2020 College Performance Measurement Framework (CPMF) Report

Submitted by the College of Dietitians of Ontario

March 2021

College Performance Measurement Framework (CPMF) Reporting Tool

March 2021

INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

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

1. strengthen accountability and oversight of Ontario's health regulatory Colleges; and

2. help Colleges improve their performance.

a) Components of the CPMF:

1	Measurement domains	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→	Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→	Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→	Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College's achievement of a standard.
5	Context measures	→	Statistical data Colleges report that will provide helpful context about a College's performance related to a standard.
6	Planned improvement actions	→	Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario's health regulatory Colleges' key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence
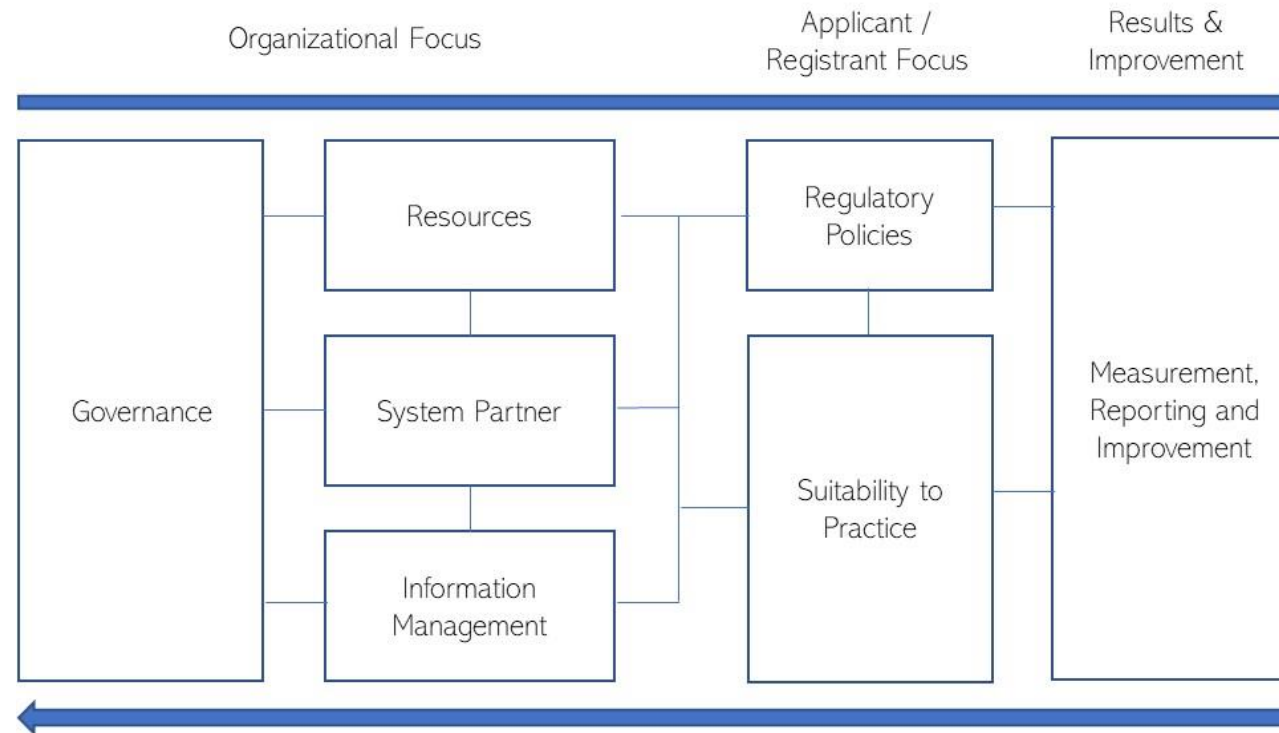
The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

	Domain	Areas of focus
1	**Governance**	• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. • Integrity in Council decision making. • The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	**Resources**	• The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	**System Partner**	• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	**Information Management**	• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	**Regulatory Policies**	• The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	**Suitability to Practice**	• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	**Measurement, Reporting and Improvement**	• The College continuously assesses risks, and measures, evaluates, and improves its performance. • The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard →	→ **Measure** →	→ **Evidence** →	→ **Improvement**

1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after:
		  i. Meeting pre-defined competency / suitability criteria, and
		  ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.

		b. Statutory Committee candidates have:
		  i. met pre-defined competency / suitability criteria, and
		  ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.
			• The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.

		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil

	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
		  i. Council meetings;
		  ii. Council
			Nil

		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;

2. complete the self-assessment;

3. post the Council approved completed CPMF Report on its website; and

4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;

- Changes in comparison to baseline reporting; and

- Changes resulting from refined standards, measures and evidence.[1]

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[1] Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the "required Evidence" set out in column two.
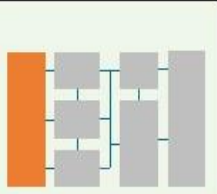
Furthermore,

- where a College fulfills the "required evidence" it will have to:

    o provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.

- where a College responds that it "partially" meets required evidence, the following information is required:

    o clarification of which component of the evidence the College meets and the component that the College does not meet;

    o for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and

    o for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.

- where a College does not fulfill the required evidence, it will have to:

    o indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.
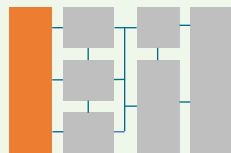
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE

Standard 1

Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.

Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ Partially ☐ No ☐ • The competency/suitability criteria are public: Yes ☐ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public **OR** list orientation training topics: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Yes ☐ No ☐ *Additional comments for clarification (optional):*

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is "No", but also to provide information on improvement plans or improvement activities underway if the response is "Yes" or "Partially".

DOMAIN 1: GOVERNANCE		
Standard 1 **Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.**		
Measure	**Required evidence**	**College response**
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement: Yes ☐ **Partially** ✔ No ☐ • The competency/suitability criteria are public: **Yes** ✔ No ☐ *If yes, please insert link to where they can be found, if not please list criteria: By-law 1 - General* • Duration of orientation training: One full-day session • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In-person (orientation is currently delivered virtually through webinar due to the pandemic) • Insert a link to website if training topics are public **OR** list orientation training topics: Training topics: • Relevant legislation including the *Regulated Health Professions Act, 1991* and the *Dietetics Act, 1991* • Background on governance reform in the professional regulation sector and the College's status in adopting a new governance structure • System partners → other organizations the College works with to achieve its mandate • The public interest and how College work and public councillors support this

		• Information specific to the College, including; mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on Council and how Council achieves them, the relationship between Council and staff and the role of committees • Governance practices, such as meeting structure, best practices and common pitfalls. • The various roles of dietitians, such as their educational background, where they work, what they do. • Administrative processes and resources Pre-defined eligibility criteria for Council and committees are set-out in the College's By-law 1. Council and committee members must meet this criteria to stand for election or to be considered for appointment to committees. The eligibility criteria in By-law 1 is not competency based.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐
		Currently, all new Council members must attend their orientation training before attending their first Council meeting. The College plans on improving on this practice in 2021 by developing a training program for election candidates to attend before they are eligible to stand for election. The College's by-laws have already been amended to add this as an eligibility criterion. As part of the 2020-2024 strategic plan, the College is working towards modernizing its governance practices, which may include requiring professional members to meet pre-defined competencies to be eligible to run in an election.
	b. Statutory Committee candidates have:	The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐
	i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	• The competency / suitability criteria are public: **Yes** ✓ No ☐ *If yes, please insert link to where they can be found, if not please list criteria:* [By-law 1 - General](#) • Duration of each Statutory Committee orientation training: One half-day session • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In-person training (currently delivered virtually due to the pandemic), facilitated by the committee program staff and/or Registrar and attended by other members of the committee • Insert link to website if training topics are public **OR** list orientation training topics for Statutory Committee:

		Orientation for committees is specific to the work of each committee. Topics covered in committee orientation include: • Role of the College • The public interest • Bias, conflict of interest, confidentiality and accountability • Relevant legislation including the *Regulated Health Professions Act, 1991* and the *Dietetics Act, 1991* • Committee specific policies and processes • By-laws and regulations that are applicable to the work of the committee • Program-specific components • How to prepare for a committee meeting → what is contained in a committee meeting package, how to review the material, tools/resources to support the review of the material, importance of coming to committee meetings prepared, meeting frequency, and the relative role of committee members and staff • Monitoring, decision-making, and communications • Committee accomplishments and work plans • Administrative processes and resources Currently, statutory committee candidates do not have to meet any set competencies.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐ As part of the 2020-2024 strategic plan, the College is working towards modernizing its governance practices, which may include requiring Council and non-Council members to meet pre-defined competencies in order to be eligible to be appointed to statutory committees.
		Additional comments for clarification (optional):
	c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Duration of orientation training: One full-day session • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): In-person training (currently delivered virtually due to the pandemic), facilitated by the Registrar and attended by other members of the committee • Insert link to website if training topics are public **OR** list orientation training topics:

