

College of
Dietitians
of Ontario

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



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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

| | | |
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| 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. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

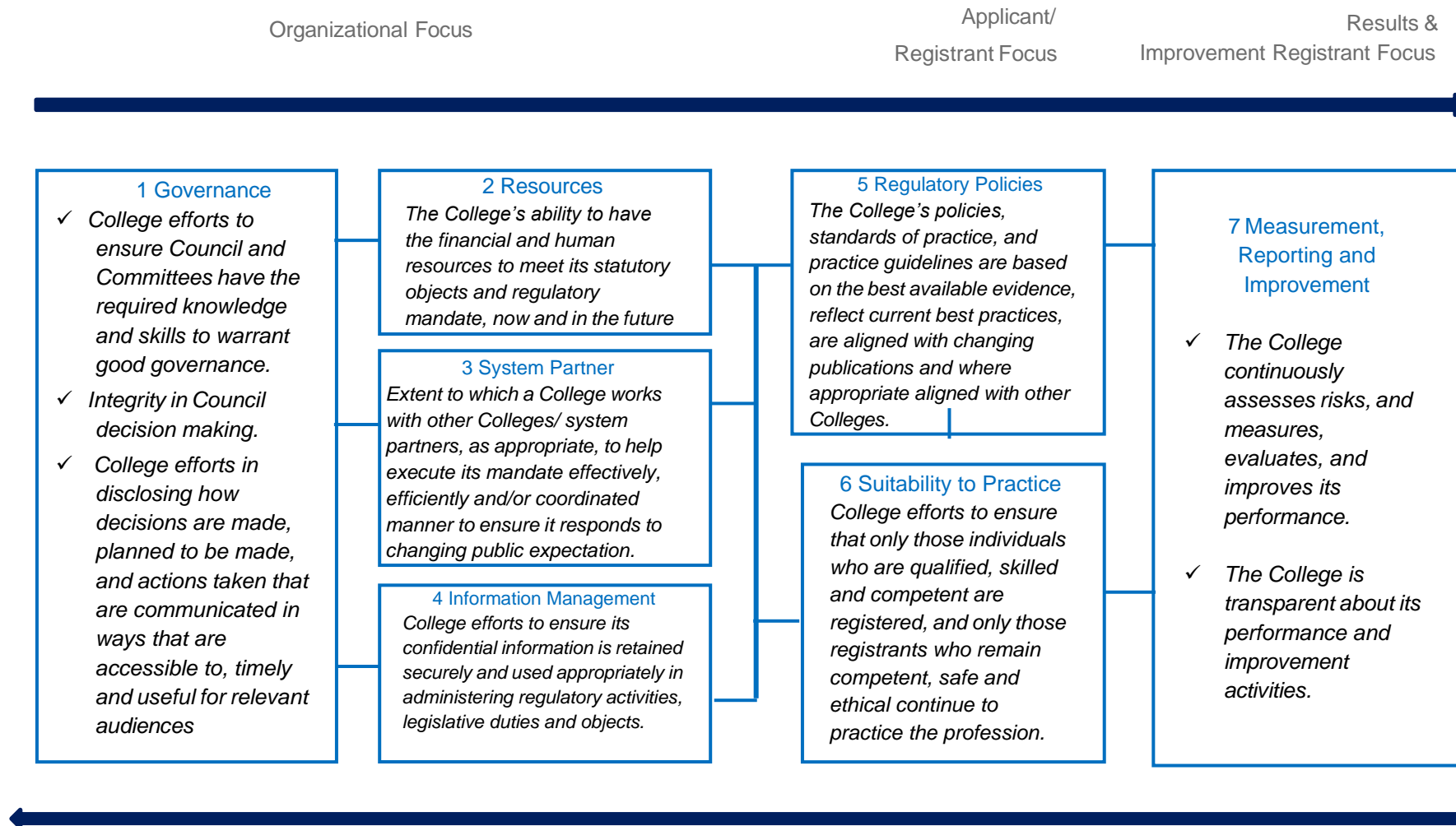


Figure 2: CPMF Domains and Standards

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

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

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

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

Completing the CPMF Reporting Tool

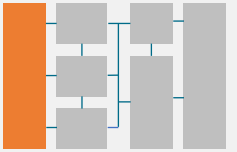
While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual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

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

There are eight pieces of Evidence highlighted within Part 1 of the Reporting Tool as 'Benchmarked Evidence'. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to or referencing College documents.

Part 1: Measurement Domains

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|  | <p>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.</p> | |
| | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 1: GOVERNANCE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 1</p> | <p>Required Evidence</p> |
| <p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | | <p>The College fulfills this requirement:</p> <p style="text-align: right;">No</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>CDO has eligibility criteria for professional members to the Board of Directors (the Board) (see 3.10 of bylaw 1 General). Registrants must meet these criteria to stand for election to the Board. The bylaw identifies specific 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.</p> <p>In December 2022, the Board approved a Competency and Attribute Framework that identifies the collective knowledge, skills, experience and attributes of the Board. The Competency and Attribute Framework was not in place for the 2023 election cycle due to election timing and bylaw circulation requirements.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>In June 2023, the Board approved bylaw amendments that allow CDO to use the Competency and Attribute Framework to screen electoral candidates. For the 2024 election, the Governance Committee will screen registrants against the core competencies and attributes to determine whether they are eligible to run as a candidate. The core competencies and attributes are critical in ensuring that board members have a clear understanding of CDO’s public protection mandate, can effectively participate in CDO work, can assess and evaluate information and can work collaboratively with colleagues and staff. The Board Competency and Attribute Framework is a part of CDO’s governance modernization plan, which also includes the amalgamation of electoral districts to a single district, the elimination of nominators for electoral applicants and a gradual reduction in the number of professional members to the Board to achieve a greater balance between professional and public directors.</p> |

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

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

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| | | | <p>In 2021, CDO standardized the core training elements across committees. Each committee member engages in a half-day CDO orientation session and separate, committee specific training prior to commencing any work. The CDO orientation training is a half day session and includes education on: relevant legislation including the <i>Regulated Health Professions Act, 1991</i> and the <i>Dietetics Act, 1991</i>, the public protection mandate of CDO and what that means in practice, information specific to CDO, including mandate, mission, vision, values, strategic goals, programs, organizational structure, duties of the Board and how the Board achieves them, the relationship between the committees and staff and the role of committees, bias and conflict of interest, governance practices, governance modernization developments, system partners and accessibility. Committee specific training includes policies and processes, bylaws and regulations that are applicable to the work of the committee and committee workplans for the year. Training has been delivered virtually since 2020.</p> |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> |
| <p><i>Additional comments for clarification (optional):</i></p> | | | |
| | | <p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>For more information, please refer to CDO's 2022 CPMF Report.</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. | | |
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| 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: | |
| | <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 and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> | |
| | <p>The Board developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. The annual evaluation was last updated in 2019 (see March 29, 2019 meeting and minutes). The meeting evaluation was last updated in 2022 (see December 8, 2022 meeting and minutes).</p> <p>The most recent Board annual evaluation results were presented and discussed in June 2023 (meeting and minutes).</p> <p>The most recent Board meeting evaluations results were presented and discussed in December 2023 (meeting and minutes).</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>In 2024, CDO plans to update its governance evaluation framework to support CDO in its commitment to continuous improvement, strengthen the performance of directors and committee members and to identify training and education needs.</p> | | |

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| | | <p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> | |
| | | | <ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. | | |
| | | | <p>In 2022, the Board's Evaluation and Education policy was updated to include the requirement for a third-party consultant to evaluate the Board's governance every three years.</p> | | |
| | | | <p>In 2022, CDO engaged with a third-party consultant, who is a recognized expert in modern board governance, to conduct a review of its governance practices. The governance review provided CDO with a set of recommendations for governance modernization, which were presented to the Board in June 2022, along with a comprehensive training session. The College is in the process of implementing the recommendations approved by the Board for completion by 2025 based on the priority areas approved by the board.</p> | | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | | |

