

College of
Dietitians
of Ontario



**2021 College Performance Measurement Framework (CPMF) Report
Submitted by the College of Dietitians of Ontario
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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

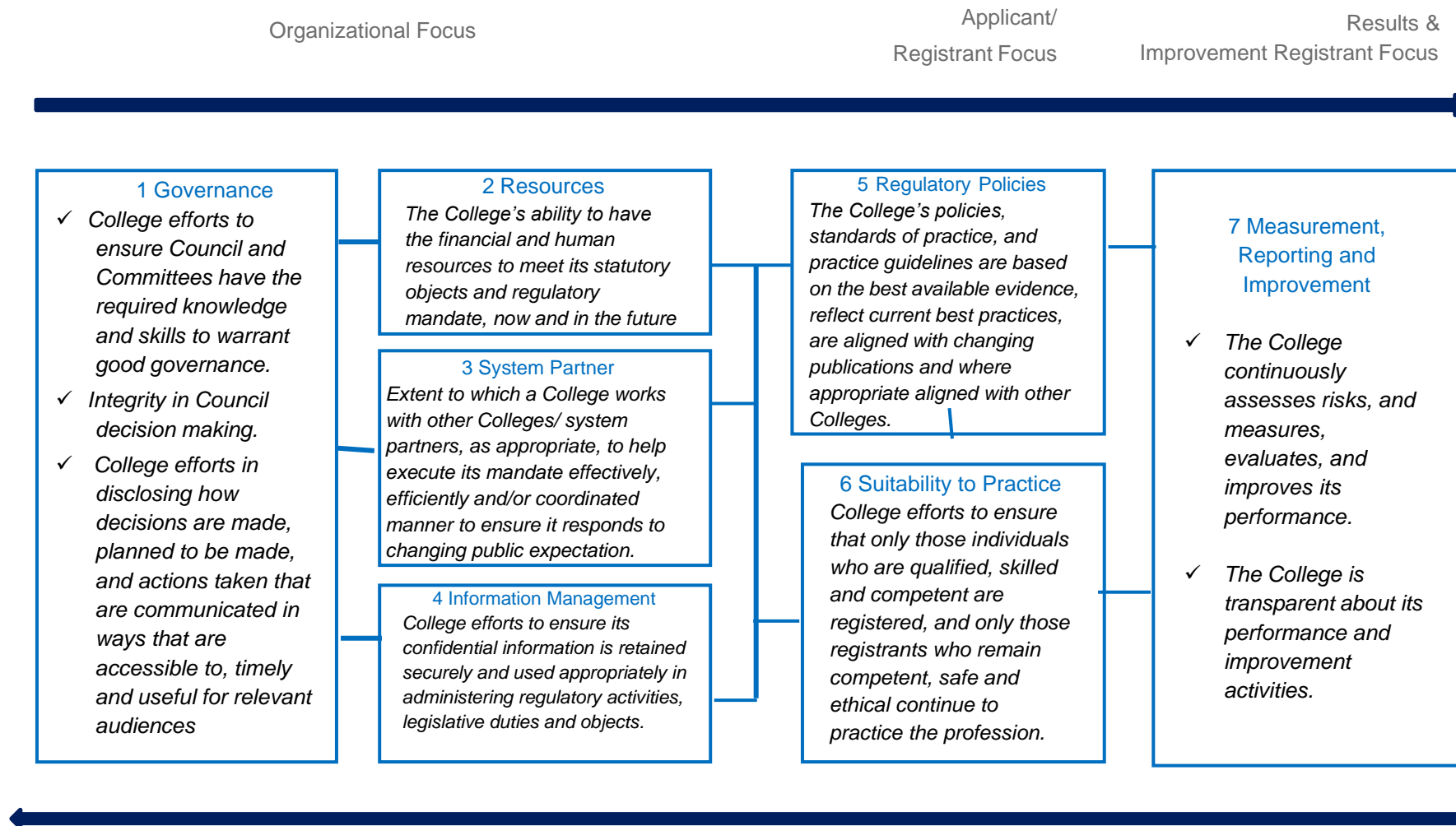


Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:

In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and

In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.¹

Completing the CPMF Reporting Tool

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

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

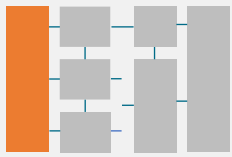
What has changed in 2021?

Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

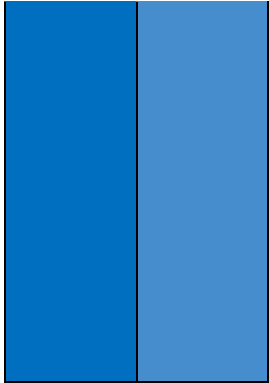
- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.
- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

¹ Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

		Measure 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.		
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response	
		a. Professional members are eligible to stand for election to Council only after: <ul style="list-style-type: none"> i. meeting pre-defined competency and suitability criteria; and 	The College fulfills this requirement: <ul style="list-style-type: none"> • The competency and suitability criteria are public: Choose an item. <i>If yes, please insert a link to where they can be found, if not please list criteria.</i> CDO has eligibility/suitability criteria for professional members to Council (see 3.10 of By-law 1 General). Elected Council members must meet these criteria to stand for election or be considered for Committee appointment. These criteria consider specific registrant criteria that would disqualify the professional member from seeking election, and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based.	No
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional):</i> As part of the 2020 - 2024 Strategic Plan , CDO is working towards modernizing its governance practices, including the development and adoption of competency-based criteria for Council member election. This will be in place before Council elections in April 2023. CDO's governance modernization efforts in 2021 included extensive governance training for Council and Committee members and the selection of an experienced governance consultant to assist with the College's governance review and action plan. Council also formed a Governance Committee with approved Terms of Reference. In the 2020 CPMF report, CDO committed to developing competency-based criteria for Council elections. Given the disruption of the ongoing COVID-19 pandemic and changes in CDO's leadership, progress towards developing competency-based criteria has been delayed.		

	ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement:	No
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>In 2020, a new eligibility criterion was added to CDO’s by-laws to include a requirement for elected-member candidates to successfully complete the College’s current training program relating to the duties, obligations and expectations of Council members. (Refer to 3.10 u of the By-law 1 General).</p> <p>In 2021, CDO delivered a voluntary information session for RDs interested in running for election. This information session, hosted by the Registrar, reviewed Council members' duties, obligations and expectations and CDO’s mandate.</p> <p>All new Council members attend a comprehensive training program before attending their first Council meeting. The training is a full day session and includes education on: relevant legislation including the <i>Regulated Health Professions Act, 1991</i> and the <i>Dietetics Act, 1991</i>, the public protection mandate of CDO and what that means in practice, information specific to CDO, including mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on Council and how Council achieves them, the relationship between Council and staff and the role of Committees, bias and conflict of interest, information about the dietetic scope of practice, governance practices and governance reform and modernization developments, system partners and accessibility. Orientation training was delivered virtually in 2021.</p>	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes
		<i>Additional comments for clarification (optional):</i> In the 2020 CPMF, CDO committed to develop a training program. CDO will develop a formal training program for Council election for inclusion in the April 2023 election.	
	b. Statutory Committee candidates	The College fulfills this requirement:	No



have:

- i. Met pre-defined competency and suitability criteria; and

- The competency and suitability criteria are public: Yes
- *If yes, please insert a link to where they can be found, if not please list criteria.*

CDO has eligibility criteria that professional members must meet to be appointed to Committees (see 3.10 of [By-law 1 General](#)). These criteria consider specific registrant criteria that would disqualify the professional member from participating, and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>As part of the 2020 - 2024 Strategic Plan, CDO is working towards modernizing its governance practice, including the development and adoption of competency-based criteria for Committee members. This will be in place by the end of the Council’s strategic plan in March 2024.</p>		
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics for Statutory Committee. <p>In 2021, CDO standardized the core training elements across Committees. Each Committee engages in a half-day session of training prior to commencing its work. The training topics include some of the same as the Council training listed in Standard 1.1ii, including governance and bias and conflict of interest. Also included are Committee specific policies and processes, by-laws and regulations that are applicable to the work of the Committee and Committee workplans for the year. Orientation training was delivered virtually in 2021.</p>		
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p>		

		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link to the website if training topics are public OR list orientation training topics. <p>All public members engage in the same full-day orientation training as professional council members and engage in specific committee training as applicable. The training topics are the same as the Council training listed above (Standard 1.1ii). Training occurs prior to attending their first meeting. Orientation training was delivered virtually in 2021.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional):</i></p>				

Measure			
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.</i> <p>Council has developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. These were last updated in 2019 (see March 29, 2019 meeting and minutes). After every Council meeting, attending Council members complete a meeting evaluation. Council reviews the combined results of these evaluations at the subsequent meeting. In between Council meetings, the Executive Committee review the evaluations and can recommend training or actions to Council based on these evaluations. (See December 9, 2021, Meeting Minutes)</p> <p>Council also reviews trend analysis reports that use the combined data from individual member’s meeting evaluations. These reports, which depict performance over time, are reviewed at each Council meeting.</p> <p>Council also completes an annual evaluation, which is intended to assess the effectiveness of Council over the past year. The results are discussed in public session at the June meeting. (See June 17, 2021 Council Meeting Minutes)</p>		Yes
		Yes	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (optional)</i>		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
<ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: No • <i>If yes, how often over the last five years?</i> • Year of last third-party evaluation. N/A 				
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>				<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>In the 2020 CPMF, CDO committed to retaining a third-party evaluator. CDO is in the process of investigating external consultants for this work. In 2022, the Council will update its governance manual such that the Council evaluation framework includes a third-party assessment of Council effectiveness every three years.</p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>Council and Committee training is developed, provided and supported in the following manner: Council and Committees budget sufficient funds for their own training. Council members identify their learning needs through meeting and/or annual self-evaluations. Executive Committee may recommend training or direct CDO staff to investigate various training and education options. Investigation can include environmental scanning of the training offerings of other health and non-health regulatory bodies to their council and committees. Council plans training through a Council Education Annual Plan. The 2021 plan was presented and approved at the Council Meeting March 26, 2021 (Please refer to the meeting materials and minutes). All members of Council can contribute their ideas for ongoing training and help develop the Annual Plan. The plan can be adjusted throughout the year to respond to new or changing needs identified by members or identified in Council evaluations.</p> <p>An example of a Council evaluation resulting in training occurred following Council’s December 9, 2021, meeting evaluation, in which a learning goal around meeting management and facilitation was identified. The Executive Committee recommended a refresher session in meeting facilitation prior to Council’s subsequent meeting. The session was designed to build on the skills learned in a 2-day meeting facilitation/chair training that Council completed in 2020. In order to customize the session, the trainer engaged Council and Committee members in a survey to assess participant learning needs. The training was completed on March 8, 2022, ahead of the March 24 - 25 Council meeting (see March 25, 2022 meeting for the December Council evaluation results).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional):</i></p>	