		• Relevant legislation including the *Regulated Health Professions Act, 1991* and the *Dietetics Act, 1991* • Background on governance reform in the professional regulation sector and the College's status in adopting a new governance structure • System partners → other organizations the College works with to achieve its mandate • The public interest and how College work and public councillors support this • Information specific to the College, including; mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on Council and how Council achieves them, the relationship between Council and staff and the role of committees • Governance practices, such as meeting structure, best practices and common pitfalls. • The various roles of dietitians, such as their educational background, where they work, what they do. • Administrative processes and resources
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional):

1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:
	
	  i. Council meetings;
	
	  ii. Council
		The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		
		• Year when Framework was developed *OR* last updated: Council Meeting Evaluation Form - Updated 2019
		
		• Insert a link to Framework *OR* link to Council meeting materials where (updated) Framework is found and was approved: *<insert link>*
		
		Council Meeting Evaluation Form – Updated 2019
		
		March 29, 2019 Council Meeting Minutes
		
		March 29, 2019 Council Meeting Package
		
		Council Annual Evaluations – Results last reviewed at the September 18, 2020 Council meeting
		
		September 18, 2020 Council Meeting Minutes

✓ ☐		[September 18, 2020 Council Meeting Package](#)
		• Evaluation and assessment results are discussed at public Council meeting: **Yes** ✓ No ☐
		• *If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed:*
		[December 3, 2020 Council Meeting Package](#)
		[September 18, 2020 Council Meeting Package](#)
		[June 19, 2020 Council Meeting Package](#)
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
		Council has developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. The meeting evaluation is completed after each day of a Council meeting and the results are discussed the next time Council meets. This evaluation is intended to assess the effectiveness of the Council meeting. As Council meetings are typically two-days long, Council completes a post-meeting evaluation at the end of the first day and the results are discussed at the beginning of the second day. Council completes an evaluation at the end of the second day, and the results are discussed on the first day of the next Council meeting.
		Council also completes an annual evaluation and the results are discussed at the June meeting. This evaluation is intended to assess the effectiveness of Council over the past year.
		This year, Council will be developing a self-reflection exercise to assess each councillor's participation, decision-making, and effectiveness as part of the College's governance structure.
	b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement: Yes ☐ Partially ☐ **No** ✓
		• A third party has been engaged by the College for evaluation of Council effectiveness: Yes ☐ **No** ✓ *If yes, how often over the last five years? <insert number>*
		• Year of last third-party evaluation: N/A
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ No ☐

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<td>The College will be exploring with a number of other Colleges the possibility of a joint retainer for a third-party assessment.</td>
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<td>c. Ongoing training provided to Council has been informed by:

   i. the outcome of relevant evaluation(s), and/or

   ii. the needs identified by Council members.</td>
<td>The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐</td>
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<td>• Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training;

• Insert a link to Council meeting materials where this information is found **OR**

• Describe briefly how this has been done for the training provided <u>over the last year</u>.

Council members express their training interests at Council meetings, which is usually followed by a discussion between Council members about the proposed training topic. Staff note the interest in the topic and ask Council clarifying questions about the requested training as required. Following the Council meeting, staff investigate options for facilitating the training and any outside expertise that would provide benefit.

Council members also indicate their interest in training topics in post-meeting Council evaluation surveys, which are completed at the end of each Council meeting and reviewed by Council at the following Council meeting, and through annual evaluation surveys, which are considered by staff and Council every year.</td>
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<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☐   *No* ☐</td>
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<td>*Additional comments for clarification (optional):*</td>
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Standard 2
Council decisions are made in the public interest.

Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented **OR** last evaluated/updated: (see below) • Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy **OR** Council meeting materials where the policy is found and was discussed and approved: December 3, 2020 Council Meeting Package The Code of Conduct was first approved by Council June 5, 1996. It has been revised several times since. The last time it was revised was March 2014. The Code is included in the Council Policy Governance Manual (Policy G3), which is posted on the College website. The Code of Conduct was last evaluated in March 2021. There is a Conflict of Interest policy within the Code of Conduct (Governance Manual, G3), first approved on June 5, 1996. Prospective Councillors must complete a Conflict of Interest form in order to be eligible to run for election. An annual declaration of conflict of interest form was approved by Council in December 2020 and will be implemented in 2021. Council policies (Policy Handbook) on website
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
	b. The College enforces cooling off periods[2].	The College fulfills this requirement: Yes ☐ **No** ✓

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[2] Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.
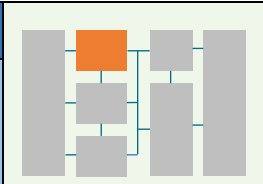
		• Cooling off period is enforced through: Conflict of interest policy ☐ By-law ☐ Competency/Suitability criteria ☐ Other *<please specify>* • The year that the cooling off period policy was developed **OR** last evaluated/updated: • How does the college define the cooling off period?
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ✓
		Additional comments for clarification (optional) The College maintains a "cooling off" period for former members of Council and non-Council Committee appointees and for movement between staff and Council roles but does not currently enforce a cooling off period for individuals who wish to join Council and who hold other offices just before running for Council election. While any role that may be a conflict of interest would need to be discontinued prior to joining Council, there is no minimum period of time that must first elapse.

	c. The College has a conflict of interest questionnaire that all Council members must complete annually.
	
	Additionally:
	
	  i. the completed questionnaires are included as an appendix to each Council meeting package;
	
	  ii. questionnaires include definitions of conflict of interest;
	
	  iii. questionnaires include questions based on areas of risk for conflict of interest
		The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐

		• The year when conflict of interest the questionnaire was implemented **OR** last evaluated/updated: 2020 • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: **Always** ✓ Often ☐ Sometimes ☐ Never ☐ At the beginning of each Council meeting, Councillors are asked to declare whether they have a conflict of interest before proceeding with the meeting. • Insert a link to most recent Council meeting materials that includes the questionnaire: December 3, 2020 Council Meeting Package

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identified by Council that are specific to the profession and/or College; and

iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>.

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

Council approved an annual declaration of conflict form in December 2020, which will be implemented in 2021. The completed questionnaires will be included in the Council meeting package, will include a definition of conflict of interest, and Councillors will be asked to declare and update their responses at the beginning of each meeting.

Additional comments for clarification (optional)

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d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).

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The College fulfills this requirement: Yes ☐   **Partially** ✓   No ☐

- Describe how the College makes public interest rationale for Council decisions accessible for the public:

Council regularly speaks to the public interest in their meeting discussions, which are open to the public. The College has begun to implement the practice of more explicitly explaining the public interest rationale in Council briefing notes that accompany meeting items. The briefing notes and meeting materials are posted on the College's website ahead of Council meetings.

- Insert a link to meeting materials that include an example of how the College references a public interest rationale:

  December 3, 2020 Council Meeting – Decision Support Document Annual Conflict of Interest Questionnaire

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

We will be developing a template for Council meeting materials to ensure that we always have the public interest rationale front and centre.

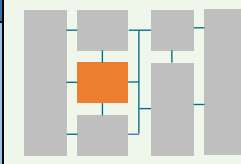*Additional comments for clarification (if needed)*

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Standard 3		
The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	**Required evidence**	**College response**
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College's website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐
		• Insert link to webpage where Council minutes are posted: https://www.collegeofdietitians.org/meetings-hearings.aspx
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐
		The College will begin including status updates on the implementation of Council decisions to their publicly posted minutes.
		Additional comments for clarification (optional)

	b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).
	  i. the meeting date;
	  ii. the rationale for the meeting;
	  iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and
	  iv. if decisions will be ratified by Council.
		The College fulfills this requirement: Yes ☐ **Partially** ✓ No ☐

		• Insert a link to webpage where Executive Committee minutes / meeting information are posted: Council meeting packages March 25, 2021 Council Meeting Package – Executive Committee Report
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐
		The Executive Committee's report is included in every Council meeting package, which includes a summary of this information. In future, this report will be more clearly posted on the College's website.
		Additional comments for clarification (optional)
	c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Insert a link to the College's latest strategic plan and/or strategic objectives: 2020 – 2024 Strategic Plan

	have a strategic plan, the activities or programs it plans to undertake).	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes* ☐ *No* ☐
		Additional comments for clarification (optional)
		The College created a one-page document that summarizes the strategic plan as a reference document for Council, which is included in the package for each Council meeting. This ensures that the College's strategic goals are front and center for Council at each of their meetings.
3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ *No* ☐
		Additional comments for clarification (optional)
		The College has had very few discipline hearings. The last hearing was held on July 12, 2016.