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| | | <p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Board and Committee training is developed, provided and supported in the following manner:</p> <ul style="list-style-type: none"> • The budgets for the Board and Committees provide sufficient funds for training. • Board members identify their learning needs through meeting and/or annual self-evaluations, including a specific EDI needs assessment evaluation. • The Executive Committee may recommend training or direct CDO staff to investigate various training and education options. Investigation can include environmental scanning of the training offerings of other health and non-health regulatory bodies to their Board/Council and committees. • The Board plans training through a Board Workplan and Training Calendar. The 2023 plan was presented and approved at the June 2023 Meeting (please refer to the meeting materials and minutes). The following training was provided to the Board in 2023: <ul style="list-style-type: none"> • Reflections on the College of Physicians and Surgeon’s EDI journey and progress • Reflections on the College of Dietitians of Alberta and the College of Dietitians of British Columbia’s journey on Indigenous Reconciliation • The public interest • Meeting facilitation • Bias and noise • Equity, diversity, inclusion and belonging (systemic power, unconscious bias, and conflict and trust) <p>All Board directors can contribute their ideas for ongoing training and help develop the Annual Board Workplan and Training Calendar. The plan can be adjusted throughout the year to respond to new or changing needs identified by staff, the Board or through Board evaluations.</p> <p>An example of a training need identified through Board meeting evaluations was training on the public interest. Based on meeting</p> | <p>Yes</p> |
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| | | | <p>evaluation feedback, the Executive Committee identified an opportunity to build on the Board’s knowledge and understanding of its responsibility towards the public interest.</p> | | |
| | | | <table border="1"> <tr> <td data-bbox="776 293 2196 350"> <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 293 2628 350"> <p>Choose an item.</p> </td> </tr> </table> | <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>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> | <table border="1"> <tr> <td data-bbox="776 446 2196 500"> <p>The College fulfills this requirement:</p> </td> <td data-bbox="2196 446 2628 500"> <p>Yes</p> </td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Evolving public expectations inform the training needs of CDO. To understand public expectations, CDO relies 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 interaction with clients allows them to identify emerging issues. • Patient networks (such as the Citizen Advisory Group). • College data around complaints and complaint inquiries from the public. • Grey literature around the patient experience in healthcare and the work of regulatory thought leaders. • Networking with other colleges and system partners. <p>An example of Board training identified through a needs assessment occurred as part of CDO’s work on advancing Equity, Diversity, Inclusion and Belonging (EDI-B). In April 2023, Board and committee members completed an EDI-B needs assessment survey to identify equity, diversity, inclusion and belonging learning needs. The information captured from this needs assessment helped assess existing competencies while planning for future Board and committee education and training. Board and committees members received training on systemic power, unconscious bias, and conflict and trust, which were identified as areas for growth in the needs assessment survey.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| <p>The College fulfills this requirement:</p> | <p>Yes</p> | | | | |

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| | | | <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional):</i> | |

| Measure: | |
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| 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest. | |
| Required Evidence | College Response |
| <p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <ul style="list-style-type: none"> i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year when the 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 last review. <p>The following updates were made to the Conflict of Interest policy in 2021:</p> <ul style="list-style-type: none"> • Board and Committee members complete an annual declaration of conflict of interest and submit it to CDO by June 30th of each year. • As part of the annual declaration of conflict of interest and at any other time during the year, public directors are required to declare any offences, charges, or bail conditions. • Elected directors and committee appointees are required to report any offences, charges, bail conditions, or findings of professional misconduct that have been made against them as part of their annual renewal with CDO. <p>The following updates were made to the Board Code of Conduct in 2022:</p> <ul style="list-style-type: none"> • Inclusion of a three-year review date. • Commitment to make decisions on best-evidence and cross-referencing the impartiality in decision-making governance policy. • Commitment to applying an EDI-B lens in College work. • Incorporation of EDI-B as a component of respectful conduct. • Reiteration of the Board’s determination to work toward consensus decision-making. • Deletion of the reference to the Chair’s authority and “corporate obedience” as an EDI-B recommendation. One of the findings in the EDI-B audit/recommendations were to review policies to examine where policies consolidate power/perpetuate power asymmetries or otherwise diminish influence of participants rather than distribute it in a more egalitarian way. The Chair’s role is set out in another section of the Governance Manual and the rules of order clearly establish the Chair’s ability to facilitate discussions, seek |
| | Yes |

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

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| | | <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 of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>The Board Code of Conduct and Conflict of Interest policy are part of the CDO Governance Manual. Board Code of Conduct Conflict of Interest policy</p> | <p>Met in 2022, continues to meet in 2023</p> |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> | |
| <p><i>Additional comments for clarification (optional)</i></p> | | | | |
| | | <p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> 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? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>For more information, please refer to CDO's 2022 CPMF Report.</p> <p>CDO enforces a three-year cooling off period as part of the eligibility criteria for election to the Board and is outlined in bylaw 1.</p> <p>Registrants who have served nine consecutive years as a Board director or committee appointee, or combination of the two positions, must wait three years before they can be considered for election to the Board.</p> <p>Registrants cannot be considered for election to the Board if they have/had a position that could create an actual or perceived conflict of interest. Registrants cannot, and not within the previous three years, hold a leadership, employment or contractual role with an</p> | <p>Met in 2022, continues to meet in 2023</p> |

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| | | international, national or provincial association or organization that advances the interests of dietitians, has policy making responsibilities for dietitians, or oversees the regulation of dietitians. | | | | | | |
| | | <table border="1"> <tr> <td><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></td> <td>Choose an item.</td> </tr> <tr> <td colspan="2"><i>Additional comments for clarification (optional)</i></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>Additional comments for clarification (optional)</i> | | | |
| <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> | | | | | | | | |
| | | <table border="1"> <tr> <td>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></td> <td>The College fulfills this requirement:</td> <td>Yes</td> </tr> <tr> <td> <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> </td> <td> <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 and indicate the page number. <p>CDO has had a Conflict of Interest (COI) policy for many years and an annual declaration of COI questionnaire was approved by the Board on December 3, 2020 and updated in 2022. It is signed annually by all Board directors.</p> <p>COI is defined in By-law 1 General. 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. 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| | | | <ul style="list-style-type: none"> • Questions based on areas of risk to the College and/or are specific to the profession. • At the beginning of each meeting, members must declare any updates to their responses and any COI specific to the meeting agenda. <p>In June 2023, all Board directors and committee appointees signed the COI questionnaire, which are attached as an appendix to each Board meeting package.</p> <p>At the start of every Board meeting, the Chair asks all Board directors to declare any COI updates or areas of bias. A similar process is in place for committee meetings. The Board’s revised Rules of Order (approved in December 2021 and appended to the Governance Manual) also stipulate that no member shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Board director so interested shall be disallowed.</p> |
| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | | | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | | | |

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| | | <p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2022, continues to meet in 2023</p> | |
| | | | <ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>For more information, please refer to CDO’s 2022 CPMF Report.</p> <p>For examples of how CDO references the public interest rational, please see the December 15, 2023 Board meeting materials.</p> <p>In 2023, CDO adopted a new, more transparent meeting minutes template that provides additional detail about the Board’s decision-making. The new template includes the reason(s) for the Board’s decision, considerations discussed and the public interest rationale which connects decision making to the College’s public interest mandate.</p> | | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | | <p><i>Additional comments for clarification (if needed)</i></p> | | |