		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. • Please insert a link to Council meeting materials where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last year</u>. <p>Evolving public expectations inform the training needs of CDO. To understand public expectations, we rely on:</p> <ul style="list-style-type: none"> • Direct feedback from the public, through our public consultation page or phone calls from the public to our practice advisory service • Membership consultation and calls to our practice advisory service from dietitians. RDs are often closer to clients and can identify emerging issues • Patient networks (such as the Citizen Advisory Group) • College data around complaints and complaint inquiries from the public • Grey literature around the patient experience in healthcare and the work of regulatory thought leaders • Networking with other Colleges and system partners <p>As an example, adjustments were made to the 2021 Annual Council and Committee Training Plan following input from the College’s Equity, Diversity And Inclusion (EDI) Taskforce. In addition, CDO had retained Dr. Javeed Sukhera, an EDI consultant expert in 2021, and his research and guidance further informed training needs for Council. Council members engaged in an EDI focus group in August 2021 and completed unconscious bias training on September 30, 2021, with Dr. Sukhera.</p> <p>Council also identified indigenous cultural safety and humility and risk management as training needs. As a result, Council and Committee appointees completed training in Indigenous Cultural Mindfulness Training with George Couchie and Risk Management in Regulation Training with John Risk at the December 9, 2021, Council meeting.</p>	<p>Yes</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>	
<p><i>Additional comments for clarification (optional):</i></p>				

Measure		
2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.		
Required Evidence	College Response	
<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p>i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders and the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p>	
	<p>Partially</p> <ul style="list-style-type: none"> Please provide the year when Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the review. <p>The Council Code of Conduct and the Conflict-of-Interest policy are included in the CDO Governance Manual and were last reviewed in 2021. No changes were made to the Code of Conduct as a result of the review.</p> <p>The following changes were made to the Conflict-of-Interest policy:</p> <ul style="list-style-type: none"> Council and Committee members complete an annual declaration of conflict of interest and submit it to CDO by June 30th of each year. As part of the annual declaration of conflict of interest and at any other time during the year, public councillors are required to declare any offences, charges, or bail conditions. Elected councillors and committee appointees are required to report any offences, charges, bail conditions, or findings of professional misconduct that have been made against them as part of their annual renewal with CDO. 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p> <p>CDO will update its Code of Conduct to incorporate its EDI values in 2022 and ensure that its policies are reviewed on a cycle of at least every three years.</p>	

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved. <p>Council Code of Conduct and Conflict-of-Interest policy are part of the CDO Governance Manual</p>	<p>Yes</p>
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <p>Cooling off period is enforced through: By-law Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the college define the cooling off period?</p> <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Insert a link to Council meeting where cooling of period has been discussed and decided upon; OR Where not publicly available, please describe briefly cooling off policy. <p>CDO's by-law sets cooling off periods for elected Council and Committee member eligibility in circumstances that could create an actual or perceived conflict of interest. The policy was last updated in June 2020 and is stated in the By-law 1 General (Eligibility for Election to Council, Article 3.10). The cooling off periods include:</p> <ul style="list-style-type: none"> (r) the member is not an employee of the College and has not been an employee of the College during the previous two (2) years (s) the member is not an applicant for employment at the College and has not applied for employment at the College during the previous year (y) the member has served nine consecutive years as a councillor or committee appointee, or in any combination of the two offices, and at least three calendar years have passed after the year in which the member last served as a councillor or committee appointee (x) the member does not have a position within the previous year a leadership, employment or contractual role with a dietetic 	<p>Yes</p>

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				
		<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u> 	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes • Please insert a link to the most recent Council meeting materials that includes the questionnaire. <p>CDO has had a Conflict of Interest (COI) policy for many years, and an annual declaration of COI questionnaire was approved by Council on December 3, 2020. It is signed annually by all Council members.</p> <p>COI is defined in By-law 1 General (Article 16). It is a fulsome definition including interests that may be real or perceived, actual or potential, or direct or indirect. The by-law sets out the duty to avoid COI and the processes for resolving conflicts or undeclared conflicts. This COI definition and information are part of the annual COI questionnaire. CDO’s Governance Manual contains the annual COI questionnaire as well. As part of the annual COI questionnaire, Council members are asked to list any organization affiliation that could reasonably be conceived as having a conflict of interest with the member’s work at CDO. In June 2021, all elected members and appointed Committee members signed and submitted to CDO a copy of the annual COI questionnaire.</p> <p>At the start of every Council meeting, the chair asks all Council members to declare any COI updates or areas of bias. A similar process is in place for Committee meetings. The Council’s revised Rules of Order (approved in December 2021 and appended to the Governance Manual) also stipulate that no member shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Council Member so interested shall be disallowed.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
<p><i>Additional comments for clarification (optional)</i></p>				
			<p>In the 2020 CPMF, CDO committed to adding the annual COI questionnaire to Council meeting materials. Given the changes in the CDO’s leadership, this was not consistently done throughout 2021. However, ongoing forward, CDO will report on the annual COI questionnaire at Council meetings.</p>	

		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale. <p>Council meeting materials, including briefing notes and minutes, are publicly available. In the 2020 CPMF, the College committed to developing a briefing note template. As part of this and with public interest at the forefront of the Council's decision-making, the College's updated briefing note clearly identifies the public interest rationale. Examples of briefing notes with public interest rationale can be viewed in the December 9, 2021 Council Meeting Materials.</p> <p>We continue to refine the briefing note template. For the March 24 - 25, 2022 Council meeting, the briefing note more explicitly ties decisions to one of the four goals of our 2020-2024 Strategic Plan and presents considerations with Equity Impact Assessment information.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

	<p>e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide the year the formal approach was last reviewed. 2021 Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities. <p>An essential aspect of the CDO's governance and management is to ensure that organizational risks are identified, assessed, and managed efficiently and effectively. CDO first approved an Enterprise Risk policy on Dec 9, 2016, and to-date, an organization-wide annual assessment of risk using the College's risk register template has been conducted and reported to Council. The risk register contains operational and regulatory risks of all levels and includes CDO’s mitigation/action plan.</p> <p>At the December 9, 2021, Council meeting, Council reviewed CDO’s risk management process and received Risk Management training.</p> <p>Regulatory risk was also considered in the development of CDO’s 2020 -2024 Strategic Plan. Prior to developing its plan, CDO conducted a comprehensive environmental scan which included a literature review, stakeholder interviews and surveys to understand the regulatory risks for CDO. These risks are addressed in Council’s four strategic objectives and are expanded on in the plan under the heading: “Understanding the Wider Landscape” (see p 5). The environmental scans and stakeholder feedback were used as the basis of the CDO’s strategic planning sessions and provided contextual elements for decision-making.</p> <p>At the March 24 & 25, 2022 Council meeting, an updated Risk policy and a new Risk Monitoring report was approved by Council. Going forward, the monitoring report will be completed and reported to Council at least on a quarterly basis. The Risk Register will remain a tool for internal use.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (if needed)</i></p>	<p>Yes</p> <p>Choose an item.</p>
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Measure			
3.1 Council decisions are transparent.			
Required Evidence	College Response		
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Partially</td> </tr> </table>		Partially
		Partially	
	<ul style="list-style-type: none"> • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Council minutes are posted in the Meetings & Hearings section of the website.</p>		
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Yes		
<i>Additional comments for clarification (optional)</i> <p>In the 2020 CPMF, the College committed to publicly posting the status updates on the implementation of Council decisions. Although not fully implemented, CDO has an Action List process for internal tracking and updating the status of Council decisions, and we are committed to posting the status of Council decisions publicly.</p>			

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Partially</p>	
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. 		
			<p>An Executive Committee Report is included in every Council meeting package, which is posted online. The report includes the meeting date, reports on discussions and decisions and if decisions will be brought to Council. Council also has access to the Executive Committee minutes in its board document management system.</p>		
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>	
			<p><i>Additional comments for clarification (optional)</i></p>		
			<p>CDO is committed to further modifying the Executive Committee report by adding the rationale for the meeting to the report template.</p>		

Measure		
3.2 Information provided by the College is accessible and timely.		
Required Evidence	College Response	
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. The Meetings and Hearings section of the CDO website includes Notice of Council meetings, plus meeting materials, minutes and highlights from past Council meetings, dating back seven years (to 2015).	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to the College's Notice of Discipline Hearings. Notice of Discipline Hearings are posted at least one month in advance on the Meetings and Hearings section of the CDO website. Hearings of the Discipline Committee are, with some exceptions, open to the public.	