DOMAIN 2: RESOURCES

Standard 4
The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	a. The College's strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • Insert a link to Council meeting materials that include approved budget **OR** link to most recent approved budget: The 2021-2022 budget was approved at the March 25, 2021 Council meeting. March 25, 2021 Council Meeting Package *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐* *Additional comments for clarification (optional)* The annual work plans are explicitly linked to the strategic goals. The budget is developed based on the work plans.
	b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ If applicable: • Insert a link to "financial reserve policy" **OR** Council meeting materials where financial reserve policy has been discussed and approved – See 1 attachment – Final Approved Reserve Fund Policy March 29, 2019. • Insert most recent date when "financial reserve policy" has been developed **OR** reviewed/updated: The policy was approved on March 29, 2019. It has not been updated since then. • Has the financial reserve policy been validated by a financial auditor? **Yes** ✓ No ☐

	furthermore, sets out the criteria for using the reserves;	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐*
	ii. possesses the level of reserve set out in its "financial reserve policy".	*Additional comments for clarification (if needed)*
		The College currently possesses a level of reserve that exceeds the amount set out in its reserve policy, although the overage is within an acceptable amount.
	c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).	The College fulfills this requirement: Yes ☐ **Partially ✓** No ☐
		• Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed: June 2020 (Registrar Coverage Plan) and March 2021 (annual budget and Management Report) June 19, 2020 Council Meeting Minutes June 19, 2020 Council Meeting Package March 25, 2021 Council Meeting Package March 26, 2021 Council Meeting Package
		*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ No ☐* The College plans to be consulting with other Colleges to determine what further action should be taken in order to better demonstrate this evidence.
		Additional comments for clarification (optional) A Registrar coverage plan was developed to provide guidance for the continued operations of the College if there is a temporary or permanent disruption in the ability of the Registrar to perform her duties. This plan was discussed by Council. The College has a relatively small staff size (approx. 14 staff members) and does not currently have a formal Human Resource/succession plan. Annually through the budgeting process and at other times as needed, the Registrar discusses human resource changes and needs with Council.

DOMAIN 3: SYSTEM PARTNER	
Standard 5 **The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.**	
Standard 6 **The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.**	
Standard 7 **The College responds in a timely and effective manner to changing public expectations.**	
	College response
Measure / Required evidence: N/A	*Colleges are requested to provide a narrative that highlights their organization's best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.* *Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).*

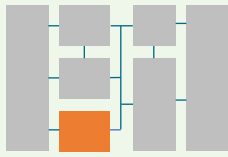|	
The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards. Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health</u>. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. **In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:** • **Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.**	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).* The College regularly engages with other health regulatory Colleges and system partners including: the Health Profession Regulators of Ontario (HRPO), the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance), Dietitians of Canada (the association for dietitians in Canada), dietetic educators through the Dietetic Education Leadership Forum of Ontario and through the Partnership for Dietetic Education and Practice (PDEP, the tri-partite partnership made up of the Canadian dietetic educators, regulatory bodies and the association). Through these organizations, the College also participates in a number of committees and working groups such as: the cross-Canada Dietetic Practice Advisor Group, the Clinical Nutrition Leaders Action Group of Ontario (CNLAG), Ontario Long-Term Care Action Group (LTCAG), and the HPRO Anti-Racism Group, Consent & Capacity Working Group, Interprofessional Practice Advisors Group, COVID-19 Rehab Group, Communications Committee, Corporate Services Group, Quality Assurance Working Group, and Investigations & Hearings Group to collaboratively develop resources, policies and standards, and communications to dietitian registrants for safe, competent, and ethical practice. The College engages in research including environmental scans that support our public protection mandate. A new policy was published to explain how the College assesses requests to participate in external surveys and consultations: <u>Decision-Making Tool to Determine the College's Level of Participation in External Consultations</u> **Insulin Adjustments Working Group Recommendations on Insulin Adjustments Position Statement** The College engaged with the College of Physicians and Surgeons of Ontario, the College of Nurses of Ontario, and the Ontario College of Pharmacists in order to develop a position statement regarding insulin adjustments by dietitians. These professions were chosen as they are the most engaged, in addition to dietitians, in practice related to insulin adjustments. The results of these discussions have contributed to the work of the Working Group and will help support Council's decision-making when this item is brought to Council. Adjusting of insulin is a high-risk activity and there is some lack of clarity within the relevant legal landscape. By consulting with our regulatory colleagues, we are working to ensure that the Position Statement will be appropriate and credible in supporting safe, ethical and competent dietetic practice.

Integrated Competencies for Dietetic Education and Practice (ICDEP) 2020

The College was closely involved in the revision of the Integrated Competencies for Dietetic Education and Practice, which are the national competencies used in every province as the entry- to-practice standard for dietitians and form the basis of the accredited dietetic education and practical training programs and the national entrance examination for dietitians in Canada. The College also uses the ICDEP for various program functions such as registration, complaint review, etc. This multi-year project was led by the steering committee of PDEP, of which the College's Registrar & Executive Director is a member. The ICDEP reflect current dietetic practice and include competencies related to cultural safety, indigenous health, and diversity. The development and use of consistent, robust, evidence-based national competencies directly contributes to the College's public protection mandate by ensuring that dietitians are safe, ethical and competent at entry-to-practice.

Canadian Dietetic Registration Examination (CDRE)

Every province, with the exception of Quebec due to legislative limitations, relies on the Canadian Dietetic Registration Examination as a validation of knowledge and competence as part of its registration processes. The CDRE is owned and administered by the Alliance, of which the College is a member. The Registrar & Executive Director of the College helped form and is a member of the Accommodations Committee of the Alliance, developed to improve the assessment of accommodation requests for the CDRE. The College also collaborated with the other Canadian dietetic regulators to shift the in-person delivery of the CDRE to a secure, remote proctoring system so that it can take place during the pandemic (November 2020). As with the ICDEP, the CDRE contributes to the College's public protection mandate by ensuring that dietitians are safe, ethical and competent at entry-to-practice.

Labour Mobility and Assessment of Internationally Educated Applicants

The College collaborated with the Alliance to revise the national labour mobility verification form and processes used by all Canadian dietetic regulators. The College also worked to support the adoption of its Prior Learning Assessment and Recognition (PLAR) processes by two other Canadian dietetic regulators. By contributing to enhanced registration practices across Canada, the College helps ensure that dietitians who transfer to Ontario from out-of-province will meet our high entry-to-practice standards.

HPRO Consent & Capacity Working Group

The Working Group, chaired by the College's Registrar & Executive Director, developed consent and capacity resources to be used by all Ontario health regulatory Colleges as they see fit. Full implementation of these resources has been paused as a result of the pandemic. These resources were developed to help close gaps in the understanding and application of consent practices of regulated health professionals in Ontario.

Dietitians Practicing through Delegation of Controlled Acts Standard

The College's participation with the HPRO Practice Advisors group and the Alliance resulted in shared learning and understanding of concepts relevant to the development of the draft delegation standard. Consultation on the Draft Standards included feedback from other regulators and stakeholders. These consultations, shared understanding and resources informed the development of the draft standard.

Other Collaboration

HPRO Interprofessional Practice Advisors Group

	The College facilitated a session on unconscious bias as part of the Interprofessional Practice Advisor Group Meeting. In addition, the HPRO Rehab group, of which the College is a part, commenced the development of guiding questions to assist practice advisors in responding to calls and emails from the public and registrants. Overall, this collaboration assists in the development of registrant resources. **Alliance** The College is working with other Canadian dietetic regulators on the development of shared national social media guidelines for registrants and guiding questions to assist practice advisors when dealing with calls and emails from the public and registrants. **DELFO** The College worked with dietetic educators to establish the use of its Knowledge and Competence Assessment Tool (KCAT), a component of the College's PLAR process, to be used by dietetic practical training programs to determine currency of academic knowledge for admissions purposes. The College also collaborated with educators for improved forecasting of College resources based on timeliness for practical training program completion when placements were put on hold during the pandemic.

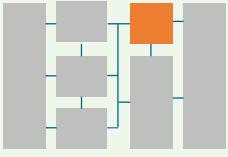|		
	Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations. The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).* As set out above, the College regularly engages with other health regulatory Colleges and system partners including: the Health Profession Regulators of	**Standard 7: The College responds in a timely and effective manner to changing public expectations.** Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner. • *How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).* • *The College is asked to provide an example(s) of key successes and achievements from the reporting year.* **Public Education and Engagement** Every year, the College rolls out a public education plan to inform Ontarians about our regulatory public protection work. We have used several types of

Ontario (HRPO), the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance), Dietitians of Canada (the association for dietitians in Canada), dietetic educators through the Dietetic Education Leadership Forum of Ontario and through the Partnership for Dietetic Education and Practice (PDEP, the tri-partite partnership made up of the Canadian dietetic educators, regulatory bodies and the association). Through these organizations, the College also participates with a number of committees and working groups such as: the cross-Canada Dietetic Practice Advisor Group, the Clinical Nutrition Leaders Action Group of Ontario (CNLAG), Ontario Long-Term Care Action Group (LTCAG), and the HPRO Anti-Racism Group, Consent & Capacity Working Group, Interprofessional Practice Advisors Group, COVID-19 Rehab Group, Communications Committee, Corporate Services Group, Quality Assurance Working Group, Investigations & Hearings Group to collaboratively develop resources, policies and standards, and communications to dietitian registrants for safe, competent, and ethical practice.