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| | | <p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>The Board approved an updated Risk Monitoring Policy and new Risk Monitoring Report at its meeting on March 25, 2022 meeting (please see meeting materials and minutes). The policy sets out the Board’s role around risk management, how the Board will ensure and cultivate a risk management culture, and the Registrar’s accountability to the Board through quarterly reporting and the establishment of operational procedures. The Board receives risk monitoring reports from the Registrar on a quarterly basis on the major risks faced by the College (in consideration of likelihood and impact). These reports contain approximately 5 to 10 identified risks and the College's mitigating responses.</p> <p>The Registrar reports to the Board on any urgent, rapidly developing and critical risks should they arise between Board meetings. Low and frequently monitored risks are be recorded and managed.</p> <p>The College’s risk management approach includes staff involvement at all levels of accountability to ensure that emerging risks can be identified quickly, and that a strong risk management culture is cultivated throughout the organization.</p> <p>In 2022, CDO formed an internal Risk Management Working Group, with staff representation from each department of the College. The Working Group meets between Board meetings to review and identify current and emerging risks to CDO.</p> <p>Regulatory risk was also considered in the development of CDO’s 2020 -2025 Strategic Plan. Prior to developing its plan, CDO conducted a comprehensive environmental scan which included a literature review, stakeholder interviews and surveys to understand the regulatory risks for CDO. These risks are addressed in the Board’s four strategic objectives and are expanded on in the plan under the heading: “Understanding the Wider Landscape”. The environmental scans and stakeholder feedback were used as the basis of the CDO’s strategic planning sessions and provided contextual elements for decision-making.</p> | <p>Yes</p> <p>Choose an item.</p> <p><i>Additional comments for clarification (if needed)</i></p> |
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| DOMAIN 1: GOVERNANCE | STANDARD 3 | Measure: | | |
| | | 3.1 Council decisions are transparent. | | |
| | | Required Evidence | College Response | |
| | | a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined. | The College fulfills this requirement: | Met in 2022, continues to meet in 2023 |
| | | | <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. <p>Board meeting materials, approved minutes and highlights, are posted on CDO’s website.</p> <p>Updates on the implementation of Board decisions are included in every board meeting package (please see the December 15, 2023 meeting materials for reference).</p> | |
| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | | Choose an item. | | |
| <i>Additional comments for clarification (optional)</i> | | | | |

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| | | <p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. | <p>The College fulfills this requirement:</p> | <p>Yes</p> | |
| | | | <ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>The Executive Committee's report is included in every Board meeting package, which is publicly available. The report includes:</p> <ul style="list-style-type: none"> • The meeting date • Rationale for the meeting • Summary of discussions and decisions • Whether the decision will be ratified by the Board <p>Please see the December 15, 2023 meeting materials for reference.</p> | | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | | |

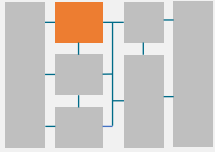
| Measure: 3.2 Information provided by the College is accessible and timely. | | |
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| Required Evidence | College Response | |
| a. With respect to Council meetings: <ol style="list-style-type: none"> i. Notice of Council meeting and relevant materials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

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| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |
| <p>Measure: 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 and indicate page number. <p>The College’s EDI-B plan is imbedded in its 2020-2025 strategic plan.</p> <p>The Board reviewed the 2023-2024 strategic workplan and approved the annual budget at its March 24, 2023 meeting (please see meeting materials and minutes). The strategic workplan outlines the key activities planned for the upcoming fiscal year, which is reviewed during the budget presentation to support the allocation of financial resources and ensure activities are properly funded. The activities to support CDO’s EDI-B strategies and EDI-B training for staff, board and committee members were reviewed at this time.</p> <p>In 2023, the Board was presented with a Status Report that included the college’s EDI-B related activities and initiatives at the September 29, 2023 meeting (please see meeting materials and minutes).</p> | | |
| | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | | <p>Choose an item.</p> |

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| | | <p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. <p>The College has prioritized identifying and addressing potential unintended impacts of policies and programs, ensuring adverse effects and impacts support decision-making. To advance equity at the College and in the broader regulatory sector, the College collaborated with Health Profession Regulators on Ontario (HPRO) to establish a shared Equity Impact Assessment (EIA) tool. Additionally, CDO conducts equity impact assessments applied to policy development and consultation processes used by the professional practice program. Over the last year, an EIA approach was applied to the following practice standards and guidelines for Registered Dietitians:</p> <ul style="list-style-type: none"> • Standards and Guidelines for Virtual Care for Dietitians in Ontario: An additional standard was included, along with clarifying language to provide guidance on communicating with patients with language barriers or hearing/visual impairments. Standards and Guidelines for Social Media for Dietitians in Ontario: Additional guidance on perceived safety and accessibility standards for EDI-B was incorporated, based on the consultation feedback. • Revisions to the Code of Ethics (in progress) <p>The College actively assesses decision-making impact from an equity perspective in policies processes and decision-making. Details can be found in the EDI-B Status Report.</p> <p>The College works to ensure that its policies are both informed by and aligned with the principles and values of equity, diversity, inclusion and belonging (EDI-B). The College evaluates its policies, guidelines and standards through an equity lens that is supported by:</p> <ul style="list-style-type: none"> • Collaboration with the internal EDI-B working group, committee members, focus groups and the Citizen Advisory Group. Diverse system partners are engaged to ensure multiple perspectives are considered. Consultation surveys and tools are designed to align with EDI-B principles such as incorporating inclusive language and questions aimed at identifying potential outcomes (positive and negative) of the proposed policy. • Analysis of data with consideration to historical context and implementation includes measures such as training and regular reviews to promote inclusivity and address any disparities that may arise. | <p>Yes</p> |
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| | | | <ul style="list-style-type: none"> • Support from external EDI-B experts to analyze policies and provide recommendations. • Built internal capacity to identify opportunities to apply EDI-B principles. Staff, board and committee members participate in regular and ongoing and targeted education centered on EDI-B. • Ongoing monitoring and evaluation following policy implementation to identify and address any negative policy impacts. | |
| | | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |



Measure:

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

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| DOMAIN 2: RESOURCES STANDARD 4 | Required Evidence | College Response | | | |
| | <p>a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.</p> <p><u>Further clarification:</u> A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p> | The College fulfills this requirement: <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> | | | Yes |
| | | | Yes | | |
| | | <ul style="list-style-type: none"> Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan AND a link to the most recent approved budget and indicate the page number. Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. | | | |
| | | <p>The annual budget is approved by the Board at its March meeting. Along with the budget, the Board reviews the annual workplan activities and how the workplans connect with CDO's Strategic Plan. The 2023-2024 budget was approved at the March 2023 Board meeting (please see meeting materials and minutes).</p> <p>The College uses zero based budgeting, which is a process that starts from a "zero base," and every function within an organization is analyzed for its needs and costs. The activities required to achieve strategic goals are identified and costs are estimated for each activity. The budget is then built around what is needed for the upcoming fiscal period. The College first estimates revenues from registrants, applicants and investments. Funds are allocated to general administration and five program areas, including Registration, Professional Practice-Quality Assurance, Professional Practice-Practice Advisory, Patient Relations and Standards & Compliance.</p> | | | |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Choose an item.</td> </tr> </table> | | | Choose an item. | | |
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| <p><i>Additional comments for clarification (optional)</i></p> | | | | | |

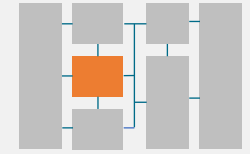
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| | | <p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in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

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| | | <p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>Since the Board’s role is focused on governance, it does not typically review operational policies; however, the Board ensures that the organization is sufficiently resourced to successfully carry out its mandate and strategic objectives. The College has a recruitment policy to address current and future staffing needs, ensuring organizational success through sustainable human resources. Various processes within the Corporate Services department and the annual budget plan contribute to this effort. The Board is informed regularly of staffing changes by the Registrar and through CDO's Management Reports at Board meetings. As part of these updates, the Board ensures that CDO is adequately resourced to conduct the business of the College.</p> <p>The Board has a role in the direct oversight of the Registrar and in 2021, the Board approved an internal Registrar Performance Management Policy. The policy recognizes the role of the Registrar as the organization’s lead executive officer and their pivotal role in determining the strength of the organization now and in the future. The policy assesses the Registrar’s performance with respect to furthering CDO’s mission, vision, strategic direction, and goals, operational management and includes an annual 360 review.</p> <p>A Registrar coverage plan is in place to provide guidance for the continued operations of CDO if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. This plan was adopted in 2020 and updated in 2022. It was discussed by the Board at its September 2022 meeting (please see meeting materials and minutes).</p> <p>The Board budgets for staff development on an annual basis. Training opportunities include sessions delivered to all staff, regulatory conferences and education sessions and other training topics identified by individuals relating to their own professional development and learning goals.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | <p>Yes</p> |
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| | | <p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>The College regularly reviews and updates its approach to technology usage to improve processes. IT strategies are in place to support CDO's achievement of its 2020-2025 strategic plan. Each year, key activities are identified by staff to support the strategic priorities, which are reviewed by the Board as part of the budget approval process. Resources are allocated to these key activities, to ensure they are accomplished as planned. The Board is updated on the progress of these key activities twice a year via the Strategic Plan Monitoring report and quarterly via the management report.</p> <p>The following data and technology strategies are in place:</p> <ul style="list-style-type: none"> Enhance IT systems and data governance to support data collection, analysis, reporting and security. Leverage organizational data and external information to identify and act on areas of risk. Convey information about College effectiveness in clear, concise, transparent and accessible reporting formats. <p>In 2023, CDO embarked on a data governance project aimed at enhancing its ability to effectively manage and utilize its digital content. A needs assessment was completed which identified key strategies and actions to establish an effective data governance framework, improve data management practices, enhance decision making capabilities and mitigate risks associated with data usage.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