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	Choose an item.
		<p>Additional comments for clarification (optional)</p>	
<p>Measure</p>			
<p>3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.</p>			
<p>Required Evidence</p>		<p>College Response</p>	
<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).</p>	<p>The College fulfills this requirement:</p>		<p>Yes</p>
		<ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. <p>CDO is committed to informed equity, diversity, and inclusion (EDI) action that leads to sustainable and meaningful change in carrying out its public protection mandate. Accordingly, CDO undertook several initiatives relating to equity, diversity, and inclusion in 2021. The College continues to gather data and build capacity in staff, council, and registered dietitians through a number of EDI activities.</p> <p>In May 2021, College Council struck an EDI-B Task Force to oversee and monitor implementation of EDI-B initiatives at the CDO. The key objectives of the task force are to: foster awareness-raising and ongoing learning; build capacity within CDO to recognize and address issues related to EDI-B; ensure sustainability of EDI-B-related initiatives within CDO; and develop and monitor EDI metrics. CDO engaged an external expert, Dr. Javeed Sukhera, to explore new opportunities to enhance our commitment to diversity, equity, and inclusion. As part of this, Dr. Sukhera:</p> <ul style="list-style-type: none"> • Reviewed the processes at CDO and provided a report of the findings with recommendations. • Provided training to the Taskforce, CDO staff, Council and Committee members in EDI • Launched the CDO Public Survey: Equity and Anti-Racism to collect data from the public’s interactions with CDO. The purpose of the survey is to explore how equity and anti-racism may influence the work of the CDO. The survey was created and administered by Dr. Sukhera to collect data from the general public regarding their individual interactions with the College, seeking feedback as to whether individuals have directly or indirectly experienced prejudice or discrimination during their involvement with CDO. The survey launched in October 2021 and CDO has engaged a third-party vendor to promote participation in the survey to the widest possible target market. A second survey will be promoted directly to Registered Dietitians in early 2022. • Provided education to Registered Dietitians in small and large group formats. The Ethics and Professionalism: Understanding Unconscious Bias workshop series included Dr. Javeed Sukhera as a guest speaker, and with the CDO’s Professional Practice Program Advisors participants explored unconscious bias in profession specific case scenarios and discussed actionable steps for 	

embedding equity, diversity and inclusion into dietetic practice. From October 1, 2021, to December 31, 2021, 19 sessions were offered, and 766 dietitians and 108 dietetic learners participated. In the small group sessions, dietitians were invited to discuss and offer their reflections; in the large group formats, participants were invited to observe and listen and were able to weigh in via the chat function.

- Unconscious bias sessions were also provided to CDO Peer and Practice Assessors and Assessors involved in the CDO's Prior Learning Assessment and Recognition (PLAR) process which is used to assess international applicants for registration.

In addition, in 2021, CDO has:

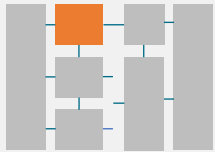
- Created an [EDI dedicated page](#) on its website to update the public on the CDO's progress and has appointed an EDI lead.
- Engaged in Council training on Indigenous [Cultural Mindfulness with Guidance on Indigenous Land Acknowledgements](#) led by George Couchie, a member of the Red-tailed Hawk Clan.
- Recognized the [National Day for Truth and Reconciliation](#) and adopted a Land Acknowledgement at Council and other public events/meetings.

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

Choose an item.

Additional comments for clarification (optional)

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>No</p>
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. <p>CDO is currently reviewing potential equity impact assessment tools.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>CDO is in the process of determining which EIA tool best suits the College’s practice. It is anticipated that a tool will be adopted in 2022 and will become part of the program analysis conducted by staff and Committees and presented to Council. While CDO has not formally adopted a tool/framework yet, the overall ethos of engaging in equity assessment into some of the College processes, e.g., Professional Practice Program, jurisprudence resources and tools, has been embraced. For example, in 2022, CDO has added a question to its consultation surveys around the potential positive or negative equity impacts of the proposed policy/initiative on the public. We are looking to formalize how we embed an equity impact assessment process more robustly.</p>	



Measure

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

DOMAIN 2: RESOURCES

STANDARD 4

Required Evidence

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

Further clarification:

A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

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

The annual budget is approved by Council at the March Council meeting. Along with the budget, Council reviews the annual workplan activities and how the workplans connect with the CDO's Strategic Plan. The 2021 - 2022 budget was approved at the [March 2021 Council meeting](#).

CDO uses zero based budgeting, which is a process that starts from a "zero base," and every function within an organization is analyzed for its needs and costs. The activities required to achieve strategic goals are identified, and costs were estimated for each activity. The budget is then built around what is needed for the upcoming fiscal period. CDO first estimates revenues from members, applicants and investments. Funds are allocated to general administration and five program areas, including Registration, Professional Practice-Quality Assurance, Professional Practice-Practice Advisory, Patient Relations and Standards & Compliance.

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

Choose an item.

Additional comments for clarification (optional)

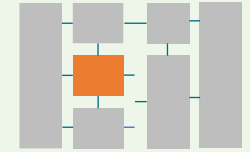
		<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes <p>The Reserve Fund Policy was approved on March 29, 2019. The policy sets out the level of reserve and is reviewed by the CDO’s auditors. In accordance with the policy review cycle indicated in the policy, will be reviewed again by Council in 2022. CDO meets the reserve set out in its reserve policy.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (if needed)</i></p>	

		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Since the Council’s role is focused on governance, the Council does not typically review operational policies, however, Council ensures that the organization is sufficiently resourced to successfully carry out its mandate and strategic objectives. For example, Council supported an operational review of the CDO’s staffing model by a third-party HR firm which was carried out in fall 2021. This review resulted in the allocation of additional staffing resources, which help improve the distribution of workload, aid in succession planning and the dissemination of institutional knowledge. Council is informed regularly of staffing changes by the Registrar and through the CDO's management reports at Council meetings. As part of these updates, Council ensures that the CDO is adequately resourced to conduct the business of the College.</p> <p>The Council has a role in the direct oversight of the Registrar, and in 2021, Council approved an internal Registrar Performance Management Policy. The policy recognizes the role of the registrar as the organization’s lead executive officer and their pivotal role in determining the strength of the organization now and in the future. The policy assesses the registrar’s performance with respect to furthering the CDO’s mission, vision, strategic direction, and goals and includes an annual 360 review.</p> <p>A Registrar coverage plan is in place to provide guidance for the continued operations of CDO if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. This plan was put in place and discussed by Council in 2020. The College also has a Disaster & Emergency Program which is updated annually and was last updated in July 2021. The document identifies essential services and functions by department and programs in the event of a position vacancy.</p> <p>In 2021, Council successfully recruited a new registrar and supported the transition for the registrar, staff and council with the assistance of third-party recruitment and allocated budget for the registrar’s onboarding training.</p> <p>Council budgets for staff development on an annual basis. Training opportunities include sessions delivered to all staff, regulatory conferences and education sessions and other training topics identified by individuals relating to their own professional development and learning goals.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>CDO has a number of internal IT security plans including a cyber security response plan, a credit card incident response plan and an emergency disaster recovery plan. These policies are reviewed on an annual basis with reviews completed in 2021.</p> <p>All CDO electronic data has been migrated to the cloud as of 2020. Moving to the cloud has enabled CDO to manage data and access with multiple layers of security. All Staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet our security standards. An external support user has been granted access to only certain data. All Staff, Council and Committee members are required to adhere to the CDO's IT Security Policy.</p> <p>Cybersecurity measures are in place. All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365. In addition, CDO contracted an external vendor to conduct penetration testing and phishing campaign. Cyber Awareness training and reminders throughout the year take place for new and existing staff. In 2021, third-party vendor email backup software was implemented. CDO conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly.</p> <p>CDO engages in annual database updates to mirror improvements to internal registration and QA processes. The College will be undergoing a planned upgrade of its membership database in 2022 to the latest available operating system to ensure effective and efficient processing capability for staff and interfacing for members.</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>		

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



Measure / Required evidence: N/A	College response
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>

The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.

Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.

Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.

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 for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:

- 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.).*

CDO has a strong supportive and collaborative approach to regulation. We actively engage with other Colleges and system partners, including the following:

Alliance of Canadian Dietetic Regulatory Bodies

CDO is part of the Alliance of National Dietetic Regulators, which includes representation from all 10 provinces. The Alliance meets regularly and collaborates on issues of national importance, including examinations and entry to practice standards. The Canadian Dietetic Registration Examination (CDRE) is the national licensing exam, owned and administered by the Alliance. The CDRE contributes to the CDO’s public protection mandate by ensuring that dietitians are safe, ethical, and competent at entry-to-practice. The Alliance delivers the CDRE via an online remote-proctored process. The Director of Registration of the College sits on the CDRE Accommodations Committee of the Alliance. CDO’s Registrar chairs

the newly established CDRE Incident Reports Committee, and the Director of Registration also sits on this committee.

Specific efforts in 2021 include administering the CDRE online, regulations impacting regulation of profession across Canada (e.g., health care changes in BC), labour mobility, information sharing, concurrent licensure, virtual practice, social media, Prior Learning Assessment and Recognition (PLAR), and the search for a common third-party accreditation body following the withdrawal of current accreditation service provider. CDO continues its collaboration with the Alliance to standardize labour mobility processes used by all Canadian dietetic regulators. CDO also continues to support the adoption of PLAR processes by other Canadian dietetic regulators. By standardizing registration practices across Canada, CDO helps ensure that dietitians who transfer to Ontario from out-of-province will meet our high entry-to-practice standards. The Alliance is also represented in the **Partnership for Dietetic Education and Practice (PDEP)**, which is a tripartite with regulators, professional association and educators on mutual issues of interest, accreditation and the development of the new national competences. CDO's practice advisors also engage with national counterparts in the **Canadian Dietetic Regulators Practice Network**, to share and learn around key practice issues and themes and policy/standard/guideline development specific to the dietetic scope of practice.