Consulting with Citizen Advisory Group (CAG) – Feedback for Resources and Website

The College is a supporter of the Citizen Advisory Group (CAG), which is a coordinated and collaborative opportunity to bring the patient voice and perspective to healthcare regulation in Ontario. The College consulted with the CAG for the gradual return to non-essential practice during the pandemic. This consultation and collaboration with the HPRO Practice Advisor Network led to the development of the College's COVID-19 Guidance for the Gradual Restart of Non-Essential Virtual and In-Person Care In future, we will be consulting the CAG for feedback on the utility of CDO's public-directed website pages. The purpose will be to ensure that the key messages related to public protection and public support are clearly understood by the public and that the information the public needs is easy to access. The College will improve the website as needed based on the feedback.

Health Profession Regulators of Ontario (HRPO) Communications Committee and College Strategic Communication Plan
The College is a member of the HPRO Communications Committee which delivers joint communication messages and resources relevant to public protection.

The Public and the Practice Advisory Service

media to reach the public: Facebook, Twitter, community newspapers, targeted emails and online Zoomer and CARP magazines' advertising and advertorials, Google Ads, and video-rolls. The College's 2020-2024 Public Education Plan was developed based on expert guidance, feedback from the public collected through an externally-managed survey and input from dietitians. Part of the feedback we received was that outlying populations may not be able to access the public protection information on our website or have access to social media or any online public advertising because they have little or no access to the internet. Based on this feedback we decided to develop a communication strategy that would focus on reaching these populations. As a first step this year, we are undertaking a feasibility study to find out who these groups are and how best to reach them. We have reached out to our HPRO partners to form a working group composed of members from various regulatory colleges to help create and implement the study. Two key outcomes for this project will be reaching "hard to reach" populations and incorporating information from other Colleges into the feasibility study and sharing the final feasibility study with HPRO partners.

For many years now, the HPRO Communications Committee has organized a Communications Day for all health colleges. The purpose is to share ideas, learn about current practices in communications and to find solutions to the challenges all college's face with external and internal communications. This year the Communications Day is taking place on November 25, 2020, where college communicators will consider various topics, including:
- Anti-Racism in Healthcare (relating to communications)
- Panel to discuss External COVID-19 Communications (the College Communications Manager will give a presentation on this panel and participate in the discussion)
- Steal This (colleges share new communication projects and tools)

Prior to the pandemic, the Registrar & Executive Director of the College had arranged for staff from the Canadian Foundation for Healthcare Improvement (CFHI) to present to the HPRO Board of Directors about how the College's could enhance their patient engagement efforts. This session was cancelled as a result of the pandemic and has not yet been rescheduled. In the meantime, the College is engaging with CFHI about its own efforts to reach "hard to reach" populations.

Through the College's Practice Advisory Service via the website, social media, phone and email, College resources provide specific guidance for dietitians, employers and the public to understand dietitian's professional obligations in providing safe, ethical and competent dietetic practice. The College consults and collaborates with the HPRO Practice Advisor Network, dietetic regulators, and dietitians through the professional association network groups, as needed. This leads to the development of resources, policies and standards, and communications to dietitian registrants for safe, competent, and ethical practice. The College's Practice Advisors completed a Masterclass course on the conduct and use of patient-oriented research. This was a coordinated effort of individuals drawn from four groups: 1) patients and families, 2) healthcare providers, 3) policymakers and managers, and 4) researchers and research trainees - to champion and support the conduct and use of patient-oriented research in Ontario's health system. The Practice Advisors apply patient-oriented research learning to the policy development process and communications, refining regulatory tools for assuring the provision of safe collaborative dietetic care in Ontario. The College seeks feedback through public consultations on policies to ensure they are informed, as appropriate, by feedback from the public.

Pandemic Response

During the pandemic, the College has been regularly engaging in collaborative and cooperative relationships with HPRO, the Alliance, and the Clinical Nutrition Leaders Action Group to ensure timely response to changing expectations to ensure public safety. For example, all healthcare sectors, including dietitians, have been discovering ways to operate virtually. As virtual care has been the subject of many calls and emails received by the College's Practice Advisory Service, we consulted with HPRO partners and cross-Canada dietetic regulators to determine best practices for virtual care. This data allowed us to develop and conduct webinars on virtual care for dietitians during the summer. Three live member education Regulatory Talks ("Reg Talks") webinars on virtual care were offered to all members, with one live webinar offered specifically for a group of dietitians in community practice. A total of 232 dietitians participated. A summary of lessons learned, suggestions for improvement, together with the recording, slide handouts and frequently asked questions from the session were posted to the website.

The College developed a number of other resources for dietitians during the COVID-19 Pandemic, including website COVID-19 Updates and Pandemic Frequently Asked Questions, and the College's Pandemic Guide and Return to Work guidance.

The College has been regularly attending the Ministry of Health's COVID-19 update calls and reviewing the Ministry's daily COVID-19 situation reports to ensure that it is up-to-date on the Ministry's pandemic response as related to the work of the College. The College also worked to support the Ministry's healthcare provider recruitment plan to ensure sufficient deployment and redeployment of providers as needed.

As Chair of the HPRO Communications Committee, the College Communication Manager helped develop the public education campaigns for several years, including 2020. This year's campaign was postponed due to the COVID-19 pandemic based on evidence about public communication needs during the pandemic. When the campaign was resumed in July, the public message was revised to include COVID-19 messaging: "Health Regulators are Keeping You Safe During COVID-19". This advertising was shared amongst the Colleges and we posted it on the College's Facebook and Twitter feeds.

|		College Performance Measurement Framework
		The Registrar was a member of the College Performance Measurement Framework (CPMF) Working Group that was established by the Ministry of Health.
		Anti-Racism and Equity, Diversity and Inclusion Work The College has/will be [TBD depending on timing] engaging a consultant to provide education and develop an action plan to combat racism and ensure it is meeting best practices for equity, diversity and inclusion (EDI) as both an employer and regulator. The Registrar & Executive Director is a member of HPRO's Anti-BIPOC Racism Working Group and is responsible for arranging education of the Alliance registrars on anti-racism and EDI.

DOMAIN 4: INFORMATION MANAGEMENT

Standard 8

Information collected by the College is protected from unauthorized disclosure.

Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: **Yes** ✓ No ☐ • Insert a link to policies and processes **OR** provide brief description of the respective policies and processes. All members of staff, Council and Committees, and others who do work on behalf of the College and who have access to confidential information, are required to sign a confidentiality agreement. IT Security Policy The IT Security Policy outlines a detailed and comprehensive set of practices and protocols for securing the College's information, Information Technology assets and technology infrastructure. This policy applies to College staff, Council and committee members, peer assessors, vendors, volunteers, and anyone else who has permanent or temporary access to our systems and hardware. It covers the requirements for establishing and maintaining robust passwords, securely storing and accessing confidential information, and protecting College-issued devices or personal devices. For security reasons, the College does not publicly disclose details of its security practices.

		Credit Card Incident Response Plan for PCI Compliance
		The purpose of the Credit Card Incident Response Plan for PCI Compliance is to provide guidance and instruction to assist IT and Finance staff to prepare for, detect, respond to, and recover from a credit card breach. The College follows the National Institute of Standards and Technology (NIST) cybersecurity framework and recommendations from Canada Center for Cyber Security.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐
		Additional comments for clarification (optional)

DOMAIN 5: REGULATORY POLICIES

Standard 9

Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.

Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: ***Yes*** ✓ No ☐ • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College's evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). The College has a Professional Practice Standards [Framework](#) which guides the development, implementation and evaluation of standards, policies and guidelines. Currently, the Professional Practice Program reviews Standards, policies and practice guidelines annually and as warranted as highlighted in the Framework above, considering legislative changes, trends in Practice Advisory inquiries, complaints/reports, and consultation with stakeholder groups.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✓ *No* ☐

		Additional comments for clarification (optional) Many Standards were developed over the last two strategic planning periods. A review and revision schedule are included in the 2013 Framework noted above and we are planning to update the 2013 Framework in 2021-2022. This update will include a revised monitoring and evaluation plan, incorporating further public consultation strategies (e.g. Citizen Advisory Group and Patient Oriented Research literature).
	b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components: i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐ • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) **OR** describe it in a few words. Two recent examples which demonstrate points b. i. to vi. are the development of the Collaborative Care Professional Practice Guidelines for Registered Dietitians in Ontario (January 2019) and the Practice Standard: Dietitians Practicing Through Delegation of Controlled Acts (December 2020). Evidence and data were collected identifying high risk areas of practice via member and stakeholder group inquiries, dietitian member expressed need for practice guidance, potential for client risk and need for public protection. Following a needs assessment, an environmental scan of relevant resources from Ontario Health Regulators and National Dietetic Regulators was conducted (see Framework). This informed the development of both the draft Guidelines and Standard. A formal consultation survey was conducted to obtain feedback from the public, dietitians, and stakeholders on the draft Guidelines and Standards. With the establishment of the Professional Practice Committee in 2019, review and preliminary consultation of the draft Delegation Standard occurred. The draft Standards were reviewed and revised based on the consultation feedback. Supporting documents: • Delegation: Council Decision Support Documents 2019 and 2020 • Collaborative Care: Consultative Survey, Council Decision Documents 2019
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	**Required evidence**	**College response**
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[3].	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements *OR* describe in a few words the processes and checks that are carried out:
		The College's Registration Requirements are outlined here. The Required documents are listed under each applicant type on our Applicant webpage (e.g. accredited programs, internationally trained, labour mobility, etc.), which specifies how applicants may submit their documentation. While applicants may submit certain types of documentation themselves (e.g. authorization to work in Canada), other documentation may only be submitted directly to the College by the source institution to ensure authenticity (e.g. university transcripts, World Education Services (WES) assessment reports). The College accepts the documents from source institutions via mail, secure online portal, or via email through a password protected PDF.
		• Insert a link *OR* provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.):
		The College's registration staff use the following process upon receipt of an application file:
		• Application forms are received in hard copy with manual signatures via mail. This includes signed declarations (related to offences, good character/conduct, and health) including details of offences/charges and copies of reports, as applicable.

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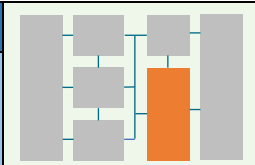
[3] This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted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

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Copies of documents related to authorization to work in Canada are provided to the College by the applicant. Notarization is not required. To date, the College has not had any reason to believe these documents are fraudulent.
Resumes are provided by the applicant for the purpose of demonstrating currency, as applicable. All relevant employment information is verified directly with the employer.
All other documentation must be submitted to the College directly from the source institutions (e.g. universities, practical training programs, WES).
The College assesses good character and conduct (suitability to practice) according to the following criteria: positive declarations questions on the application form and at annual renewal, transcripts of academic performance for all degrees and transfer credits, and verification of registration in good standing from other regulators within and outside Ontario.
As applicable, final evaluations for Independent Practicum Placements and Upgrading Requirements are submitted to the College directly from the supervisory dietitians.

Once the application file has been deemed complete (e.g. all documentation has been received) applicants from accredited programs are reviewed by the Registrar (or delegate) using a file review checklist form to ensure each applicant meets the College's non-exemptible registration requirements. The Registration Committee reviews all referred application files using a Decision Worksheet to determine whether each applicant meets the registration requirements for admission or is refused registration with the College.</td></tr>
<tr><td>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐</td></tr>
<tr><td>Additional comments for clarification (optional)</td></tr>
<tr><td></td><td>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</td><td>The College fulfills this requirement: Yes ✓   Partially ☐   No ☐</td></tr>
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Insert a link that outlines the policies or processes in place to for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out.

The College's Registration Policies can be found here. The College regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria:</td></tr>
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- Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency)
- Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy)
- Improved clarity required for staff to operationalize a policy.
- Identification that a policy is outdated and requires revocation.
- Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices
- Changes to the dietetic practice environment (e.g., new competencies for entry level practice)
- Feedback from the Registration Committee

- Provide the date when the criteria to assess registration requirements was last reviewed and updated.

In 2019, the College conducted a review of the declaration questions asked on the application form and at annual renewal to ensure compliance with the *Regulated Health Professions Act, 1991*, and the Registration Regulation. This review led to the inclusion of an additional declaration question on the application form: "While attending a post-secondary institution, have allegations of misconduct ever been made against you, or have you ever been suspended, expelled or penalized by a post-secondary institution for misconduct? If yes, please attach written details."

In 2020, the College revised several of its registration policies relating to registration requirements including: currency for applicants, language proficiency, applicants from accredited programs in the United States, and eligibility for the Prior Learning Assessment and Recognition Process.

Registration Regulation
The Council approved proposed amendments to the Registration Regulation at the March 29, 2019 meeting. These amendments propose to remove the provisional class of registration due to the way credential assessment decision letters are issued and remove the paper-based credential assessment option now that the Prior Learning Assessment and Recognition Process has been successfully implemented. Refer to the Council meeting minutes here and the accompanying meeting materials here. The College is awaiting notice from the Ministry to submit the proposed amendments.

Revised Competencies
The Council approved the adoption of the revised Integrated Competences for Dietetic Education and Practice, 2020, v.3. at the September 18, 2020 meeting. Refer to the Council meeting minutes here and

		accompanying meeting materials [here]. The College is currently devising a plan to incorporate the revised competencies into our policies and processes.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.	a. Checks are carried out to ensure that currency[4] and other ongoing requirements are continually met (e.g., good character, etc.).	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon **OR** provide a brief overview:
		The [Registration Regulation] includes the following currency requirement:
		"5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years.
		(2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee."
		During the College's annual renewal period, each member is asked to declare whether they have practiced at least 500 hours in the past three years. Any member who has self-declared that they practiced fewer than 500 hours in the past three years, will be automatically referred to the Quality Assurance (QA) Committee for assessment. Information pertaining to the minimum 500-hour practice requirement over the preceding three years can be found [here.]
		In addition, at annual renewal, members are asked a series of declaration questions pertaining to good character and conduct, including offences. If the answer to any of the declaration question is yes, the member is prompted for more details and/or is requested to submit supporting documentation. Following annual renewal, a report is reviewed to determine if any follow-up with members is required. In some cases, legal counsel is contacted for advice.

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

		• List the experts / stakeholders who were consulted on currency:
		In 2009-2010, to propose the minimum practice hour requirement of 500 hours over the preceding three years in the Registration Regulation, an environmental scan was conducted of other Ontario health regulators and dietetic regulators within and outside of Canada. External legal counsel was also consulted. Consultations with members and other stakeholders were also conducted throughout the Registration Regulation amendment process.
		• Identify the date when currency requirements were last reviewed and updated:
		The requirement for the minimum practice hour requirement for members was updated in the legislation in 2012 and was last reviewed in 2018 (but was left unchanged) during the proposed amendments process to the Registration Regulation which were approved by Council in March 2019.
		Updates to the currency policy were made by the Registration Committee in 2020.
		• Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
		Members self-declare at annual renewal which asks: Have you practised dietetics for a minimum of 500 hours over the preceding three years (e.g. Nov 1, 2017 to October 31, 2020)? If the answer is no, the member is referred to the Quality Assurance Committee for action as outlined here.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional)
10.3 Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		• Insert a link to the most recent assessment report by the OFC *OR* provide summary of outcome assessment report:
		The College's 2019 Fair Registration Practices Report can be found here. The College did not receive any summary of the submitted 2019 report from the OFC. At our annual meeting with the College and the OFC on October 21, 2020, they commended the College on our fair registration practices, including the Prior Learning Assessment and Recognition (PLAR) process.

		• Where an action plan was issued, is it: Completed ☐ In Progress ☐ Not Started ☐ **No Action Plan Issued** ✔
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 11
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: **Yes** ✔ Partially ☐ No ☐ **Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:** Name of Standard – Code of Ethics (March 2019) Duration of period that support was provided – March 2019 to March 2021 Activities undertaken to support registrants: • Webpage Professional Ethics created for new Code (7,064 views) • Code disseminated to all Members through targeted email and News page • Registrar's Message in Newsletter: What it Means to be Ethical (75% opened email) • Annual Interactive Workshop in 2019 and Webinar – Ethics & Professionalism – Knowing and Doing • Article in Newsletter – Ethics & Professionalism – Knowing and Doing During COVID-19 • Annual Interactive Workshop in 2020 - Ethics & Professionalism: Adapting to Change • Ethical Practice Question and Scenario published in Newsletter and Webpage • Individualized Practice Advisory Service support for ethical dilemmas via phone/email (Inquiries from Jan 1, 2020-present = approx. 400 related to ethics). • Regulatory Talks Webinar – Virtual Care (4 sessions, 239 participants (approx. 5% registrants; 688 views of recording - 16% registrants). • Group education sessions – dietitians in practice and dietetic interns/students on applying the Code of Ethics in practice (73 sessions to date; 1,233 registrants (28%)