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

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| <p>Alliance of Canadian Dietetic Regulatory Bodies (Alliance) The College is part of the Alliance, which includes representation from all 10 provinces. The Alliance meets regularly and collaborates on issues of national importance, including the national licensing examination, accreditation, and entry to practice standards, all of which allow for regulatory consistency and resource sharing across Canada. In 2023, CDO actively participated in the work to deliver the national licensing exam, including the Registrar acting as a Canadian Dietetic Registration Exam lead.</p> <p>Following the withdrawal of the accreditation provider in 2021, the Alliance worked to secure a common third-party accreditation body in 2022. Significant communication and collaboration efforts occurred between the Alliance and dietetic education programs throughout 2023, including information sharing about the onboarding process of the new accreditation provider. The initial date of effect was August 31, 2023, however this has been extended until March 31, 2024, to help facilitate the onboarding of programs. These collaborations facilitate standard Canadian entry to practice requirements and effective and efficient labour mobility processes in Canada.</p> <p>Dietitians of Canada (DC) - national dietetic professional association Professional Practice program staff participate in Clinical Nutrition Leaders Action Group of Ontario (CNLAG) with a group of dietitians who work primarily in professional practice. Issues discussed relate to dietetic practice and nutrition care in hospital settings (e.g., peer and practice reviews, assessment of new hire RD knowledge and skills). Professional practice program staff provide regulatory input, where relevant. In addition, a practice advisor attended the DC national conference to learn about dietetic practice issues and connect face-to-face with registrants. Practice Advisors attend DC town halls, the annual general meeting and belong to network groups for learning: Indigenous Nutritional Knowledge Information Network of DC and Community/Public Health Nutrition. Networks provide insights into dietetic practice issues. The Professional Practice Program is collaborating with the Consulting Dietitians Network to develop and implement a professional practice workshop about independent practice and legal and ethical considerations.</p> <p>Dietetic Education Leadership Forum of Ontario (DELFO) The College provides updates to DELFO, as needed, and offers Registration and Jurisprudence presentations to graduating students to ensure understanding of the registration process and professional practice obligations once registered with the College.</p> <p>Citizen Advisory Group (CAG) The College is an active member of the CAG, which helps bring the patient voice and perspective to healthcare regulation in Ontario and is leveraged by health care regulatory colleges to enhance public participation and consultation in our regulatory activities. CDO utilized the CAG to support revisions to the Code of Ethics to address emerging issues in practice and the public perspective.</p> |
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Health Profession Regulators of Ontario (HPRO)

The College is an active member of HPRO and works with our system partners to align with best practices for health profession regulation. The Registrar attends regular HPRO Board meetings, bi-weekly information sharing sessions and participates in an HPRO working group. Additional collaborative efforts include standard approaches to share information about registrants with other regulators. The College's Professional Practice Program staff engage with the HPRO Practice Advisor Network and HPRO Quality Assurance (QA) Working Group (CDO Director of Professional Practice co-chairs the HPRO QA working group) engage with these networks frequently to share and learn about key practices and quality assurance issues and themes, including policy/standard/guideline development common to other healthcare professions. The College's Director of Communications is a part of the HPRO Communicators working group and attends Communicators Day to share best practices on communicating with the public, media and system partners. The College's Director of Registration co-chairs the Ontario Regulators for Access Consortium (ORAC) and engages with other health/non-health regulators on issues pertaining to fair, transparent, impartial and objective registration practices. Some specific areas of collaboration include:

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

EQual

When the previous accreditation provider, Dietitians of Canada, was no longer available, the Alliance worked quickly to identify and put plans in place for an alternative accreditation solution. The new national accreditation program, EQual, will be implemented by March 31, 2024, and will ensure an in-depth, third-party, standardized framework that is accepted in all provinces. EQual specializes in competency-based accreditation of health professional education programs. By partnering with Equal, the Alliance has joined the EQual Forum, which allows it to actively participate in policy development, collaborate with other professions and regulators across Canada and oversee the accreditation process. The College continues to work with educators on navigating the change to the new accreditation provider.

Ministry of Health of Ontario (MOH)

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

Ontario Fairness Commissioner

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

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

Other Committees and Working Groups

The College continues to participate in several communities of practice, committees and working groups. For example, Professional Practice staff engage in knowledge exchange and learning with:

- The cross-Canada Dietetic Practice Advisor Group to collaboratively develop resources, policies and standards and communications to dietitian registrants for safe, competent, and ethical practice.
- The Centre for Quality Improvement and Patient Safety (CQuIPS) Quality Improvement and Patient Safety (QIPS) Community of Practice (CoP) to share information about dietetics and interprofessional practice for enhancing quality improvement and patient safety approaches.
- The Professional Practice Program collaborates with university dietetic educators to develop and implement professional practice workshops about jurisprudence, competence, and legal and ethical considerations for undergraduate and post-graduate students.
- The practice advisors regularly meet virtually with groups of dietitians who need practice support, including dietitians working in public health, acute care, and independent practice.

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

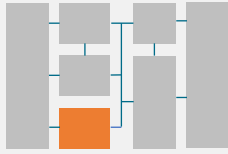
The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information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

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

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

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

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



Measure:

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

DOMAIN 4: INFORMATION
MANAGEMENT

STANDARD 7

Required Evidence

College Response

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

The College fulfills this requirement:

Yes

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

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

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

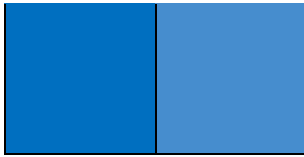
Registrants can contact the Practice Advisory Service anonymously and have the option of completing a voluntarily satisfaction survey to evaluate the effectiveness of the Practice Advisory Program anonymously.

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

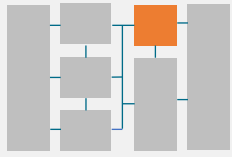
Choose an item.

Additional comments for clarification (optional)

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| | | <p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>The College has several internal IT security plans including a cybersecurity response plan, a credit card incident response plan and an emergency disaster recovery plan. These policies are reviewed on an annual basis.</p> <p>With electronic data migrated to the cloud, CDO is capable of managing data and access with multiple layers of security. All staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet security standards. All staff, board and committee members are required to adhere to the Password and College Information Security Policy.</p> <p>Cybersecurity measures are in place. All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365, cloud-based management software and the VPN. Cyber Awareness training, phishing campaigns and announcements throughout the year take place for new and existing staff. The College’s IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly.</p> <p>A password management software tool was implemented for staff to securely access passwords and additional security software for detection and response on devices.</p> <p>To ensure the security of credit card transactions and to foster trust with applicants and registrants, CDO maintains Payment Card Industry (PCI) compliance. PCI compliance refers to the technical and operational standards followed to secure and protect credit card data provided by cardholders and transmitted through card processing transactions.</p> <p>The College has a credit card incident response plan to prepare for, detect, recover from a credit card breach during the collection of registrant fees. For security reasons, CDO does not publicly disclose details of its security practices.</p> <p>The College has an internal IT Security Policy that outlines a detailed and comprehensive set of practices and protocols for securing CDO’s information, information technology assets and technology infrastructure. This policy applies to staff, board directors and committee members, peer assessors, vendors, volunteers, and anyone else who has permanent or temporary access to our systems and hardware. It covers the requirements for establishing and maintaining robust passwords, securely storing, accessing confidential information and protecting College-issued devices or personal devices.</p> | <p>Yes</p> |
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If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.