Dietitians of Canada (national dietetic professional association)

Specific efforts: clinical practice group and issues around pandemic, hearing concerns about Nutritionist title protection, virtual practice and delays in practical training program completion during pandemic.

Dietetic Education Leadership Forum of Ontario (DELFO)

CDO worked with dietetic educators to expand the use of its Knowledge and Competence Assessment Tool (KCAT) and CDO's PLAR process, to be used by dietetic practical training programs to determine currency and eligibility of academic knowledge for admissions purposes. CDO also provides updates to DELFO at each of their meetings on relevant information (e.g., CDRE results, accepting emailed applications, and answering any questions posed by the group).

Citizen Advisory Group (CAG)

CDO is an active member of the CAG, which helps bring the patient voice and perspective to healthcare regulation in Ontario and is leveraged by health care regulatory colleges to enhance public participation and consultation in our regulatory activities. In April 2021, CDO launched a survey in partnership with CAG to solicit public feedback on the College's new website at collegeofdietitians.org. CDO also promoted our public survey on Equity & Anti-Racism through the CAG newsletter in 2021.

Health Profession Regulators of Ontario (HPRO)

CDO is an active member of HPRO and works with our system partners to align with best practices of the regulatory profession. The Registrar attends regular board meetings and biweekly information sharing sessions. Additional collaborative efforts include: 1) Active participation in the HPRO Communicators' Day Conference. During the HPRO Communicators conference, regulatory communications professionals share their

learnings regarding successful communications initiatives, to support timely and effective communications that meet the needs of changing public/societal expectations. (The former manager of communications at CDO was a Chair of the HPRO Communications Committee. The current CDO director of communications was a guest speaker at a past event.) 2) Policy Consultation around Insulin Adjustments – CDO collaborated with the most impacted professional regulators (OCP, CNO, CPSO) (work spanned 2019-2021) 3) CDO Practice Advisors engage with the HPRO Practice Advisor Network and engage with this network frequently to share and learn around key practice issues and themes and policy/standard/guideline development common to other healthcare professions and 4) CDO engaged with the CPMF network for weekly meeting to share practices around completion of the Framework document.

Ministry of Health of Ontario (MOH)

Staff attended the Ministry of Health's Emergency Operations Center's (MEOC) virtual, weekly pandemic briefing calls for the health regulatory bodies and other partners. CDO's Practice Advisors also increased collaborative and cooperative relationships with other regulatory Colleges in Ontario, HPRO and Canadian Dietetic Colleges to ensure timely response to changing expectations to ensure public safety. When relevant, CDO's Practice Advisors continued to share information and answer questions on the Dietitians of Canada COVID-19 Facebook page.

Other Committees and Working Groups

CDO 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), 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.

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

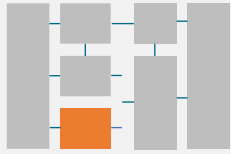
The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information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

CDO regularly engages with other health regulatory Colleges and system partners, over and above those listed above. Examples of relationships where the College engaged with partners include:

- CAG consulted with the CDO on the Insulin Adjustments Position Statement in December 2021. Work is underway to bring a public explanatory document to the CAG in May 2022.
- Collaborated with system partners on various registrant policies. For instance, in the development of CDO's Insulin Adjustment Position Statement, the College conducted a focus group with registrants, conducted a survey consultation and worked with other Regulators whose registrants might be impacted by CDO's position.
- Sought members of the public to complete CDO's EDI survey, which was promoted through various social media channels to widen the target market.
- Engaged with other Colleges (CKO, CPO, CMTO, CTCMPAO) and health lawyer Kate Dewhirst's webinar "All Things Privacy" to discuss changes to the Personal Health Information Protection Act, as well as top privacy questions. Approximately 300 dietitians participated, and the recording is now available on-demand [here](#).
- Delivered Registrant and Student Education: In 2021, CDO delivered twenty-one jurisprudence presentations to 273 dietetic learners and 713 dietitians. In March 2021, an interactive Regulatory Talks webinar related to the Delegation Standard was also delivered. This webinar explored the [Dietitians Practicing through Delegation of Controlled Acts Standard](#) and provided an opportunity for registrant questions about the minimum level of performance expectations for dietitians when practising through the delegation of controlled acts. The [Recording](#) and [Handouts](#) are available here.
- Designed workshops to enhance understanding and uptake of CDO policies, standards, codes etc. For instance, CDO sought information from HPRO partners and dietetic regulators to inform the content development for two registrant workshops: 1) [Ethics and Professionalism: Adapting to Change](#) - a virtual workshop that included guidance on the dietetic practice challenges related to COVID-19 pandemic. Delivered November 2020 to March 2021 to 499 dietitians and 49 dietetic learners in 17 sessions. 2) [Ethics and Professionalism: Understanding Unconscious Bias](#) - a workshop series involved CDO's Professional Practice Program collaborating with HRPO partners, dietetic regulators and Dr. Javeed Sukhera to explore unconscious bias and actionable steps for embedding equity

diversity and inclusion into dietetic practice. Delivered October to December 2021 to 766 dietitians and 108 dietetic learners in 19 sessions.

- Responded to Pandemic and Other Practice Advisory Inquiries - CDO increased collaborative and cooperative relationships with other regulatory Colleges in Ontario and Canadian Dietetic Regulators to ensure timely response to changing expectations to ensure public safety. Specific to the pandemic, resources related to the pandemic included understanding emergency orders and directives, in-person care and vaccination status disclosure. CDO's Practice Advisors responded to questions and posted relevant updates to the Dietitians of Canada COVID-19 Facebook page. In 2021, a total of 1,151 practice advisory inquiries were received from 932 dietitians, 180 members of the public, 14 health professionals, 4 dietetic students and 21 employers.
- CDO regularly engages in research consultations for other regulators and system partners including environmental scans that support our public protection mandate. The following policy was published to explain how CDO assesses requests to participate in external surveys and consultations: [Decision-Making Tool to Determine the College's Level of Participation in External Consultations.](#)



Measure

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

DOMAIN 4: INFORMATION MANAGEMENT

STANDARD 7

Required Evidence

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

College Response

The College fulfills this requirement: Yes

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

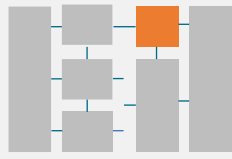
CDO’s privacy policy is available on the [College’s website](#). All members of staff, Council and Committees, and others who do work on behalf of the College and who have access to confidential information, are required to sign a confidentiality agreement.

CDO has an internal IT Security Policy that outlines a detailed and comprehensive set of practices and protocols for securing the CDO’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, accessing confidential information, and protecting College-issued devices or personal devices. CDO also has a credit card incident response plan to prepare for, detect, recover from a credit card breach during the collection of registrant fees. For security reasons, the College does not publicly disclose details of its security practices.

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

Additional comments for clarification (optional)

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and	The College fulfills this requirement:	Yes
		iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	<ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CDO has an internal Cybersecurity Response Plan, which provides guidance and instruction to assist the College to prepare for, detect, respond to, and recover from a cyber security breach. The College engages in staff training on cybersecurity and how to identify and avoid phishing emails. CDO follows the National Institute of Standards and Technology (NIST) cybersecurity framework and recommendations from Canada Center for Cyber Security. For security reasons, CDO does not publicly disclose details of its security practices.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	



Measure

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

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

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

College Response

The College fulfills this requirement:

Yes

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

CDO has a Professional Practice Standards [Framework](#) which guides the development, implementation and evaluation of standards, policies and guidelines. Currently, CDO’s Practice Program reviews standards, policies and practice procedures annually and as warranted, as highlighted in the Framework, considering legislative changes, trends in Practice Advisory inquiries, complaints/reports, and consultation with partner groups.

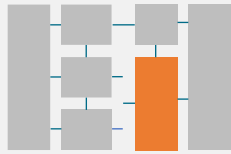
If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components OR please briefly describe the College’s development and amendment process. <p>CDO aims to take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. The goal is to attain the ‘right touch’ of regulation, rather than over-regulating or under-regulating to achieve effective dietetics regulation in Ontario. The College aims to respect its use of authority to attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario.</p> <p>As set out in Professional Practice Standards Framework, the Criteria for developing or amending Standards of Professional Practice includes the following:</p> <ul style="list-style-type: none"> • Identification of need: identify high-risk areas that warrant standards development through the College’s Risk Framework. Identification of issues can be through member consultation, focus groups or by inquiries to the CDO’s Practice Advisory Service and elements such as risk, impact, public expectations, and frequency of performance are considered. • Qualify the risk: there is a reasonable expectation that the professional practice issue places clients at risk (e.g., physical, emotional, financial, etc.), thus requiring public protection. The risk must be real, not hypothetical, and could result in unprofessional or unethical conduct by the dietitian dealing with this risk. • Consider applicable higher-level documents (e.g., a statute, regulation, or sufficient entry-to-practice competency) that defines the College’s expectations concerning the issue explicitly. • Ensure that the relevance will be for an extended period if a Standard of Professional Practice is developed. <p>Generally, the Standard of Professional Practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement.</p> <p>For example, in 2021, CDO worked to develop an Insulin Adjustments Position Statement with Practice Guideline for dietitians. This work required extensive partner and public consultations throughout the policy development process. Also, CDO had to seek alignment with other regulatory Colleges to identify the appropriate behavioural expectations for dietitians.</p>	<p>Yes</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p>	