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- Pandemic Guides and FAQs developed with Ethical Guiding Principles – used in Practice Advisory Service inquiries, and with stakeholder groups (e.g. Professional Association meetings where a Practice Advisor Participates).
- Member educational videos on the Code of Ethics:
- The Code of Ethics in Action (2,542 views)
- Ethical Practice: Knowing and Doing (767 views)
- Ethics: What to Expect from Your Dietitian (313 views)
- Ethics: Four Principles that Define the RD-Client Relationship (53,874 views – promoted via Google Ads)
- Dietitians and Ethical Practice (269 views)

- Does the College always provide this level of support: **Yes** ✔   No ☐

  If not, please provide a brief explanation:

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<td>*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐*</td>
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<td>*Additional comments for clarification (optional)*</td>
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<td>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[5].</td>
<td>a. The College has processes and policies in place outlining:

i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;

ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and</td>
<td>The College fulfills this requirement: Yes ✔ Partially ☐   No ☐

List the College's priority areas of focus for QA assessment and briefly describe how they have been identified **OR** link to website where this information can be found:

- In keeping with its duty to protect the public, the College undertook research to identify areas where there could be potential risk of harm to clients in dietetic practice. In response to input from dietitians who participated in the research surveys and focus groups, the College has developed a risk management framework, applicable to all practice settings. The purpose of the Framework for Managing Risks in Dietetics is to help dietitians identify a source of risk and the corresponding protective factors, and then implement the best protective solutions for safe, client-centred services. The Quality Assurance Program is an important part of this work and has the responsibility to assess dietitians to ensure continued competence. The Self-Directed Learning (SDL) Tool provides dietitians with an opportunity to reflect on their practice every year when they</td>
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[5] "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. https://www.professionalstandards.org.uk/publications/right-touch-regulation).

	which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	complete their registration renewal. A section was added to the SDL Tool to guide dietitians in their reflection about risk in their practice. Dietitians are asked to consider a high-risk area in their practice and, once they have identified the risk, they are asked to answer the two questions below to address it. Note that the questions focus on the factors stated above: personal circumstances, work context and environment. • After a dietitian has practiced dietetics as a general member of the College for three years, they must declare on their annual renewal form whether they have practiced at least 500 hours during that time. Those who declare having practiced fewer than 500 hours in the past three years are referred to the Quality Assurance (QA) Committee for assessment of their competency to practice safely. Dietitians who have practised fewer than 500 hours over the past three years undergo an assessment including an assessment of professional development (via a learning diary) and/or a competency assessment in their area of practice to ensure current competence. • As noted above, the PPA evaluates whether the knowledge, skills, and judgment of dietitians meet the standards established in the ICDEP. The College randomly selects 10% of its members to participate in the PPA annually. The PPA is a two-step process and criteria inform the remediation activities that a registrant must undergo based on the QA assessment. Criteria have been developed with a psychometrician and the QA Committee has the discretion in making decisions about which dietitians proceed to the behaviour-based interview (BBI) based on the dietitian's Z (standard) score of their multi-source feedback (MSF) survey. For example, if a dietitian does not have any low scores on their MSF, they may not be asked to proceed to Step 2 (BBI). Any dietitian who receives an average score below the standard on the MSF from a single patient or colleague will be required to complete PPA Step 2. In addition, random selection of registrants whose MSF individual scores are high help ensure that the College is identifying members who may have benefitted from survey respondents who rate everyone high on surveys. It also further validates the MSF process as being a reliable measure of potential issues in practice. d. Is the process taken above for identifying priority areas codified in a policy: **Yes ✓** No ☐ *If yes, please insert link to policy* https://www.collegeofdietitians.org/programs/quality-assurance/ppa/policies.aspx e. Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach **OR** describe right touch approach and evidence used: To assure that quality assurance tools are defensible, fair, valid, and reliable measures of continued competence (desired outcome), the College used evidence informed processes to support quality assurance

tool design, development, delivery and evaluation. This process included utilizing a psychometrician and expert-panels (e.g. item writers, assessors) for the Jurisprudence and Knowledge Assessment Tool (JKAT), and the two step Peer and Practice Assessment (PPA).

The following links provide information around the process for the PPA and identify some key principles for the PPA (e.g. accessibility, accountability, transparency, and fairness).

    a.   [Quality Assurance Program Peer & Practice Assessment Handbook for Step 1](#): Multi-Source Feedback

    b.   [Member Instructional Video for PPA Step 1](#)

    c.   [Quality Assurance Program Peer & Practice Assessment Handbook](#) for Step 2: Behaviour Based Interview Chart Review

    d.   [Continuous Quality Improvement Changes in the PPA](#)

f.   Provide the year the right touch approach was implemented **OR** when it was evaluated/updated (if applicable):
The College's PPA has been designed to support continued competence assessment with members. It was developed in March 2010 and [updated in 2017](#).
https://www.collegeofdietitians.org/resources/quality-assurance/qa-forms/qa-undertaking.aspx
https://www.collegeofdietitians.org/programs/quality-assurance/500-hours-of-practice/policies.aspx
https://www.collegeofdietitians.org/programs/quality-assurance/jkat/policies.aspx
https://www.collegeofdietitians.org/programs/quality-assurance/ppa/policies.aspx
https://www.collegeofdietitians.org/programs/quality-assurance/sdl/policies.aspx

If evaluated/updated, did the college engage the following stakeholders in the evaluation:

		Yes	No
g.	Public	**Yes** ✓	No ☐
h.	Employers	Yes ☐	**No** ✓
i.	Registrants	**Yes** ✓	No ☐
j.	Other stakeholders	**Yes** ✓	No ☐

Insert link to document that outlines criteria to inform remediation activities **OR** list criteria:
k.   [https://www.collegeofdietitians.org/programs/quality-assurance/ppa/policies.aspx](#)

f the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐   No ☐

Additional comments for clarification (optional)

The College fulfills this requirement: **Yes** ✓   Partially ☐   No ☐

11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	2.2 Insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation **OR** describe the process:
		• Members who are unsuccessful with the Learning Diary assessment must undergo a QA directed remediation. For the Jurisprudence Knowledge and Assessment Tool, members who are unable to achieve the set pass score after a third attempt will be notified of the next steps to ensure that the member acquires the jurisprudence knowledge necessary for practicing dietetics in Ontario. Members who have not demonstrated satisfactory professional development in jurisprudence after the third trial will be given an opportunity to complete questions from JKAT which cover the areas which revealed in knowledge of the laws and regulations governing dietitians in Ontario. If the member fails to achieve the pass score in this attempt, the Committee will consider next steps such as:
		• Take a course or workshop in jurisprudence.
		• Work with a mentor who successfully completed the JKAT.
		• Work with the College's Practice Advisor or Quality Assurance Manager to improve knowledge in jurisprudence.
		• Inadequate SDL Tool Submission
		• At the direction of the QA Committee (QAC) if resubmission of either 1 or both goals is required, the QA staff will notify the member by email advising them that QAC feedback regarding his SDL Tool submission is found online in the SDL Tool. If this second submission is inadequate, the member must attend a mandatory webinar. See Policy SDL Tool 2-50 for the Flow Chart of the process.
		• QAC may require the member to undergo a Peer and Practice Assessment (if there are repeated problems with the completeness and accuracy of the SDL Tool).
		• A member may be referred to the ICRC for non-compliance with the requirement to submit an SDL Tool in the form provided by the Registrar (incomplete submission or one that is so inadequate as to be deemed not to have been submitted in the form provided by the Registrar) The member may be referred to ICRC for failing to comply with other QA requirements.
		• Please see more information about the process: https://www.collegeofdietitians.org/programs/quality-assurance/sdl/policies.aspx
		• The QAC can direct the dietitian to complete a Specified Continuing Education and Remediation Program (SCERP) if it identifies gaps in the dietitian's knowledge, skill or judgement. In these cases, compliance with the SCERP is directly monitored by staff and a report on compliance is

		provided to the QAC for assessment. The Committee determines whether the member has successfully remediated the issues identified by the Committee.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed)

Standard 12
The complaints process is accessible and supportive.