Measure:

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

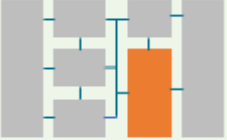
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| DOMAIN 5: REGULATORY STANDARD 8 | Required Evidence | College Response | |
| | <p>a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.</p> <hr style="border: 1px solid #0070C0;"/> <p style="text-align: center; color: #0070C0;"><i>Benchmarked Evidence</i></p> <hr style="border: 1px solid #0070C0;"/> | <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 evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) OR please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). <p>The College has a Professional Practice Standard Framework which guides the development, implementation and evaluation of standards, policies and guidelines. The College develops standards that reflect the behaviours currently accepted by the profession as being a standard in their practice. College staff monitor the practice environment through the practice advisory program and consultation with system partners, such as other Canadian health regulators, dietetic educators and Dietitians of Canada (dietetic association). Standards and guidelines are updated and developed as needed based on staff assessments.</p> <p>In 2023, CDO updated the Virtual Care Standards and Practice Guidelines and developed the Social Media Standards and Practice Guidelines in response to the current practice environment.</p> | <p>Met in 2022, continues to meet in 2023</p> |
| <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | | | |

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| | <p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>CDO aims to take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. As set out in Professional Practice Standards Framework, the criteria for developing or amending standards of professional practice aligns with a risk-based and right touch approach and includes the following:</p> <ul style="list-style-type: none"> • Identification of need: identify high-risk areas that warrant standards development through the College’s Risk Framework. Identification of issues can be through member consultation, focus groups or by inquiries to CDO’s Practice Advisory Service and elements such as risk, impact, public expectations, and frequency of performance are considered. • 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. Generally, the Standard of Professional Practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement. For example: <p>Generally, the standard of professional practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement. For example, in 2023, CDO adopted the Social Media Standards and Practice Guidelines. Developing these standards and guidelines included the following:</p> <ul style="list-style-type: none"> • Environmental scans of social media resources from other Ontario regulators and national dietetic regulators. • Academic research, such as peer-reviewed and grey literature resources on social media and health professionals. • Consideration to social media concerns identified by the Inquiries, Complaints and Reports Committee. • Consultation with the Professional Practice Committee to identify overarching principles. • Consultation with focus groups. Recruitment for the focus groups aimed for maximum variation within the group to capture a | <p>Yes</p> |
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| | | | <p>variety and range of experience held by dietitians and individual attributes (e.g. race, age, gender, sexual orientation).</p> <ul style="list-style-type: none">• Post-implementation consultation with registrants and system partners to identify positive or negative impacts of the policy, including impacts on any equity deserving group/client population. <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> |
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| | <p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>The College works to ensure that its policies are both informed by and aligned with the principles and values of equity, diversity, inclusion and belonging (EDI-B). The College evaluates its policies, guidelines and standards through an equity lens that is supported by research and literature review, third party EDI-B expertise and analysis and by collaborating with the internal EDI-B working group, committee members, focus groups and the Citizen Advisory Group. Diverse system partners are engaged to ensure multiple perspectives are considered. Data is analyzed with consideration to historical context and implementation includes measures such as training and regular reviews to promote inclusivity and address any disparities that may arise. Equity impact information is included in briefing notes to committees and the board when policies are reviewed and approved.</p> <p>Examples of policies, guidelines, standards and processes that were updated in 2023 to embed EDI-B principles:</p> <ul style="list-style-type: none"> • <i>Approval of Supervision Plans for Temporary Members Following Failure of the CDRE</i>: Updated to include the continued option for virtual supervision that improves access for registrants who work in environments without other dietitians (for example, in remote communities). • <i>Eligibility for Prior Learning and Recognition (PLAR)</i>: Revised to recognize Canadian accredited academic training and verification statements from USA accredited programs to bypass the PLAR academic assessment. • The College offers online remote-proctored exams for its PLAR process. This improves access and equity for internationally educated applicants to undergo equivalency assessment prior to coming to Canada. The Alliance of Canadian Dietetic Regulatory Bodies also offers the national licensing exam via an online remote-proctored process, further improving access. • <i>Social Media Standards and Practice Guidelines</i>: EDI-B was considered through this policy development through the recruitment of diverse focus group participants, consultation questions tailored to identify any positive or negative impacts on equity deserving groups or client populations as a result of the standards and guidelines and analyzing data in consideration to historical context.. • <i>Code of Ethics</i>: The Code of Ethics is being revised to prioritize Equity, Diversity, Inclusion and Belonging (EDI-B), aligning with the College's commitment to serving and protecting the public through inclusive practices. • <i>The Virtual Care Standards and Guidelines for Dietitians in Ontario</i>: During the consultative process, survey respondents were asked if they foresee any positive or negative impacts on equity-deserving groups or client populations because of these standards and guidelines. During policy implementation, the Professional Practice Program will continue to monitor and evaluate for any negative | <p>Yes</p> |
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| | | | <p>policy impacts.</p> <ul style="list-style-type: none"> • <i>Annual Workshops on “Building an Inclusive and Equitable Practice using Virtual Care and Social Media”</i>: Supported the implementation of the new standards and guidelines while focusing on CDO’s EDI-B philosophy and the strategies to approach virtual care and social media dilemmas in practice. |
| <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: 9.1 Applicants meet all College requirements before they are able to practice. | |
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| | | Required Evidence | College Response |
| DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 9 | a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ¹ . | The College fulfills this requirement: | Met in 2022, continues to meet in 2023 |
| | | <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>For more information, please refer to CDO's 2022 CPMF Report.</p> <p>In 2023, CDO updated its application process to allow the electronic submission of all application documentation.</p> | |

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

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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> | Choose an item. |
| | | <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> | Yes |
| | | <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>The College’s Registration Policies are available on the website. The College regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria:</p> <ul style="list-style-type: none"> • 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 2023, CDO revised several of its registration policies to enhance clarity, transparency and fairness. These revisions include policies relating to assessing academic and practical training requirements, recognition of USA accredited programs, language proficiency, eligibility for the Prior Learning and Recognition (PLAR) process and requirements for supervision post licensing exam failure.</p> | |
| | | <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> | Choose an item. |

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| | | | <i>Additional comments for clarification (optional)</i> |
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Measure:

9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.

c. A risk-based approach is used to ensure that currency² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).

The College fulfills this requirement:

Yes

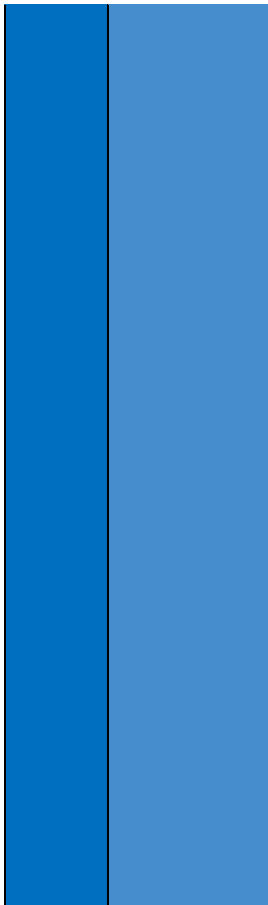
- Please briefly describe the currency and competency requirements registrants are required to meet.
- Please briefly describe how the College identified currency and competency requirements.
- Please provide the date when currency and competency requirements were last reviewed and updated.
- Please 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.

Recent practice is one of the ways registrants demonstrate their current knowledge, skills and judgement to provide safe, ethical and competent care. The [currency requirement](#) for registrants is established in law by regulation under the *Dietetics Act, 1991*. In June 2022, the Board approved an updated [policy on determining currency](#) practice hours. The currency requirement is at least 500 hours of dietetic practice over a three year period. The updated policy provides a revised definition of practising dietetics and categories to assist registrants in completing their annual renewal declaration regarding dietetic practice hours/currency requirements.

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.

During annual renewal, registrants are required to declare any offences, charges, bail conditions or findings of professional misconduct, professional negligence or malpractice that have been made against them. The College reviews the positive declarations to determine whether further inquiry is required. If findings raise concerns about a registrant's suitability to practice the profession, CDO will investigate the matter to determine if regulatory action should be taken.