	<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>As mentioned, Dr. Javeed Sukhera and the professional practice team delivered a workshop series for dietitians, Ethics and Professionalism: Understanding Unconscious Bias, in Fall 2021. The EDI scenarios discussed in the workshop were specific to dietetics.</p> <p>Under the leadership of the EDI-B Task Force, CDO initiated an EDI assessment. In November 2021, Dr. Sukhera delivered a report to the College to inform the future work of the College, including College standards, guidelines, and policies for CDO's registrants.</p>	
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CDO began analyzing equity as part of its policy analysis in 2022 in its policy consultation surveys. To embed EDI into policy work, the College is currently reviewing EDI tools (to adapt or adopt) and re-evaluating the Standards Framework to embed EDI into policy development, implementation and evaluation. CDO's work plan for fiscal 2022 – 2023 includes plans to review existing CDO policies with an EDI lens.</p>	



Measure

9.1 Applicants meet all College requirements before they are able to practice.

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9	Required Evidence	College Response	
	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)².</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR please briefly describe in a few words the processes and checks that are carried out. Please insert a link OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>CDO’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). CDO accepts the documents from source institutions via mail, secure online portal, or via email through a password protected PDF.</p> <p>CDO’s registration staff use the following process upon receipt of an application file:</p> <ul style="list-style-type: none"> 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. When stay-at-home orders were in place during the COVID 19- pandemic, we accepted completed applications forms via email. Beginning January 2022, we have implemented a process to accept emailed application forms on an ongoing basis. Copies of documents related to authorization to work in Canada are provided to CDO by the applicant. Notarization is not required. To date, CDO 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 as per Policy 3-10: Verification of Dietetic Practice. All other documentation must be submitted to CDO directly from the source institutions (e.g., universities, practical training programs, WES reports, language proficiency test results). CDO assesses good character and conduct (suitability to practice) according to the following criteria: positive declarations 	Yes

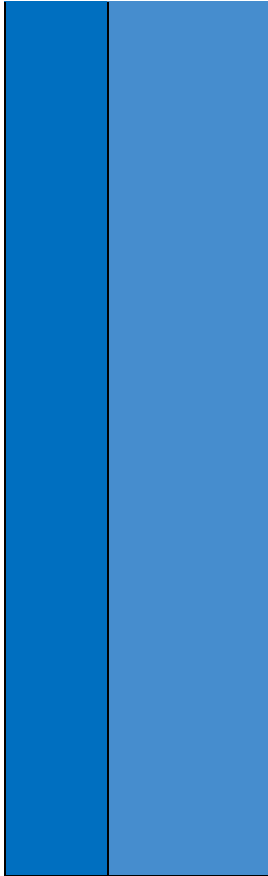
questions on the application form and at annual renewal, official transcripts of academic performance for all degrees and transfer credits, and verification of registration in good standing directly from other regulators within and outside Ontario.

- As applicable, final evaluations for Independent Practicum Placements and Upgrading Requirements are submitted to CDO 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. For all registration decisions made by the Registration Committee, a decision and reasons letter is provided to the Applicant providing next steps (e.g., additional education and training through accredited and/or bridging programs, CDO's Prior Learning Assessment and Recognition process).

² This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>CDO’s Registration Policies can be found here. CDO regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria:</p> <ul style="list-style-type: none"> • Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency) • Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy) • Improved clarity required for staff to operationalize a policy • Identification that a policy is outdated and requires revocation • Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices • Changes to the dietetic practice environment (e.g., new competencies for entry-level practice) • Feedback from the Registration Committee <p>In 2019, CDO conducted a review of the declaration questions asked on the application form and at annual renewal to ensure compliance with the <i>Regulated Health Professions Act, 1991</i>, 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.”</p> <p>In 2021, CDO revised several of its registration policies relating to registration requirements including: language proficiency, assessing academic and practical training requirements, applicants from accredited programs in the United States, eligibility for the Prior Learning and Recognition (PLAR) process, accommodations for the PLAR process, appeal process for PLAR exams, candidates unable to write PLAR exams due to compelling reasons, and requirements for supervision and upgrading post licensing exam failure.</p>	<p>Yes</p>



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 item 11.0 of the Council meeting minutes [here](#) and the accompanying meeting materials [here](#). CDO is awaiting notice from the Ministry to submit the proposed amendments and appreciate that the Ministry’s resources have been focused on the COVID-19 pandemic.

Revised Competencies

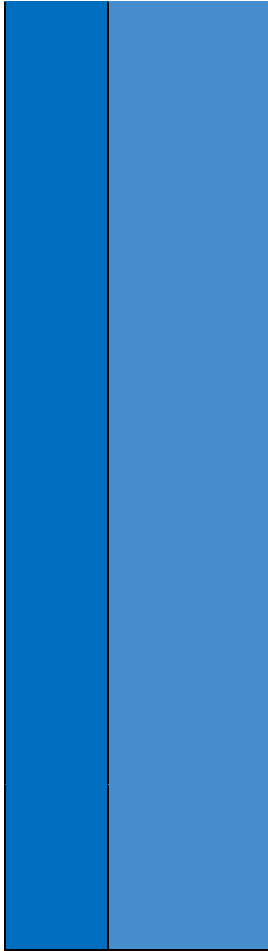
The Council approved the adoption of the revised Integrated Competences for Dietetic Education and Practice, 2020, v.3. at the September 18, 2020 meeting. Refer to item 4.0 of the Council meeting minutes [here](#) and accompanying meeting materials [here](#). CDO is currently incorporating the revised 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?

Choose an item.

Additional comments for clarification (optional)

Measure		
9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
<p>a. A risk-based approach is used to ensure that currency³ and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. <p>The Registration Regulation includes the following currency requirement: “5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years. (2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee.”</p> <p>In setting the 500-hour requirement, an environmental scan was conducted of other Ontario health regulators and dietetic regulators within and outside of Canada was conducted. Consultations with members and other stakeholders was completed throughout the Registration Regulation amendment process. External legal counsel also provided input. The minimum practice hour requirement of 500 hours over the preceding three years was subsequently proposed for incorporation into the Registration Regulation. In 2009-2010, following the environmental scans and consultations (outlined above), the minimum dietetic practise hour requirement of 500 hours over the preceding three years was subsequently proposed and incorporated into the College’s Registration Regulation amendments that were approved by the Ministry in 2012.</p> <p>During CDO’s annual renewal period, each member/registrant is asked to declare whether they have practised at least 500 hours in the past three years. Ultimately, the purpose of the requirement to maintain at least 500 hours of dietetic practice is to ensure that dietitians can practice dietetics safely, ethically, and competently. Any member/registrant who has self-declared that they practised fewer than 500 hours in the past three years will be automatically referred to the Quality Assurance (QA) Committee for assessment. Information pertaining to the minimum 500-hour practise requirement over the preceding three years can be found here.</p>	<p>Yes</p>



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

For 2021, 32 (less than 1%) members declared not meeting currency requirements and potential risk of providing safe, competent, and ethical practice. Of the 32 members, twenty-three submitted learning diaries to be assessed to determine if the learning activities reflected application to dietetics and that the members have maintained their competency to practice.

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 questions 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.

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

Choose an item.

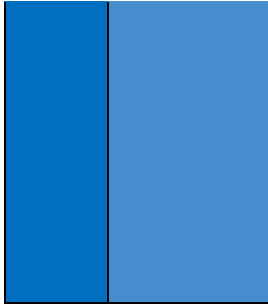
Additional comments for clarification (optional)

³ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

Measure			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. Where an action plan was issued, is it: No Action Plan Issued <p>CDO's 2020 Fair Registration Practices Report (submitted to the OFC in 2021) can be found here. CDO did not receive any summary from the OFC regarding our submitted 2020 report. The College did not have an annual OFC meeting in 2021 but attended consultation meetings related to the OFC's new Risk Informed Compliance Framework (RICF) and provided our response to questions posed by the OFC in their Forward-Looking Risk Factors reporting requirements. Based on the OFC's review of the College's performance against the indicators within the RICE, on August 24, 2021, the OFC assigned CDO a "full compliance" provisional rating.</p>		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

Measure		
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.		
Required Evidence	College Response	
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <p>Yes met in 2020, continues to meet in 2021</p>	
	<ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> 	
	<p>A new Standard was approved by Council in December 2020 - Practicing through Delegation of Controlled Acts, which sets the minimum performance expectations for dietitians when practising through the delegation of controlled acts. The College rolled out the new standard from January 2021 to May 2021, and the new standards received 3,953 unique pageviews on the College’s website. To support registrant understanding of the new standard and to ensure the standard was incorporated into their practice, CDO provided the following supports:</p> <ul style="list-style-type: none"> Notified registrants by email about the new standard and made revisions to Scope of Practice & Controlled Acts webpage. Delivered Regulatory Talks (Reg Talks) Webinars – Four synchronous interactive webinar sessions explored regulatory and professional obligations, practice scenarios and live question and answer period with Practice Advisors and Director of Professional Practice (Recording and Handouts provided) (183 Dietitians attended; 226 viewed recording). Following the webinar, the College conducted an evaluation survey and reported the results in an issue of the College’s newsletter, including some reflections from registrants on their key-learnings and how dietitians reported they would change their practice. An article was published in the College’s newsletter: Regulation Matters 2021, Issue 1 May - Are you Practicing through a Delegation of a Controlled Act? (404 unique pageviews). The College conducted a Quiz on the Delegation Standard (162 unique pageviews) and developed a Practice Scenario resource: Redeployment and Taking on New Roles During the Pandemic (694 unique pageviews). 	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>		

