the Board at the September 30, 2022 meeting and is [available here \(page 122\)](#).



College of Dietitians of Ontario (CDO) Land Acknowledgement

Council attachment 0.0

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

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

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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

Council Action List

Actions as of September 16, 2022

Meeting Date	Agenda Item	Action	Status	Notes
June 16, 2022	10.0 Governance Modernization with Recommendations	Develop a strategy for implementing governance recommendations.	In progress	Governance Committee recommendations on September Council agenda.
June 17, 2022	6.0 Council Meeting Evaluation	Review the evaluation form and consider adding to future Governance Committee agenda.	In progress	Executive Committee reviewed the evaluation forms and will be discussed at the September Council meeting.
	7.0 Annual Council and Committee Surveys and Needs Assessment	Build in a teaching a learning moment into each Council meeting. Schedule Council training on trauma informed approaches to EDI-B and decolonization	Complete	Council participated in Anti-racism and equity workshop with Future Ancestors. Additional workshops are either scheduled or being scheduled for fall 2022.
	18.0 Policy (Final) on Determining Currency Hours with Definition of Practising Dietetics Revisions	Publish policy on CDO website and develop a communication plan for education to dietitians and other relevant system partners, including the public.	In progress	Education – RegTalks webinars scheduled: <ul style="list-style-type: none"> September 19 from 12-1pm September 24 from 6-7pm September 27 from 1-2pm October 3 from 1-2pm
		Incorporate policy into CDO publications and program tools.	In progress	Webpage created

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

These four goals will be accomplished through the following strategies:

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



1. I hate it!
2. I like it, but MANY changes required
3. I like it, but 1-2 changes required
4. **I can live with it (consensus)**
5. I love it 100%!