The College has embarked on a multi-year project to upgrade the Peer and Practice Assessment (PPA) with a focus on risk-based approaches, EDI-B principles, and critical reflection for practice improvement. These efforts signify a dedication to growth and improvement in ensuring the highest standards in dietetic practice and regulation. The PPA is a learning opportunity designed to assess registrants' knowledge, skill and judgment and a regulatory requirement, with the QA Committee designing the form of the assessment and how registrants are selected to participate. The purpose of the PPA is to assess the competencies of registrants based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College standards and encourage registrant learning and



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| <p>self-reflection. The PPA has been designed to support continued competence assessment with registrants by applying the minimal amount of regulatory force required to achieve the desired outcome. High-risk practice areas identified in the College risk research are related to specific practice areas and practice settings.</p> <p>Approximately every five years CDO partners with other Canadian dietetic regulatory bodies and system partners (e.g., educators) to undergo a review of the national entry-level competencies. A robust process was followed, using a third-party consultant, to conduct the work on the 2020 ICDEP. The former 2013 ICDEP were reviewed and revised using an evidence-based, risk-based approach, underwent extensive and numerous consultations (which the College had input in), and were then finalized by the project steering committee. The College’s Board approved the adoption of the 2020 ICDEP.</p> <p>In 2023, CDO’s policies, processes, and resources were revised to fully incorporate the 2020 ICDEP as the entry-level standard for all applicants seeking registration with the College. The 2020 ICDEP framework is now being operationalized to provide a consistent approach to assess whether an applicant’s training is substantially equivalent to the 2020 ICDEP.</p> <p>In 2023, CDO completed the incorporation of the 2020 ICDEP into the KCAT. The new blueprint will be used for the 2024 administration of the KCAT. The College also began mapping the PBA to the 2020 ICDEP in 2023, which will be in place for the June 2024 PBA administration.</p> <p>The comparison of mapping the accredited United States and Canadian entry-level competencies was completed in 2023 and incorporated into College policy for the future recognition of USA programs.</p> | |
| <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| <i>Additional comments for clarification (optional)</i> | |

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

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| Measure: | | | | |
| 9.3 Registration practices are transparent, objective, impartial, and fair. | | | | |
| | | a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC). | The College fulfills this requirement: | Met in 2022, continues to meet in 2023 |
| | | <ul style="list-style-type: none"> 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 | The College submitted its 2022 Fair Registration Practices Report to the Office of the Fairness Commissioner by the August 2023 deadline and received a low-risk rating. | |
| | | <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:

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence

College Response

a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).

Further clarification:

Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.

The College fulfills this requirement:

Met in 2022, continues to meet in 2023

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
 - Name of Standard
 - Duration of period that support was provided
 - Activities undertaken to support registrants
 - % of registrants reached/participated by each activity
 - Evaluation conducted on effectiveness of support provided

- Does the College always provide this level of support: Yes
 If not, please provide a brief explanation:

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

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

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

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

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

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

Choose an item.

Additional comments for clarification (optional)

| Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ . | | |
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| | | <p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;</p> |
| | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> | <p>Met in 2022, continues to meet in 2023</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 4,278 registrants with trends in practice advisory inquiries for future training needs of registrants.</p> <p><u>Peer and Practice Assessment (PPA)</u>: This is a learning opportunity designed to assess registrants' knowledge, skill and judgment and a regulatory requirement, with the QA Committee designing the form of the assessment and how registrants are selected to participate. The purpose of the PPA is to assess the competencies of registrants based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College standards and encourage registrant learning and self-reflection. The PPA has been designed to support continued competence assessment with registrants by applying the minimal amount of regulatory force required to achieve the desired outcome. High-risk practice areas identified in the College risk research are related to specific practice areas and practice settings. The College is developing two new tools, the Practice Improvement Assessment (PIA) and a Risk Reflection Questionnaire (RRQ). The PIA is a competency, case-based, multiple-choice assessment to identify learning needs, provide resources for learning, enable reflection and prompt the development of goals and action plans for practice improvements. The RRQ assesses risk and factors mitigating risk in practice.</p> <p><u>Jurisprudence Knowledge & Assessment Tool (JKAT)</u>: This is an assessment process to improve a dietitian's knowledge and understanding of the application of the laws, ethics and standards relevant to the practice of dietetics and to assure the public and other partners, including employers, that dietitians practise safely, competently and ethically. Dietitians must achieve a 90% score. Every new registrant must complete the JKAT within the first year of Membership and every five years thereafter.</p> <p><u>< 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.</p> | |

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| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional)</i> | |

³ “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>).

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| | <p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Yes - <i>Employers</i> No - <i>Registrants</i> Yes - <i>other stakeholders</i> Yes <p>A right touch approach was initiated in 2020, updated in 2021 and has continued to inform the Peer and Practice Assessment procedure in 2023.</p> <p>The College defines the risk of harm as the potential for an event, action or inaction to cause harm to clients. High-risk practice areas identified in the College's risk research are related to specific practice areas and practice settings. Classifying registrants into high-risk groups stratification supports competence assessments by applying the minimal amount of regulatory force required to achieve the desired outcome.</p> <p>For more information, please refer to CDO's 2022 CPMF Report.</p> | <p>Met in 2022, continues to meet in 2023</p> |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | <p><i>Additional comments for clarification (optional)</i></p> | |

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| | | <p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2022, continues to meet in 2023</p> |
| | | | <ul style="list-style-type: none"> Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. | |
| | | | <p>For more information, please refer to CDO's 2022 CPMF Report.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| <p>Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.</p> | | | | |
| | | <p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> |
| | | | <ul style="list-style-type: none"> 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>Process for monitoring remediation activities The College's complaints case manager maintains a calendar of milestones and due dates for all ICRC-directed remediation and practice monitoring and monitors to ensure reports and submissions are received on schedule. Where submissions are not received as scheduled, the case manager follows up with the responsible individual (e.g., with the registrant, practice mentor, course provider, etc.).</p> <p>Process for determining whether a registrant has demonstrated the knowledge, skills and judgment following remediation The case manager then reviews all submissions to ensure completeness and to identify any immediate concerns or questions that require follow-up with the responsible individual. Following that initial review, the case manager forwards the submissions to the Registrar, who reviews them and determines whether the registrant has achieved the learning objective identified in the ICRC's decision and whether the registrant has now demonstrated the required knowledge, skills, and judgment. As needed, the case manager provides feedback to the registrant if additional remediation is required or communicates that the remediation has now been completed to the satisfaction of the Registrar. Evidence that the registrant has remediated is gleaned from reports from mentors and practice monitors, depending on the type of oversight required by the ICRC.</p> <p>Annual Audit of the Public Register The Audit of the Public Register is an internal process that verifies the information on the public register is accurate and complies with the requirements set out in the <i>Regulated Health Professions Act, 1991</i> and CDO's by-laws. The purpose of the audit is to mitigate the risk to</p> | |

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| | | | <p>the public by ensuring that registrant information is reliable and allows the public to make informed healthcare decisions. The audit is conducted annually by staff, and the results are reported to the Board for information.</p> <p>In 2023, CDO updated its policy for auditing the public register to focus on assessing critical risks in a way that is both efficient and practical.</p> |
| <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | | | <p>Choose an item.</p> |
| <p><i>Additional comments for clarification (if needed)</i></p> | | | |

Measure 11.1

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

Required Evidence

College Response

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

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

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

The College fulfills this requirement:

Yes

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

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

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

The College has developed a communications checklist that formalizes the previously undocumented practices and procedures the College followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and will receive regular updates from the College on the status of the investigation and the anticipated timeline of completion.

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

Choose an item.