Measure:		
10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁴.		
a.	The College has processes and policies in place outlining:	The College fulfills this requirement:
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;	<ul style="list-style-type: none"> Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found. Is the process taken above for identifying priority areas codified in a policy: Yes Processes are codified in policies and available on the website: Yes
		<p>The priority areas of focus for the quality assurance assessments are underpinned by tools that are defensible, fair, valid, and reliable measures of continued competence (desired outcome). The following priority areas are based on evidence-informed processes to support design, development, delivery, and evaluation of the assessments:</p> <p><u>Self-Directed Learning (SDL) Tool:</u> The College undertook research to identify areas where there could be a potential risk of harm to clients in dietetic practice and developed a risk management framework applicable to all practice settings. The tool provides dietitians with an opportunity to reflect on risk in their practice every year when they complete their registration renewal. Priority areas are identified by triangulating SDL risk goals of 4,127 members with trends in practice advisory inquiries for future training needs of registrants.</p> <p><u>Peer and Practise Assessment (PPA):</u> The College's 2 Step Peer and Practice Assessment (PPA) has been designed to support continued competence assessment with members by applying the minimal amount of regulatory force required to achieve the desired outcome. High-risk practice areas identified in the College risk research are related to specific practice areas and practice settings.</p> <p><u>Jurisprudence Knowledge & Assessment Tool (JKAT):</u> The JKAT is a vital assessment process to improve a dietitian's knowledge and understanding of the application of the laws, ethics, and standards relevant to the practice of dietetics and to assure the public and other partners, including employers, that dietitians practise safely, competently, and ethically. Dietitians must achieve a 90% score. Every new member must complete the JKAT within the first year of Membership and every 5 years. 1,161 members participated in the 2021 JKAT.</p> <p><u>< 500 Hours of Practice:</u> Dietitians are required to meet currency practice hours over a three-year period. Dietitians who are practising fewer than 500 hours must demonstrate they have maintained competency, or may sign a Voluntary Undertaking. Options may include a competency assessment or submitting a learning diary of all professional development activities assessed and the QA Committee to determine if any remediation is required to maintain competency. See Policy 5-40: Committee Review of Learning Diary, Under 500 hours for more information about the process. Based on the learning diary, the QA Committee evaluates whether there is sufficient evidence to establish that competency was maintained or whether further assessment is required. This assessment could be in the form of an oral,</p>
		Yes



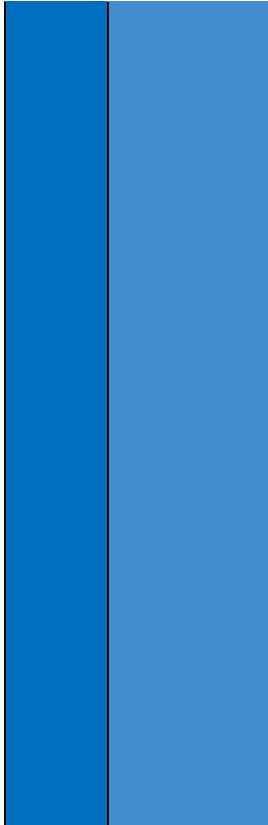
written or practical exam, or a combination of these. If the member is deemed adequate and competent to practise dietetics after this assessment, the dietitian continues to participate in the QA Program, including completing the annual Self-Directed Learning (SDL) Tool, completing the Jurisprudence Knowledge and Assessment Tool (JKAT) every 5 years, and, if returning to practise, being in the random selection pool for a Peer and Practice Assessment (PPA). Once a member completes a Practice Assessment, they are removed from the pool for 5 years. If the member is deemed Inadequate to Demonstrate Competence, the member will be required to undergo a practice assessment (oral and/or written) or the Committee will direct the member to undergo a specific remediation program.

⁴ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

	<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> No - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <p>The Quality Assurance program is designed to support the dietitian's professional development and continuous improvements and is not punitive. This design allows CDO to effectively administer the assessment component(s) of its QA Program in a manner aligned with right touch regulation. Therefore, we apply the minimal amount of regulatory force required to achieve the desired outcome.</p> <p>Right- Touch exploration was initiated in 2020 and continued as an approach to inform assessments in 2021. As such, the QA program has processes and policies in place outlining how areas of practice are evaluated and how assessments are identified to determine which dietitian will undergo an assessment activity. Measures have been developed with a psychometrician, and the QA Committee has the discretion in making decisions about which dietitians proceed to the behaviour-based interview (BBI) based on the dietitian's Z (standard) score of their multi-source feedback (MSF) survey. For example, if a dietitian does not have low scores on their MSF, they may not be asked to proceed to Step 2 (BBI). However, 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, a random selection of registrants whose MSF individual scores are high help ensure that CDO is identifying members who may have benefitted from survey respondents who rate everyone high on surveys. It also further validates the MSF process as a reliable measure of potential issues in practice.</p> <p>The Peer and practice assessment continues to focus on strategies for mitigating the risk of harm as applied to a right-touch approach in dietetic practice. For example, in 2021, a new stratified random of selected members to move directly to Step 2- the Behaviour Based Interview (BBI) and chart review/stimulated recall was approved for implementation and these have been codified in Policy 4-20: Peer & Practice Assessment-Selection and Eligibility and Policy 4-25: Peer & Practice Assessment- Procedure. CDO uses a computer program to randomly choose 10% members to participate in the PPA process. Based on stratified random sampling based on risk-based criteria of solo practice and certain higher-risk areas of practice, 6% of those selected will move straight to the behavioural based interview and chart review/stimulated recall.</p>	<p>Yes</p>
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		<p>Recognizing the ongoing increased uncertainty and strain upon Ontario's Health System and dietitians in general, many of whom work in hospital settings and public health, the Peer and Practice Assessments (PPA) 2021 cohort selection was postponed. We believe that the risk to the public was low, and the PPA postponement allowed dietitians to focus on the necessary dietetic and redeployed health services required to respond to, prevent, or alleviate the effects of COVID-19 and lessen any burden of anxiety and stress dietitians, colleagues and clients/patients.</p>						
		<table border="1"> <tr> <td data-bbox="755 381 2196 456"><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></td> <td data-bbox="2196 381 2580 456">Choose an item.</td> </tr> </table>	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.				
<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.							
		<p><i>Additional comments for clarification (optional)</i></p>						
	<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<table border="1"> <tr> <td data-bbox="755 518 2093 589"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2093 518 2580 589"> <p>Yes</p> </td> </tr> <tr> <td colspan="2" data-bbox="755 589 2580 1242"> <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>For practicing fewer than 500 currency hours, criteria that informs remediation includes the evaluation of the practice tools against the Integrated Competencies for Dietetic Education and Practice as applied by two trained assessors. Remediation would include terms, conditions and limitations set by the QA Committee or registrant resignation.</p> <p>For the Jurisprudence Knowledge and Assessment Tool (JKAT), members who are unable to achieve the set pass score (90%) after a third attempt will be referred to the Quality Assurance Committee who will consider remediation, such as taking a course, working with a mentor/colleague, and/or working with the College's Practice Advisor or Quality Assurance Manager to improve knowledge in jurisprudence.</p> <p>For the Self-Directed Learning Tool, criteria that informs remediation includes random selection of the submissions against standards. Remediation would include resubmission and re-evaluation and/or attendance at mandatory training.</p> <p>For the Peer and Practice Assessment, criteria that informs remediation includes evaluation of the member's practice assessment results against the Integrated Competencies for Dietetic Education and Practice and CDO Standards as applied by a trained assessor. Remediation could include a SCERP which would set the terms, conditions and limitations as determined by the QA Committee or ICRC.</p> </td> </tr> <tr> <td data-bbox="755 1242 2196 1289"> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1242 2580 1289"> <p>Choose an item.</p> </td> </tr> </table>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities OR list criteria. <p>For practicing fewer than 500 currency hours, criteria that informs remediation includes the evaluation of the practice tools against the Integrated Competencies for Dietetic Education and Practice as applied by two trained assessors. Remediation would include terms, conditions and limitations set by the QA Committee or registrant resignation.</p> <p>For the Jurisprudence Knowledge and Assessment Tool (JKAT), members who are unable to achieve the set pass score (90%) after a third attempt will be referred to the Quality Assurance Committee who will consider remediation, such as taking a course, working with a mentor/colleague, and/or working with the College's Practice Advisor or Quality Assurance Manager to improve knowledge in jurisprudence.</p> <p>For the Self-Directed Learning Tool, criteria that informs remediation includes random selection of the submissions against standards. Remediation would include resubmission and re-evaluation and/or attendance at mandatory training.</p> <p>For the Peer and Practice Assessment, criteria that informs remediation includes evaluation of the member's practice assessment results against the Integrated Competencies for Dietetic Education and Practice and CDO Standards as applied by a trained assessor. Remediation could include a SCERP which would set the terms, conditions and limitations as determined by the QA Committee or ICRC.</p>		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p>The College fulfills this requirement:</p>	<p>Yes</p>							
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<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>							

		<i>Additional comments for clarification (optional)</i>
	Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	
	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p><u>Currency Hours < 500 Hours of Practice</u> Members who are unsuccessful with the Learning Diary assessment must undergo a QA directed remediation. In 2021, CDO’s RD assessors reviewed 23 learning diaries were assessed to determine if the learning activities reflected application to dietetics and that the members have maintained their competency to practice in 2021.</p> <p><u>Jurisprudence Knowledge & Assessment Tool (JKAT)</u> The JKAT is CDO’s online knowledge acquisition and assessment tool designed to improve registered dietitians' knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario. The tool uses scenarios and multiple-choice questions to ensure that Ontario dietitians apply their jurisprudence knowledge to practical situations. References are provided online within the exam. The JKAT is a mandatory requirement for members of the College. Every new member must complete the JKAT, usually within the first year of Membership and every five years after that. There are three different tests based on the registrant’s area of practice. Registrants have three attempts to complete the JKAT with a 90% score. Registrants who have not demonstrated satisfactory professional development in jurisprudence after the third trial will be allowed to complete specific questions from JKAT, which cover the areas revealed in the knowledge of the laws and regulations governing dietitians in Ontario. If the member fails to achieve the passing score in this attempt, the Committee will consider directing the member to take a course or workshop in jurisprudence; work with a mentor who has completed the JKAT or to work with the College’s Practice Advisors or Director of Professional Practice to improve knowledge in jurisprudence.</p> <p><u>Self-Directed Learning (SDL) Tool</u> If a registrant does not submit a sufficient SDL tool, the QA Committee (QAC) will require the registrant to review and revise their learning goal(s) and resubmit the 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. If there are repeated problems with the completeness and accuracy of the SDL Tool, the QAC may require the member to undergo a Peer and Practice Assessment and/or member may be referred to the ICRC for non-</p>



<p>compliance with the requirement to submit an SDL Tool in the form provided by the Registrar. The member may be referred to ICRC for failing to comply with other QA requirements. More information about the process is available here.</p> <p>Following the Peer and Practice Assessment, 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</p>	
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>	

Measure

11.1 The College enables and supports anyone who raises a concern about a registrant.

Required Evidence

College Response

a. The different stages of the complaints process and all relevant supports available to complainants are:

i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;

ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy); and

The College fulfills this requirement:

Yes

- Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the policies/procedures for ensuring all relevant information is received during intake **OR** please briefly describe the policies and procedures if the documents are not publicly accessible.