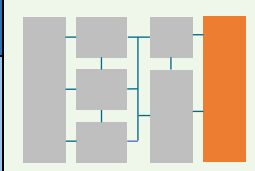| Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: **Yes** ✔ Partially ☐ No ☐
		4.2 Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant:
		Overview of the College's Complaints and Discipline Program: https://www.collegeofdietitians.org/programs/complaints-discipline.aspx
		Information specific to making a complaint and the complaints process: https://www.collegeofdietitians.org/programs/complaints-discipline/complaints.aspx
		Information specific to support for clients alleging sexual abuse: https://www.collegeofdietitians.org/complaints-discipline/sexual-abuse-complaints-reports.aspx
		This information is also available as an "information sheet" that can be mailed or emailed to complainants, and complainants/members of the public are also encouraged to contact the College's case manager directly with any questions about the process.
		4.3 Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: **Yes** ✔ No ☐
		4.4 Does the College evaluate whether the information provided is clear and useful: **Yes** ✔ No ☐
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐

		Additional comments for clarification (optional) Over the next year, the College intends to document some of its policies and procedures that are currently used but do not exist in written format.
	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No ☐
		c. Insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures) To date, the College has not formally tracked the response times for inquiries from the public. However, due to the low volume of inquiries received, the College estimates that most, if not all, inquiries are responded to the same day or the next business day.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) The College has since started formally tracking inquiries from the public, including the nature of the inquiries, whether follow-up is required, and the response times for the initial and any subsequent responses as applicable.
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	8.2 List all the support available for public during complaints process: Because of the historically few complaints the College receives each year, the College provides support on a case-by-case basis, working with the individual to identify what support may be required to enable full participation in the process, and how the College can provide it. Support is generally provided by the College's case manager and can include the following: • Identifying any accommodations needed for individuals with physical or mental disabilities • Providing access to a scribe if individuals need help preparing a formal complaint • Providing access to a translator or translation services • Facilitating the participation of an individual's chosen support person • Offering alternative methods for making submissions in lieu of written submissions during the initial exchange of correspondence 8.3 Most frequently provided supports in CY 2020:

		• Answering questions via email and phone, including scheduling calls outside regular business hours as needed to accommodate the individual's availability • Granting extensions for submissions as required to ensure complainants have ample opportunity to participate in the process
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) Over the next year, the College intends to draft a policy to formalize the current established practices and procedures for supporting the public during the complaints process, including incorporating new best practices identified during this process.
12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	The College fulfills this requirement: **Yes** ✔ Partially ☐ No ☐
		• Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process ***OR*** provide a brief description: The College's case manager acts as a contact/resource person for all parties throughout the complaints process. Upon initial receipt of a complaint, the case manager follows up with the complainant to provide information about the process and what they can expect. At each stage (e.g., with each written submission, if an investigator is appointed, when scheduled for review by the ICRC, etc.), the case manager relays that information to each party via email and provides a timeline estimate for the subsequent stage. If extensions are granted or delays occur, the case manager informs both parties of the delay and new timeline. The case manager is also available throughout the complaints process to answer any questions, including by phone outside of regular business hours as needed to accommodate the parties' schedules. The College has not had a discipline case since 2016.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (optional) To ensure continuous quality improvement, the College intends to draft a policy to formalize the current established practices and procedures with the aim of ensuring consistency, including incorporating new best practices identified during this process.

Standard 13
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Measure	Required evidence	College response
13.1 The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: Yes ☐ **Partially** ✔ No ☐ • Insert a link to guidance document *OR* describe briefly the framework and how it is being applied: • Provide the year when it was implemented *OR* evaluated/updated (if applicable): 2020 The College has recently created a new intake form that includes triaging for risk (including the types of concerns raised aligned with the CPMF themes, and aggravating factors related to the registrant, client population, or specific circumstances). This intake form is used to identify complaints and investigations that should be prioritized because of the higher risk posed to the public. For cases identified as higher risk, the College's case manager consults with the Registrar to determine if any immediate measures need to be taken (e.g., expedited appointment of investigator, issuing an interim order, obtaining legal advice, etc.). The ICRC also uses a risk-based decision-making tool during its deliberations. This tool was first adopted by the ICRC in April 2019 and updated in November 2019 with feedback provided by the ICRC. The tool provides a framework for deliberations, including aggravating and mitigating factors, disposition outcomes for similar past cases, and a risk continuum graphic illustrating where various disposition outcomes are positioned from a risk perspective. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Yes** ✔ *No* ☐ Over the next few months, the College intends to draft a policy formalizing the current established practices and procedures for assessing risk at the intake stage and updating the prioritization level throughout the investigation process as needed. As part of this process, the College will develop formal criteria that will be used to identify cases that pose a higher level of risk and should be prioritized, or those that may require immediate measures to protect the public. *Additional comments for clarification (optional)*

Standard 14
The College complaints process is coordinated and integrated.

Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement: **Yes** ✓ Partially ☐ No☐
		• Insert a link to policy **OR** describe briefly the policy: Through the authority of the *Regulated Health Professions Act, 1991*, the College shares information pertaining to registration, quality assurance, and inquiries, complaints, and reports history of members with other Canadian dietetic regulators for labour mobility requests and with other non-dietetic regulators through the completion of verification of registration forms/letters. • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as 'hospital', or 'long-term care home'). Over the past year, the College shared information with other Canadian dietetic regulators in response to labour mobility requests for registration, as outlined above.
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
		Additional comments for clarification (if needed) As part of continuous quality improvement, the College is developing a written policy regarding when and how information will be shared with employers.

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15 **The College monitors, reports on, and improves its performance.**		

Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement: Yes ☐ Partially ☐ **No** ✔ • Insert a link to document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included **OR** list KPIs and rationale for selection: *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Yes** ✔ *No* ☐ Over the next year, the College will be working on developing KPIs. *Additional comments for clarification (if needed)*
	b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.	The College fulfills this requirement: **Yes** ✔ Partially ☐ No ☐ • Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes: March 27, 2020 Council Meeting Minutes March 27, 2020 Council Meeting Package At the June 2020 Council meeting, Council reviewed the revised budget based on how COVID could affect our budget. Council also reviewed the registrar's coverage plan, which is about managing risks. June 2020 Council Meeting Minutes June 202 Council Meeting Package

			At this meeting, the Auditor presented the audited results.
			September 17, 2020 Council Meeting Minutes
			September 17, 2020 Council Meeting Package
			September 18, 2020 Council Meeting Minutes
			September 18, 2020 Council Meeting Package
			December 3 ,2020 Council Meeting Minutes
			December 3, 2020 Council Meeting Package
			December 4, 2020 Council Meeting Minutes
			December 4, 2020 Council Meeting Package

			− Evaluation of Strategic Plan 2016-2020.
			   − Council Decision-Making Tool
			   − Annual review of Risk Register
			   − See Goal 1, 3 and 4 of current Strategic Plan 2020-2024
			   − Workplans are in the council meeting packages and the Registrar provides an update as to where we are with each item
			   − Management report included in council meeting packages
			   − Executive Committee report to Council included in council meeting packages
			   − Annual audit of the register to ensure public register is available and accurate

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes ☐ No ☐
			Additional comments for clarification (if needed)
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a.	Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes ☐ **Partially** ✔ No ☐
			• Insert a link to Council meeting materials where relevant changes were discussed and decided upon: December 3, 2020 Council Meeting Materials
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? **Yes** ✔ No ☐

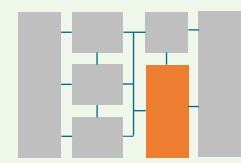|		The College will be reviewing its risk policies and documentation.
		Additional comments for clarification (if needed)
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College's strategic objectives and regulatory activities are made public on the College's website.	The College fulfills this requirement:　**Yes** ✓　Partially ☐　No ☐
		• Insert a link to College's dashboard or relevant section of the College's website: - Link to annual report (latest annual report 2019-2020, summarizes accomplishments from 2016-2020 Strategic Plan - Link to newsletters - Link to Strategic Plan 2020-2024
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?　Yes　☐　　No　☐
		Additional comments for clarification (if needed) The College will be publishing this completed CPMF report and will also be considering what information, if any, it should further be reporting to the public (as committed to in its 2020-2024 Strategic Plan).

PART 2: CONTEXT MEASURES

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

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.
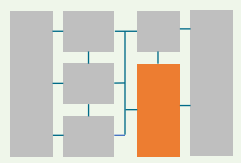
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

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

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended   ✓ **College methodology**

If College methodology, please specify rationale for reporting according to College methodology: The College is providing the QA data in a reporting period as per the College's renewal calendar year. QI activities are not currently being collected.

Context Measure (CM)

CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*

Type of QA/QI activity or assessment	#	
• Self-Directed Learning Tool – 2019-2020 (November 1, 2019-October 31, 2020)	All active registrants complete. 2.5% of sample selected to be reviewed = 234 (incl. late submissions and those required to resubmit from previous year)	***What does this information tell us?*** *Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).*
• Self-Directed Learning Tool – 2020-2021 (November 1, 2020-present)	All active registrants complete. 2.5% of sample selected to be reviewed = 304 (incl. late submissions and those required to resubmit from previous year)	*The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.*
• Peer and Practice Assessment – January 1, 2020-December 31, 2020	Registrants selected n=189 (10% of registrants are randomly selected	

	aadditionally, dietitians who have not complied with other quality assurance obligations, such as completing their Self-Directed Learning Tool or the Jurisprudence Knowledge and Assessment Tool, may also be required to participate in a practice assessment, n= 0).	
• Jurisprudence Knowledge and Assessment Tool (JKAT) (January 1, 2020-December 31, 2020)	Based on their area of practice, the member will complete the appropriate version of the JKAT. There are three versions based on legislative requirements of those practice areas, n=602 identified	
• Practicing Fewer than 500 hours in three years (November 1, 2019-October 31, 2020)	Registrants practicing fewer than 500 hours in three years, n=31 Assessments: Learning Diary Assessment of Professional Development=18 Competency Assessments=7	

	Voluntary Undertaking=NR Re-classified registrants greater than 500 hours=NR
• Practicing Fewer than 500 hours (November 1, 2020-present)	Registrants practicing fewer than 500 hours in three years, n=39 Assessments Learning Diary Assessment of Professional Development=23 Competency Assessments=pending Voluntary Undertaking=NR Re-classified registrants greater than 500 hours=NR
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. ***NR** = Non-reportable: results are not shown due to < 5 cases*	
Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 **The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care**			

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology: QI activities are not currently being collected.