Additional comments for clarification (optional)

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

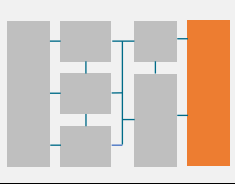
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| | | iii. evaluated by the College to ensure the information provided to complainants is clear and useful. | The College fulfills this requirement: | Yes |
| | | <p style="text-align: center;"><i>Benchmarked Evidence</i></p> | <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>The information provided to complainants via CDO’s website and information sheets is reviewed and evaluated by staff to ensure clarity and accuracy. Because of the relatively low volume of complaints, CDO has not requested formal feedback from complainants about whether they find the information clear and useful. However, any informal feedback received from complainants is incorporated into subsequent reviews of the communications.</p> <p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> | |
| | | 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: | Met in 2022, continues to meet in 2023 |
| | | | Please insert rate (<u>see Companion Document: Technical Specifications for Quantitative CPMF Measures</u>). | |
| | | | 100% | |
| | | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | | <i>Additional comments for clarification (optional)</i> | |

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| | <p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2022, continues to meet in 2023</p> | |
| | | <ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. | | |
| | | <p>For more information, please refer to CDO's 2022 CPMF Report.</p> | | |
| | | <p>In 2023, the College introduced a change to its complaints investigation process to help expedite the resolution of complaints submitted by members of the public who do not have a direct relationship (therapeutic, professional, or personal) with the registrant. Information about this change was reviewed and discussed by the ICRC. The College's website and information sheet for complaint parties will be updated to reflect the new process and ensure both parties understand what information will be disclosed during the investigation process.</p> | | |
| | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> | <p>Choose an item.</p> | |
| | | <p><i>Additional comments for clarification (optional)</i></p> | | |
| <p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p> | | | | |
| | <p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p> | <p>The College fulfills this requirement:</p> | <p>Yes</p> | |
| | | <ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. | | |
| | | <p>In 2023, CDO developed a communications checklist that formalizes the previously undocumented practices and procedures followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and receive regular updates from CDO on the status of the investigation and the anticipated timeline of completion.</p> | | |
| | | <p>The case manager acts as a contact/resource person for all parties throughout the complaints process. Upon initial receipt of a complaint, the case manager follows up with the complainant to provide information about the process and what they can expect. At each stage (e.g.,</p> | | |

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| | | | <p>with each written submission, if an investigator is appointed, when scheduled for review by the ICRC, etc.), the case manager relays that information to each party via email and provides a timeline estimate for the subsequent stage. If extensions are granted or delays occur, the case manager informs both parties of the delay and new timeline. The case manager is also available throughout the complaints process to answer any questions, including by phone outside of regular business hours as needed to accommodate the parties' schedules.</p> | |
| | | | <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p>Choose an item.</p> | |
| | | | <p><i>Additional comments for clarification (optional)</i></p> | |
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">DOMAIN 6: SUITABILITY TO PRACTICE</p> | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">STANDARD 12</p> | <p>Measure: 12.1 The College addresses complaints in a right touch manner.</p> | | |
| | | <p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).</p> | <p>The College fulfills this requirement:</p> | <p>Met in 2022, continues to meet in 2023</p> |
| | | | <ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). <p>For more information, please refer to CDO's 2022 CPMF Report.</p> <p>The ICRC uses a risk-based decision-making tool during its deliberations, which provides a framework for deliberations, including aggravating and mitigating factors, disposition outcomes for similar past cases and a risk continuum graphic illustrating where various disposition outcomes are positioned from a risk perspective. This tool was first adopted by the ICRC in April 2019 and is regularly reviewed and updated. In 2023, the College conducted another review of the tool and updated it, providing guiding questions to help ensure consistent interpretation of the aggravating and mitigating factors by all ICRC panels. The updated tool was reviewed and adopted by the ICRC.</p> <p>The Registrar also uses a risk-based registrar investigation decision making tool. This tool is intended to support a consistent, transparent approach for deciding whether regulatory action is required in the public interest, while retaining the Registrar's discretionary powers. The College generally makes preliminary inquires upon receipt of a report, although preliminary inquires are not always required and the nature of the inquiries will depend on the alleged conduct and potential risk to the public.</p> | |
| | | | | <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> |

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| Measure: | | |
| 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.). | | |
| a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results. | The College fulfills this requirement: | Yes |
| | <ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). | |
| | 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. | |
| | Over the past year, CDO shared information with other Canadian dietetic regulators in response to labour mobility requests for registration as outlined above and shared information with other regulators. If a registrant is suspended, CDO informs all the registrant’s employers on file. | |
| | <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> | | |
| In 2023, the College conducted further exploration of developing a new information sharing policy that would determine when information about a registrant should be shared with other relevant system partners, including registrants’ past and current employers. As part of that exploration, the College reviewed its existing processes and how they currently meet this standard and sought legal advice on the College’s confidentiality requirements. After conducting this review and exploration, CDO has determined that its current processes are meeting the needs of this standard and a new policy is not required at this time. | | |

| | | | | | |
|---|--------------------|--|---|--|--|
|  | | Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance. | | | |
| | | Required Evidence | College Response | | |
| DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT | STANDARD 14 | a. Outline the College’s KPIs, including a clear rationale for why each is important. | The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>At its March 24, 2023 meeting (please see meeting materials and minutes) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI was explained, along with the metrics for tracking CDO’s progress. CDO reports on its progress through the Strategic Plan Monitoring Report, which is provided to the Board twice a year – in the second quarter for a mid-year check-in and the fourth quarter when the budget is set. This report allows the Board to monitor the progress and achievement of outcomes and to ensure that the plan is appropriately resourced.</p> <p>KPIs were developed to be outcome based and are tied to the strategic goals. New KPIs are identified annually as needed and are discussed and accepted by the Board.</p> </td> <td style="width: 20%; padding: 5px; text-align: center;"> Met in 2022, continues to meet in 2023 </td> </tr> </table> | <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>At its March 24, 2023 meeting (please see meeting materials and minutes) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI was explained, along with the metrics for tracking CDO’s progress. CDO reports on its progress through the Strategic Plan Monitoring Report, which is provided to the Board twice a year – in the second quarter for a mid-year check-in and the fourth quarter when the budget is set. This report allows the Board to monitor the progress and achievement of outcomes and to ensure that the plan is appropriately resourced.</p> <p>KPIs were developed to be outcome based and are tied to the strategic goals. New KPIs are identified annually as needed and are discussed and accepted by the Board.</p> | Met in 2022, continues to meet in 2023 |
| | | <ul style="list-style-type: none"> Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>At its March 24, 2023 meeting (please see meeting materials and minutes) the Board reviewed the College’s progress on the strategic plan and activities for 2023 – 2024, including revised Key Performance Indicators (KPIs). During the Registrar’s presentation to the Board, the rationale for each KPI was explained, along with the metrics for tracking CDO’s progress. CDO reports on its progress through the Strategic Plan Monitoring Report, which is provided to the Board twice a year – in the second quarter for a mid-year check-in and the fourth quarter when the budget is set. This report allows the Board to monitor the progress and achievement of outcomes and to ensure that the plan is appropriately resourced.</p> <p>KPIs were developed to be outcome based and are tied to the strategic goals. New KPIs are identified annually as needed and are discussed and accepted by the Board.</p> | Met in 2022, continues to meet in 2023 | | |
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. | | |
| | | | | | |

| | | | |
|--|---|---|--|
| | | <i>Additional comments for clarification (if needed)</i> | |
| | <p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p> | <p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>A risk monitoring report and a detailed management report are presented and discussed by the board at each meeting. Updates to the strategic plan are presented in March and September.</p> <p>March 24, 2023 materials and minutes</p> <p>September 29, 2023 materials and minutes</p> <p>For more information, please refer to CDO’s 2022 CPMF Report.</p> | Met in 2022, continues to meet in 2023 |
| | | <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> | Choose an item. |
| | | <i>Additional comments for clarification (if needed)</i> | |
| | | | |

| 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 and indicate the page number. | |
| | The quarterly reporting of the College’s highest-level risks allows the Board to directly link action to risk in a timely way and ensure mitigation efforts are adequate. | |
| <u>Benchmarked Evidence</u> | Through the management report, the Board reviews metrics and other data and information around the performance of CDO in the following domains: Strategic Projects, Finance, Human Resources, Communications, Professional Practice Program, Quality Assurance, Standards and Compliance, Registration, Information Technology, and Issues Tracking. Time is scheduled during the meeting to discuss CDO’s performance. | |
| | Following each board meeting, directors complete an assessment that focuses on interactions, behaviours and decisions to evaluate the Board’s effectiveness at achieving its mandate. This transparent and reflective performance review demonstrates the Board’s commitment to continuous improvement and good governance. Feedback from the March 24, 2023 meeting evaluation noted challenges arising during the meeting, which included: adherence to meeting norms, speaking order and decorum; meeting management and focussed discussions on agenda items; and, meeting preparation and participation. Based on this feedback, the Board participated in training on the topics of public interest and meeting facilitation. | |
| | <i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i> | |

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

Part 2: Context Measures

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

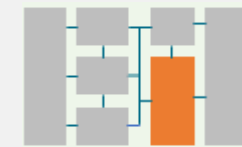
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be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