CDO’s complaints process is clearly set out on the College’s website, including initial information complainants will be asked for. Please refer to the [overview](#) of the CDO’s Complaints and Discipline Program, [information](#) specific to making a complaint and the complaints process and [Information](#) specific to support for clients alleging sexual abuse. This information is also available as an “information sheet” that can be mailed or emailed to complainants, and complainants/members of the public are also encouraged to contact the CDO’s case manager directly with any questions about the process.

CDO has a new internal intake form to help college staff triage and prioritize complaint matters, track their progress, milestones and timelines. As milestones are reached in investigations, parties are informed of the progress and informed of the date that the matter will be deliberated.

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

Choose an item.

Additional comments for clarification (optional)

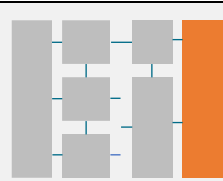
		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	Yes
			<ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>CDO continually evaluates its complaints process information through environmental scans of similar information posted by other regulatory colleges. CDO's Communications program reviews information for clarity, consistency and conciseness.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes
			<p>Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>).</p> <p>CDO tracks inquiries from the public, including the nature of the inquiries, whether follow-up is required, and the response times for the initial and any subsequent responses as applicable. The current response time to inquiries is 1-2 business days.</p>	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
			<i>Additional comments for clarification (optional)</i>	

		<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>Given the volume of complaints, CDO can provide customized support to complainants and work with the individual to identify what support may be required to enable full participation in the process, and how CDO can provide it. Support is generally provided by the CDO's case manager and can include the following:</p> <ul style="list-style-type: none"> • Identifying any accommodations needed for individuals with physical or mental disabilities • Providing access to a scribe if individuals need help preparing a formal complaint • Providing access to a translator or translation services • Facilitating the participation of an individual's chosen support person • Offering alternative methods for making submissions in lieu of written submissions during the initial exchange of correspondence <p>CDO ensures transparency throughout the complaint process by being available by phone and email, including scheduling calls outside business hours in order to accommodate the individual's availability and informing parties at each touchpoint about the next steps and the timelines.</p> <p>In the 2020 CPMF report, CDO committed to drafting 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. CDO was unable to fully complete the work in 2021 but will continue to document its unwritten processes and conventions to ensure the public is aware of the supports available.</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>				

Measure		
11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.		
a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
	<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process OR please provide a brief description. <p>CDO’s case manager acts as a contact/resource person for all parties throughout the complaints process. Upon initial receipt of a complaint, the case manager follows up with the complainant to provide information about the process and what they can expect. At each stage (e.g., with each written submission, if an investigator is appointed, when scheduled for review by the ICRC, etc.), the case manager relays that information to each party via email and provides a timeline estimate for the subsequent stage. If extensions are granted or delays occur, the case manager informs both parties of the delay and new timeline. The case manager is also available throughout the complaints process to answer any questions, including by phone outside of regular business hours as needed to accommodate the parties’ schedules.</p> <p>In the 2020 CPMF report, CDO indicated an intention to draft a policy to formalize the current established practices and procedures with the aim of ensuring consistency and including incorporating new best practices identified during this process. CDO was unable to fully complete the work in 2021 but will continue to document its unwritten processes and conventions.</p>	
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.

DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12		<i>Additional comments for clarification (optional)</i>		
		Measure			
		12.1 The College addresses complaints in a right touch manner.			
		<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
	<ul style="list-style-type: none"> • Please insert a link to guidance document OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>CDO has an internal intake form that includes triaging for risk (including the types of concerns raised aligned with the CPMF themes, and aggravating factors related to the registrant, client population, or specific circumstances). This intake form is used to identify complaints and investigations that should be prioritized because of the higher risk posed to the public. For cases identified as higher risk, CDO’s case manager consults with the Registrar to determine if any immediate measures need to be taken (e.g., expedited appointment of investigator, issuing an interim order, obtaining legal advice, etc.). The 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.</p>				
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>		
		<p><i>Additional comments for clarification (optional)</i></p> <p>In February 2022, the ICRC engaged in Right Touch Regulation training delivered by CDO’s legal counsel.</p> <p>In March 2022, CDO updated its risk assessment tool for the ICRC which is used during deliberation to determine the appropriate outcome based on risk to the public. The tool was developed based on an environmental scan of other Ontario Colleges. For transparency, the tool is publicly available to the public on the College’s website.</p> <p>CDO’s internal risk intake form was also updated in early 2022. The form helps College staff prioritize complaint matters and track their progress, milestones and timelines.</p>			

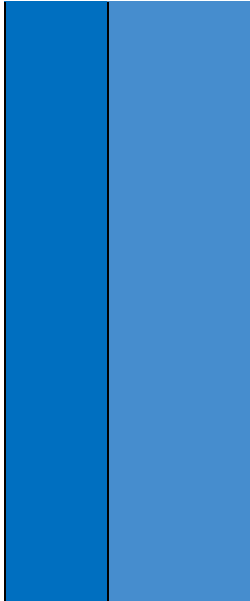
Measure		
13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> • Please insert a link to the policy OR please briefly describe the policy. • Please 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’). 	
	<p>Through the authority of the <i>Regulated Health Professions Act, 1991</i>, CDO shares information pertaining to registration, quality assurance, and inquiries, complaints, and reports history of members with other Canadian dietetic regulators for labour mobility requests and with other non-dietetic regulators through the completion of verification of registration forms/letters.</p> <p>Over the past year, CDO shared information with other Canadian dietetic regulators in response to labour mobility requests for registration as outlined above, and shared information with other regulators. CDO informs all employers on file for a member if they have been suspended.</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>In CDO’s CPMF 2020 report, the College committed to developing a written policy regarding when and how information will be shared with employers. This work is ongoing. It is anticipated that such a policy will be completed in 2022.</p>		Yes



Measure
 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.

DOMAIN 7: MEASUREMENT, REPORTING AND IMPROVEMENT
 STANDARD 14

Required Evidence	College Response	
a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement:	Partially
	<ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included OR list KPIs and rationale for selection. <p>In the 2020 CPMF, CDO committed to developing a broader framework of KPIs specifically linked to the College’s strategic plan. At Council’s March 24, 2022, Meeting, Council reviewed the College’s progress on the strategic plan and activities for 2022 – 2023, including new Key Performance Indicators (KPIs).</p> <p>Although tracking these new KPIs will begin in 2022, in 2021, the CDO continued to report to Council on various measures that demonstrate the College’s performance through the Management Report included in the materials at each council meeting. For example:</p> <p>Public Awareness Survey: In 2021, CDO conducted a third-party Public Awareness survey to create a baseline metric of public awareness of the College and its regulatory role. In terms of public awareness, CDO has a higher level of recognition than other, similar-sized regulatory colleges among the general public, and a higher level of awareness among key stakeholders. Approximately seven out of 10 Ontarians rate the key roles of the College as “very important” (e.g., Serves the public, maintains a code of ethics and standards of practice, etc.). While Ontarians almost universally agree that CDO provides important regulatory services in the province, women and seniors place a higher value on these responsibilities.</p> <p>Website and Public Register: CDO tracks online traffic historically to measure stakeholder engagement through measures such as number of users, pageviews, average time spent on page, top pages and more.</p> <p>Professional Practice Inquiries: CDO’s Professional Practice Program continued delivering individualized practice advice to enable learning through calls and emails.</p>	



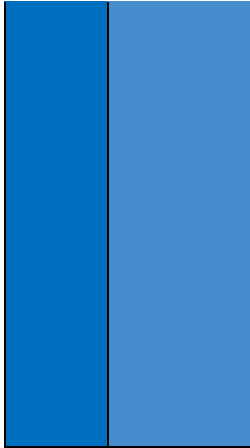
- From January 1 to December 31, 2021, the practice advisory service responded to individual and group inquiries for registrants (963), public (180), employers (21), collaborators – health care professionals (14) (n=1,151). Many of these inquiries were of considerable novelty and complexity due to the changing public health situation (Pandemic - n=98; Ethics - n=89).
- Practice Advisory Service (PAS) satisfaction surveys were disseminated to 618 dietitian members, and a response rate of 10% response rate demonstrates that:
 - o 93% reported the information received was relevant and valuable to their dietetic practice.
 - o 92% felt their issue/question was sufficiently addressed.
 - o 83% were satisfied or very satisfied with the response they received from the PAS.
 - o 50% reported changing their dietetic practice (32% change not applicable to their inquiry), and 93% said that the PAS confirmed their understanding of the laws, standards, and ethics.
 - o Since using the PAS, 76% have accessed the College website as a resource. 97% would use the PAS again, and 96% would recommend the Service to their colleagues.

