



## Board Meeting Agenda

December 13, 2024 | 9 a.m. – 4 p.m.

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Item	Time	Topic	Action	Presenter	Materials
1	10 – 10:05 (5 mins)	Call to Order and Land Acknowledgement	-	D. Tsang	
2	10:05	Approval of Agenda	Decision (motion)	D. Tsang	2.1 Draft Board Meeting Agenda – December 13, 2024
3	10:05	Declaration of Conflict of Interest and Bias	-	D. Tsang	
4	10:05	Consent Agenda 4.1 Draft Board meeting minutes – September 13, 2024 4.2 Executive Committee Report – November 2024 4.3 Board Meeting Dates – 2025	Decision (motion)	D. Tsang	4.1 Draft Board Meeting Minutes – September 13, 2024 4.2 Executive Committee Report – November 2024 4.3 Briefing Note – Board Meeting Dates – 2025
5	10:05 – 10:15 (10 mins)	Strategic Plan 2025 – 2029	Decision (motion)	S. Ferguson	5.1 Strategic Plan 2025 – 2029
6	10:15 – 10:25 (10 mins)	EDI-B Teaching and Learning: Ableism	Discussion	L. Dalicandro	6.1 Briefing Note – Ableism
7	10:25 – 10:30 (5 mins)	Board Meeting Evaluation Results – September 13, 2024	Discussion	D. Tsang	7.1 Briefing Note – Board Meeting Evaluation Feedback – September 13, 2024
	10:30 – 10:50 (20 mins)		<b>Break</b>		
8	10:50 – 11:10 (20 mins)	Management Report	Information	M. Woodbeck	8.1 Management Report December 13, 2024



					<p>8.2 Statement of Operations as at September 30, 2024</p> <p>8.3 Capital Asset Purchase Report as at September 30, 2024</p> <p>8.4 Risk Monitoring Report (Q3)</p>
9	11:10 – 11:25 (15 mins)	Regulatory Trends Report	Information	M. Woodbeck	
10	11:25 – 12 (35 mins)	Investment Policy	Decision (motion)	R. Pollice	10.1 Briefing Note – Investment Policy
	<b>12 – 1 (60 mins)</b>		<b>Lunch</b>		
11	1 – 2:30 (90 mins)	Governance Evaluation Framework	Decision (motion)	I. Gatcheva K. McCarthy	11.1 Briefing Note – Draft Governance Evaluation Framework
	<b>2:30 – 2:50 (20 mins)</b>		<b>Break</b>		
12	2:50 – 3:10 (20 mins)	Finance and Audit Committee Composition	Decision (motion)	L. Dalicandro M. Kushnir	12.1 Briefing Note – Finance and Audit Committee Composition
13	3:10 – 3:35 (25 mins)	Appointing Members of the Public to Committees	Decision (motion)	L. Dalicandro M. Kushnir	13.1 Briefing Note – Appointing Members of the Public to Committees
14	3:35 – 4 (25 mins)	Increase Board and Committee Separation	Decision (motion)	L. Dalicandro M. Kushnir	14.1 Increase Board and Committee Separation
15	4	Adjournment	Decision (motion)	D. Tsang	



- 0.0 Reference - Land Acknowledgement
- 0.0 Board Action List as of November 29, 2024
- 0.0 CDO Acronyms
- 0.0 Reference - 2020-2025 Strategic Plan - One Pager
- 0.0 Reference Doc CDO Board Voting Practices

Annual Conflict of Interest and Acknowledgement

DRAFT



## Board Meeting Minutes

September 13, 2024 | 9:00 a.m. – 4:00 p.m.

### Board Members Present

Ann Watt RD – Chair  
Brenda Murphy, Public Member  
Deion Weir RD  
Dawn van Engelen RD  
Donna Hennyey RD  
Galina Semikhnenko, Public Member  
Navita Viveky RD  
Ray D'Sa, Public Member  
Santhikumar Chandrasekharan, Public Member  
Teresa Taillefer RD

### Staff

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

### Regrets

Denis Tsang RD – Vice Chair  
John Regan, Public Member

### 1. Call to Order and Land Acknowledgement

A. Watt opened the meeting with a land acknowledgement.

The meeting was called to order at 9:03 by A. Watt, Vice-Chair of the Board.

### 2. Approval of the Agenda

MOTION to approve the agenda as circulated.

**Moved by:** T. Taillefer

**Seconded by:** S. Chandrasekharan

**Carried**

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

No conflict of interest or bias was declared.

OR identify conflict of interest declared.



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#### 4. **Consent Agenda**

##### **Board Meeting Minutes**

June 21, 2024

##### **Executive Committee Report**

August 2024

*MOTION to approve the Consent Agenda.*

**Moved by:** T. Taillefer

**Seconded by:** D. Hennyey

**Carried**

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#### 5. **Indigenous Food Sovereignty**

The Board engaged in an equity, diversity, inclusion and belonging (EDI-B) learning and reflection moment on Indigenous food sovereignty. The Board discussed the significant role food plays in the Indigenous community and some of the ways CDO can consider to encourage registrant engagement and information sharing about Indigenous food practices.

*Public interest rationale: Organizational learning around EDI-B is key to driving strategy, building organizational EDI-B capacity, and affecting systemic change. Training assists in ensuring that an EDI-B lens is applied to Board and Committee decision making in the interest of the diverse public served by CDO.*

#### 6. **Board Meeting Evaluation**

The Board reviewed the results of the June 21, 2024 meeting evaluation. The Board noted the positive feedback and did not take any action related to the comments.