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

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

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

Table 1 – Context Measure 1

| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|---|--|
| STANDARD 10 | | |
| Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023* | | |
| Type of QA/QI activity or assessment: | # | <p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2023. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p> |
| i. Self-Directed Learning Tool – 2022-2023 (November 1, 2022-October 31, 2023-Renewal Calendar) | n=4,340 (98% of eligible registrants) n=109 (2.5% registrants randomly selected audit. 225 SDL Tool goals reviewed (includes random, lates and resubmits) | |
| ii. Self-Directed Learning Tool – 2023 (November 1 – December 31, 2023) | n=4,415 (98% of eligible registrants) | |

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

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

Table 2 – Context Measures 2 and 3

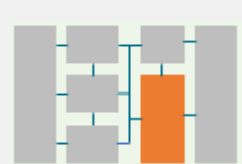
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|---|-------|-----------------------------|--|
| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use: | | | |
| Context Measure (CM) | # | % | |
| CM 2. Total number of registrants who participated in the QA Program CY 2023 | 4,415 | 98% of eligible registrants | <i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i> |
| CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2023. | 0 | 0 | <i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2023, understanding that some cases may carry over.</i> |
| NR | | | |
| Additional comments for clarification (if needed) | | | |

Table 3 – Context Measure 4

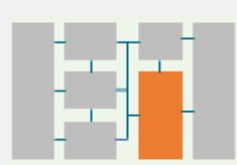
| DOMAIN 6: SUITABILITY TO PRACTICE | | |  |
|--|---|---|---|
| STANDARD 10 | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | |
| Context Measure (CM) | | | |
| CM 4. Outcome of remedial activities as at the end of CY 2023:** | # | % | <i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i> |
| I. Registrants who demonstrated required knowledge, skills, and judgement following remediation* | 0 | 0 | |
| II. Registrants still undertaking remediation (i.e., remediation in progress) | 0 | 0 | |
| <p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2023.</p> | | | |
| <i>Additional comments for clarification (if needed)</i> | | | |
| - | | | |

Table 4 – Context Measure 5

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | |
|--|-----------------|-------------|---------------------|----------------|
| STANDARD 12 | | | | |
| Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use: | | | | |
| Context Measure (CM) | | | | |
| CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2023 | Formal received | Complaints | Registrar initiated | Investigations |
| Themes: | # | % | # | % |
| I. Advertising | NR | NR | 0 | 0 |
| II. Billing and Fees | NR | NR | NR | NR |
| III. Communication | NR | NR | NR | NR |
| IV. Competence / Patient Care | NR | NR | NR | NR |
| V. Intent to Mislead including Fraud | 0 | 0 | 0 | 0 |
| VI. Professional Conduct & Behaviour | NR | NR | NR | NR |
| VII. Record keeping | 0 | 0 | NR | NR |
| VIII. Sexual Abuse | 0 | 0 | 0 | 0 |
| IX. Harassment / Boundary Violations | 0 | 0 | 0 | 0 |
| X. Unauthorized Practice | 0 | 0 | 0 | 0 |
| XI. Other: Failed to comply with a Quality Assurance requirement | 0 | 0 | NR | NR |
| Total number of formal complaints and Registrar’s Investigations** | 6 | 100% | 7 | 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.

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

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

| DOMAIN 6: SUITABILITY TO PRACTICE | | |
|---|----|----|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use: | | |
| Context Measure (CM) | | |
| CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2023 | 3 | |
| CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2023 | 7 | |
| 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 2023 | 7 | |
| CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2023**: | # | % |
| I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR) | 0 | 0 |
| II. Formal complaints that were resolved through ADR | 0 | 0 |
| III. Formal complaints that were disposed of by ICRC | NR | NR |
| IV. Formal complaints that proceeded to ICRC and are still pending | NR | NR |
| V. Formal complaints withdrawn by Registrar at the request of a complainant | NR | NR |
| VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious | 0 | 0 |
| <i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i> | | |

| | | | |
|---|----------|----------|--|
| <p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p> | <p>0</p> | <p>0</p> | |
| <p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p> | | | |
| <p><i>Additional comments for clarification (if needed)</i></p> <p>Because of the low number of complaints that the College receives each year, the College does not have an ADR process.</p> | | | |

Table 6 – Context Measure 10

| DOMAIN 6: SUITABILITY TO PRACTICE | | | | | | | | |
|---|-----------------------------------|-----------------------|----------------------------------|------------------------------------|--|-----------------------|--|---|
| STANDARD 12 | | | | | | | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended | | | | | | | | |
| <i>If a College method is used, please specify the rationale for its use:</i> | | | | | | | | |
| Context Measure (CM) | | | | | | | | |
| CM 10. Total number of ICRC decisions in 2023 | | 12 decisions in total | | | | | | |
| Distribution of ICRC decisions by theme in 2023* | | # of ICRC Decisions++ | | | | | | |
| Nature of Decision | | Take no action | Proves advice or recommendations | Issues a caution (oral or written) | Orders a specified continuing education or remediation program | Agrees to undertaking | Refers specified allegations to the Discipline Committee | Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws. |
| I. | Advertising | 0 | 0 | NR | 0 | 0 | 0 | 0 |
| II. | Billing and Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| III. | Communication | NR | NR | NR | NR | 0 | 0 | 0 |
| IV. | Competence / Patient Care | NR | NR | NR | NR | 0 | 0 | 0 |
| V. | Intent to Mislead Including Fraud | NR | 0 | NR | NR | 0 | 0 | 0 |
| VI. | Professional Conduct & Behaviour | NR | 0 | NR | NR | NR | 0 | 0 |
| VII. | Record Keeping | 0 | NR | 0 | NR | 0 | 0 | 0 |
| VIII. | Sexual Abuse | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| IX. | Harassment / Boundary Violations | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2023.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

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

Additional comments for clarification (if needed)

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

Table 7 – Context Measure 11

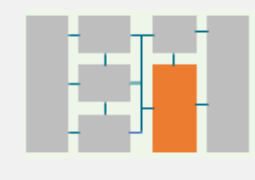
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|--|-------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use: | | |
| Context Measure (CM) | | |
| CM 11.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

Table 8 – Context Measure 12

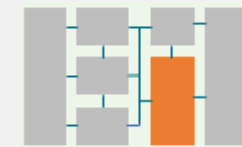
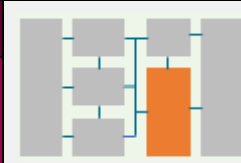
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|------|---|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| 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 2023 | N/A | |
| II. A contested discipline hearing in working days in CY 2023 | N/A | |
| Disposal Uncontested Discipline Hearing Contested Discipline Hearing | | |
| <i>Additional comments for clarification (if needed)</i> The College did not have any Discipline hearings (contested or uncontested) during the reporting period. | | |

Table 9 – Context Measure 13

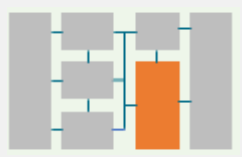
| DOMAIN 6: SUITABILITY TO PRACTICE | |  |
|---|---|--|
| STANDARD 12 | | |
| Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If College method is used, please specify the rationale for its use:</i> | | |
| Context Measure (CM) | | |
| CM 13. Distribution of Discipline finding by type* | | <i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</i> |
| Type | # | |
| I. Sexual abuse | 0 | |
| II. Incompetence | 0 | |
| III. Fail to maintain Standard | 0 | |
| IV. Improper use of a controlled act | 0 | |
| V. Conduct unbecoming | 0 | |
| VI. Dishonourable, disgraceful, unprofessional | 0 | |
| VII. Offence conviction | 0 | |
| VIII. Contravene certificate restrictions | 0 | |
| IX. Findings in another jurisdiction | 0 | |
| X. Breach of orders and/or undertaking | 0 | |
| XI. Falsifying records | 0 | |
| XII. False or misleading document | 0 | |
| XIII. Contravene relevant Acts | 0 | |

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

[NR](#)

Additional comments for clarification (if needed)

Table 10 – Context Measure 14

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

Glossary

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

Return to: [Table 5](#)

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

Return to: [Table 8](#)

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

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

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

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

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

Return to: [Table 5](#)

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

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

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

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

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

Return to: [Table 10](#)

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

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 10](#)

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

Return to: [Table 8](#)

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

Return to: [Table 10](#)