If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?
KPIs have now been identified and were reviewed by Council at its March 24, 2022 meeting.

Yes

			<i>Additional comments for clarification (if needed)</i>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e. the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e. operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <p>• Please insert a link to Council meetings materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes.</p> <p>In the public’s interest, an essential aspect of CDO’s governance and management is to ensure that organizational risks are identified, assessed, and managed efficiently and effectively. In Fall 2021, CDO staff conducted an internal organization-wide assessment of risk using the College’s Risk Register. The risk register is completed annually and contains risks of all levels, including operational ones.</p> <p>On December 9, 2021, John Risk provided training to Council on Risk Management to assist CDO in building its risk-based decision-making culture and finding an efficient and practical way of assessing the critical risks to the organization. At the December 9, 2021, the Council made a resolution to update its Risk Management Policy. The updated policy was considered and approved at the March 25, 2022 Council meeting. A new quarterly risk monitoring report template was also presented.</p> <p>The Council also receives a management report at each meeting, which includes detailed information about the College’s performance in the last quarter and tracks various internal and regulatory issues for council’s information and discussion. (For example, see p. 11 – 23 of the December 9, 2021 Council materials).</p> <p>The Council reviews the College’s workplans and progress against the strategic projects (see p. 259 – 336 for 2020 accomplishments, 2021 workplans and budgets). The projects are charted to each of the four strategic goals and core regulatory work).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>
			Choose an item.
			<i>Additional comments for clarification (if needed)</i>

Measure			
14.2 Council directs action in response to College performance on its KPIs and risk reviews.			
a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. <p>The Council’s current risk policy includes a review of the risk register on an annual basis including management recommendations on additional risk treatments. Starting in March 2022, the quarterly reporting of the College’s highest-level risks will allow council to directly link action to risk in a timely way and ensure mitigation efforts are adequate.</p> <p>Through the management report, the Council reviews metrics and other data and information around the performance of CDO in the following domains: Finance, Human Resources, Communications, Professional Practice Program, Quality Assurance, Standards and Compliance, Registration, Information Technology, and Issues Tracking. Time is scheduled during the meeting to discuss the College’s performance.</p>		
	<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (if needed)</i>		
Measure			
14.3 The College regularly reports publicly on its performance.			
a. Performance results related to a College’s strategic objectives and regulatory outcomes are made public on the College’s website.	The College fulfills this requirement:	Yes	
	<ul style="list-style-type: none"> Please insert a link to the College’s dashboard or relevant section of the College’s website. <ul style="list-style-type: none"> Annual report section News section Meetings and Hearings section Fair Registration Practices 		



<ul style="list-style-type: none">• College Newsletters• CPMF	
<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
<i>Additional comments for clarification (if needed)</i>	

Part 2: Context Measures

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

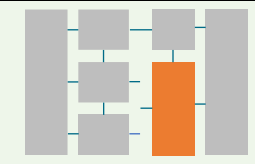
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
Statistical data collected in accordance with the recommended method or the College's own method: College method If a College method is used, please specify the rationale for its use: The College is providing the QA data in a reporting period as per the College's renewal calendar year. QI activities are not currently being collected.		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2021. 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 13.1(a) of Standard 11.</i></p>
Self-Directed Learning Tool – 2020-2021 (November 1, 2020-October 31, 2021-Renewal Calendar)	n=4,004 (97% of eligible registrants) n=315; 2.5% registrants randomly selected audit	
Self-Directed Learning Tool – 2021-2022 (November 1, 2021-present)	n=4,127 (98% of eligible registrants) n=328; 2.5% registrants randomly selected audit	
Jurisprudence Knowledge and Assessment Tool (JKAT) (January 1, 2021-December 31, 2021)	n=1,229 identified from two year's cohorts 2020 and 2021 (100% of registrants required to complete JKAT have completed it)	

<p>2021 Reporting for Practicing Fewer than 500 currency hours in three years</p>	<p>n=32 practicing <500 currency hours in three years; n=7 signing Voluntary Undertaking (less than 1% of registrants).</p> <p>Number of Learning Diaries assessed (n=23; n=18 were sufficient and are deemed competent to practice and n=5 insufficient and required to undergo Competency Assessment).</p>	
<p>Peer and Practice Assessment – January 1, 2021-December 31, 2021</p>	<p>n= 0 for 2021 as program postponed due to pandemic.</p>	
<p>vi. <Insert QA activity or assessment></p>		
<p>vii. <Insert QA activity or assessment></p>		
<p>viii. <Insert QA activity or assessment></p>		
<p>ix. <Insert QA activity or assessment></p>		
<p>x. <Insert QA activity or assessment></p>		

* 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.

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

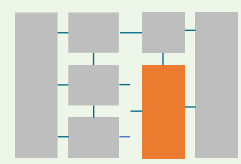
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2021	4,127 registrants participated in the QA program	98%	What does this information tell us? If a registrant's knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	0	0	The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2021, understanding that some cases may carry over.
Additional comments for clarification (if needed)			

Table 3 – Context Measure 4

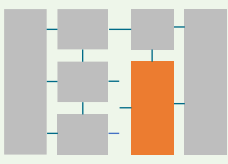
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation*	1	Less than 1%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	0	0	
NR * This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021. **This number may include any outcomes from the previous year that were carried over into CY 2021.			
Additional comments for clarification (if needed)			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 13				
Statistical data is collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d				
<i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2021	Formal Complaints received		Registrar Investigations initiated	
Themes:	#	%	#	%
I. Advertising	NR	NR	0	0
II. Billing and Fees	NR	NR	0	0
III. Communication	6%	86%	NR	NR
IV. Competence / Patient Care	NR	NR	NR	NR
V. Intent to Mislead including Fraud	NR	NR	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR
VII. Record keeping	NR	NR	NR	NR
VIII. Sexual Abuse	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0
X. Unauthorized Practice	NR	NR	NR	NR
XI. Other <please specify>	0	0	NR	NR
Total number of formal complaints and Registrar’s Investigations**	7	100%	10	100%

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.

*** 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)

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

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d			
<i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	11	<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee.</i>	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2021	9		
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 2021	10		
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2021**:	#		%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0		0
II. Formal complaints that were resolved through ADR	0		0
III. Formal complaints that were disposed of by ICRC	8		73%
IV. Formal complaints that proceeded to ICRC and are still pending	3		27%
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0	

VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NA	NA	
<p># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</p> <p>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>CM 6 includes complaints that were received before CY 2021 but that were brought forward to the ICRC in CY 2021 for review or disposition.</p> <p>CM 7 includes Registrar’s investigations that were initiated before CY 2021 but that were brought forward to the ICRC in CY 2021 for review or disposition.</p> <p>The College of Dietitians of Ontario does not have an ADR process.</p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE							
Standard 13							
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended							
<i>If a College method is used, please specify the rationale for its use:</i>							
Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021							
Distribution of ICRC decisions by theme in 2021*		# of ICRC Decisions++					
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	NR	NR	NR	0	0	0
II. Billing and Fees	0	NR	NR	NR	0	0	0
III. Communication	NR	NR	NR	NR	0	0	0
IV. Competence / Patient Care	NR	NR	NR	NR	0	0	0
V. Intent to Mislead Including Fraud	0	NR	NR	NR	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	0	0
VII. Record Keeping	0	NR	0	0	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	0	0	0	0	0

X. Unauthorized Practice	0	0	0	0	0	0	0
XI. Other <please specify>	NR	NR	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 2021.

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

[NR](#)

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

Additional comments for clarification (if needed)

CDO uses the term “Written Reminder” when the ICRC provides advice or recommendations.

Table 7 – Context Measure 11

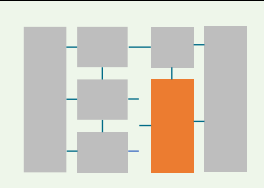
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	<i>What 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>
I. A formal complaint in working days in CY 2021	367.1 days	<i>The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.</i>
II. A Registrar’s investigation in working days in CY 2021	190.8 days	
<i>Additional comments for clarification (if needed)</i> The average number of days for formal complaints is being impacted by complaints that were returned by HPARB for further investigation. For these cases, the total time calculated was from the date it was initially received and reinvestigated and reviewed by the ICRC. There was also one complaint that was held in abeyance for over a year at the complainant’s request.		

Table 8 – Context Measure 12

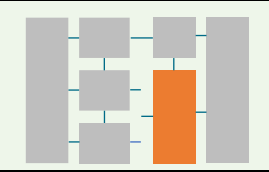
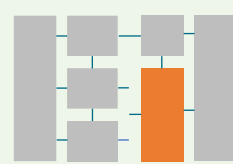
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2021	NR	
II. A contested discipline hearing in working days in CY 2021	NR	
<i>Additional comments for clarification (if needed)</i> The College of Dietitians of Ontario had no Discipline cases in CY 2021.		

Table 9 – Context Measure 13

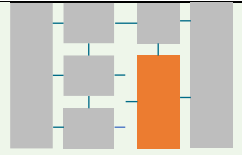
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d		
<i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline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

* *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.*

Additional comments for clarification (if needed)

The College of Dietitians of Ontario had no Discipline cases in CY 2021.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		Standard 13	
Context Measure (CM)			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d If a College method is used, please specify the rationale for its use:			
CM 14. Distribution of Discipline orders by type*			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.
Type	#		
I. Revocation	NR		
II. Suspension	NR		
III. Terms, Conditions and Limitations on a Certificate of Registration	NR		
IV. Reprimand	NR		
V. Undertaking	NR		
* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.			
Additional comments for clarification (if needed)			
The College of Dietitians of Ontario had no Discipline cases in CY 2021.			

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)