Context Measure (CM)			
	#	%	*What does this information tell us?* If a registrant's knowledge,
CM 2. Total number of registrants who participated in the QA Program CY 2020	4,002 of 4,132 active registrants	97	skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer him or her to the College's QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	0	0	The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 11

The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

| Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	***What does this information tell us?*** *This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and*
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	0	0	*may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the*
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0	*QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) *** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.*			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
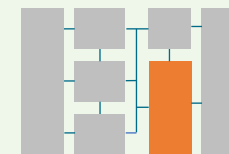
Statistical data collected in accordance with recommended methodology or College own methodology: ✔ **Recommended** ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 5. Distribution of formal complaints* and Registrar's Investigations by theme in CY 2020	Formal Complaints received‡		Registrar Investigations initiated‡		
Themes:	#	%	#	%	
I. Advertising	0	0	NR	NR	
II. Billing and Fees	0	0	0	0	
III. Communication	NR	NR	0	0	*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.*
IV. Competence / Patient Care	NR	NR	0	0	
V. Fraud	0	0	0	0	
VI. Professional Conduct & Behaviour	NR	NR	0	0	
VII. Record keeping	0	0	0	0	
VIII. Sexual Abuse / Harassment / Boundary Violations	0	0	NR	NR	
IX. Unauthorized Practice	NR	NR	0	0	
X. Other (Discontinuing Treatment or Failing to Provide Care)	NR	NR	0	0	
XI. Other (Non-Compliance with QA Requirements)	0	0	8	89%	
Total number of formal complaints and Registrar's Investigations**	**2**	**100%**	**9**	**100%**	

*   ***Formal Complaint****: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.*
    Registrar's Investigation*: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*
‡   *NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)*
**   *The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar's investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations.*

Additional comments for clarification (if needed)

For CM 5, investigations conducted under both 75(1)(a) and 75(1)(b) appointments are included under "Registrar's Investigations initiated." If 75(1)(b) appointments are excluded, the College only had one Registrar's Investigation in CY 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology
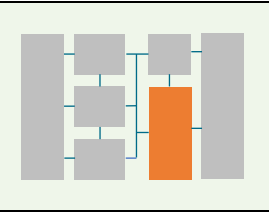
If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

	#	%	
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	1		
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2020	1		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	9		
CM 9. Of the formal complaints* received in CY 2020**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)ⱶ	0	0	*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.*
II. Formal complaints that were resolved through ADR	0	0	
III. Formal complaints that were disposed** of by ICRC	1	100	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0	
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	0		

** **Disposal:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

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

ⱶ **ADR**: *Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.*
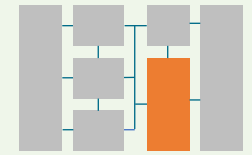
Δ   *The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.*

\#   *May relate to Registrars Investigations that were brought to ICRC in the previous year.*

**   *The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.*

ɸ   **Registrar's Investigation:** *Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.*

NR = *Non-reportable: results are not shown due to < 5 cases (for both # and %)*

Additional comments for clarification (if needed)

In accordance with the inclusion criteria outlined in the Technical Specifications document, CM 8 includes appointments made under both 75(1)(a) and 75(1)(b) under "Registrar's Investigations."

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
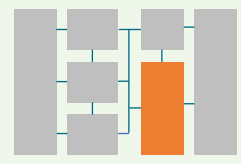
Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)	
CM 10. Total number of ICRC decisions in 2020	15

Distribution of ICRC decisions by theme in 2020*	# of ICRC Decisions⌐

Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	NR	0	NR	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	NR	NR	0	0	0	0	0
IV. Competence / Patient Care	NR	0	0	0	0	0	0
V. Fraud	0	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	0	NR	0	0	0
VII. Record keeping	0	0	0	0	0	0	0
VIII. Sexual Abuse / Harassment / Boundary Violations	0	NR	0	NR	0	0	0
IX. Unauthorized Practice	NR	0	0	0	0	0	0
X. Other (Non-Compliance with QA Requirements)	NR	NR	0	0	0	0	0
XI. Other (Non-Compliance with Registration Requirements)	0	NR	0	0	0	0	0

XII. Other (Discontinuing Treatment)	NR	0	0	0	0	0	0

* *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.*

ǂ **NR** *= Non-reportable: results are not shown due to < 5 cases.*

++ *The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar's investigations, or findings.*

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

Additional comments for clarification (if needed)

The College has included all ICRC decisions issued in CY 2020, regardless of when they were received. For example, the above includes complaints that were received prior to 2020 but that were not formally disposed of until 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ☐ Recommended   ✓ **College methodology**
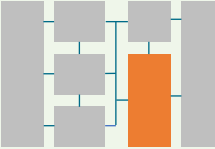
If College methodology, please specify rationale for reporting according to College methodology:
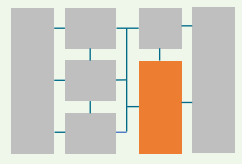
Context Measure (CM)

CM 11. 90th Percentile disposal* of:	Days	**What does this information tell us?** *This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.*
I. A formal complaint in working days in CY 2020	228	*The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
II. A Registrar's investigation in working days in CY 2020	234.6	

*   **Disposal Complaint:** *The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*
*   **Disposal Registrar's Investigation:** *The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).*

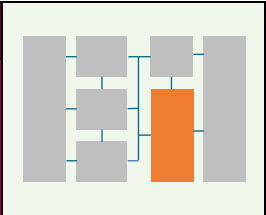| *Additional comments for clarification (if needed)* |
|---|
| For CM 11(1), the College only disposed of one complaint during CY 2020. The 228 days refers to the calendar days from receipt of that complaint to disposal.

For CM 11(II), the metric includes investigations conducted under both 75(1)(a) and 75(1)(b) appointments. If only 75(1)(a) appointments should be included, the metric would be 341 days (note: only one 75(1)(a) investigation was conducted in CY 2020). |

Domain 6: Suitability to Practice

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✔ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	***What does this information tell us?*** *This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. **
I. An uncontested^ discipline hearing in working days in CY 2020	NR	
II. A contested# discipline hearing in working days in CY 2020	NR	*The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*

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

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

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

Additional comments for clarification (if needed)
The College of Dietitians of Ontario had no Discipline cases in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		

Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	***What does this information tell us?*** *This information facilitates transparency to the public,*
VI. Dishonourable, disgraceful, unprofessional	0	*registrants and the ministry regarding the most prevalent discipline findings where a formal*
VII. Offence conviction	0	*complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records		
XII. False or misleading document		
XIII. Contravene relevant Acts		

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

NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

The College of Dietitians of Ontario had no Discipline cases in 2020.

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.

Statistical data collected in accordance with recommended methodology or College own methodology: ✓ Recommended   ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
• Revocation[+]	0
• Suspension[$]	0
• Terms, Conditions and Limitations on a Certificate of Registration**	0
• Reprimand[^] and an Undertaking[#]	0
• Reprimand[^]	0

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

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

\+ Revocation of a registrant's certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to "revoke" the certificate which terminates the registrant's registration with the college and therefore his/her ability to practice the profession.

\$ A suspension of a registrant's certificate of registration occurs for a set period of time during which the registrant is not permitted to:

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

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

\^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

\# An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)
The College of Dietitians of Ontario had no Discipline Cases in 2020

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
Ministry of Health
438 University Avenue, 10th floor
Toronto, ON M5G 2K8

E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST
in the context of the College Performance Measurement Framework

Equity: Ensuring that all individuals are treated with sensitivity and respect in their dealings with health professionals and College.

Equality: Promoting equality of regulatory obligations among health care professions.

Accessibility: Ensuring individuals have access to services provided by the health profession of their choice and individuals have access to the regulatory system as a whole.

Public Interest

Protection: Ensuring protection of the public from harm in the delivery of health care services.

Accountability: Holding regulated health professionals accountable to their patients/clients, College and the public.

Quality Care: Ensuring that the care provided by individual regulated health care professions is of high quality and that the standard of care provided by each regulated health professional is maintained and/or improved.

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