*Public interest rationale: The ongoing assessment of Board meetings with a focus on interactions, behaviours, and decisions, to evaluate the Board's effectiveness at achieving its mandate reflects best practices in governance. This transparent and*



*reflective performance review demonstrates the Board's commitment to continuous improvement and good governance.*

## 7. Management Report

M. Woodbeck provided an overview of the management report, including:

### Operations and Communications

- Completed an 11-month campaign of training and phishing tests that improved CDO's cyber awareness and phishing risk rating over the year.
- A database needs assessment is underway and all non-essential database development has been paused while the database is being reviewed.
- A data governance needs assessment was completed and we are moving on to phase two of the project, which includes policy setting and a refresh of our file management system.
- The new website was launched ahead of renewal.

### Registration

- The Ministry is now collecting registration data quarterly as part of its commitment to growing Ontario's health workforce and reducing barriers.
- Draft registration regulation amendments are under review by the Ministry.
- The annual renewal season is underway and the self-directed learning tool is available.

### Professional Practice & QA

- The new QA tools, Risk reflection questionnaire (RRQ) and practice improvement assessment (PIA) are undergoing field testing.
- Staff are preparing to relaunch the peer and practice assessments in early 2025 which will align with the updated dietetic competencies and dietetic practice risk research.

### Governance and Regulatory Updates

- Work is underway to redevelop the framework for evaluating board and committee performance.
- The Partnership for Dietetic Education and Practice is in the process of winding down and anticipated to be complete in October.
- The Alliance is extending collaboration with partners and within the Alliance to ensure effective national entry to practice requirements and evaluation processes.



- The Ministry is conducting a consultation on further expansion to pharmacists' scope of practice.

Action items:

- Provide the Board with an update at a future meeting on the Health Practitioners Disciplinary Tribunal

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

## **8. Risk Monitoring Report**

M. Woodbeck presented the Risk Monitoring Report (Q2) to the Board. A reduction in registrant engagement and understanding of regulatory obligations was identified as a new risk. The Board asked how CDO plans to address the new risk. M. Woodbeck explained it will be further analyzed and addressed in the next strategic project cycle.

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

## **9. Strategic Plan Monitoring Report**

M. Woodbeck presented the Strategic Plan Monitoring Report for September 2024 which highlighted the progress on the strategic goals.

*Public interest rationale: The Strategic Plan Monitoring Report enables the Board to monitor the CDO's performance on work aimed at advancing its strategic priorities and public protection mandate. Reporting on the strategic plan on a regular basis holds the College accountable to the board and system partners by providing a clear picture of the College's priorities, goals and operationalization of the Board's direction.*

## **10. Audit of the Register**

L. Dalicandro presented the results of the 2024 audit of the register. The results of the audit were positive and indicate that the public register data is accurate and reliable. The Board was informed that, in light of the positive track record and process improvements made to the database, the audit of the public register will be



conducted every two years or whenever significant changes are made to the database.

*Public interest rationale: The public relies on the public register to make informed healthcare decisions. Auditing the public register verifies that registrant information is accurate and provides assurance to the public that they can trust the information provided by CDO.*

## **11. Advertising and Marketing Standard and Guidelines**

S. Thiessen presented consultation feedback from registrants and system partners on the draft Advertising and Marketing Standard and Practice Guidelines. The consultation feedback did not result in revisions to the final draft but will be used to inform supplementary resources and an educational webinar to assist registrants in applying the Standard. The Board agreed that the proposed Standard provided comprehensive guidelines for RDs and will help the public evaluate dietitian advertising.

MOTION to approve the final Advertising Standard, as presented, for publication and communication to the public and registrants.

**Moved by:** S. Chandrasekharan

**Seconded by:** B. Murphy

**Carried**

Action items:

- Publish and communicate the Advertising and Marketing Standards and Practice Guidelines.

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





## 12. Audited Financial Statements

College Auditor, M. Rooke, Tinkham LLP, presented the audited financial statements for the year ended March 31, 2024. The results of the audit concluded that the financial statements fairly present the financial position of the College as at March 31, 2024. No misstatements or unadjusted items were found and there were no recommendations to improve the internal control processes.

MOTION to approve the audited financial statements for the year ended March 31, 2024, as presented.

**Moved by:** T. Taillefer

**Seconded by:** S. Chandrasekharan

**Carried**

## 13. Interfund Transfer

The Board considered a recommendation by the Finance and Audit Committee to transfer \$505,413 from the unrestricted fund (operating fund) to the restricted fund (general reserve fund). The transfer was calculated after a review of the draft audited financial statements for the year ending March 31, 2024. The Board did not have any concerns with Committee's recommendation.

MOTION to approve the transfer of \$505,413 from the unrestricted fund to the restricted fund.

**Moved by:** D. van Engelen

**Seconded by:** S. Chandrasekharan

**Carried**

*Public Rationale: Effective management of the College's reserve funds will ensure the long-term sustainability of the College and its ability to fulfill its regulatory mandate.*

## 14. Re-Appointment of the External Auditors

The Finance and Audit Committee recommended the reappointment of Tinkham LLP as auditors for the 2024-2025 fiscal year. To reduce the risk of familiarity, it was advised by the auditors that, if reappointed, the partner in charge of the audit would be rotated from D. Tinkham to M. Rooke.



The Board agreed with the re-appointment of Tinkham LLP and the recommendation to change the partner in charge of overseeing the audit process.

MOTION to approve the reappointment of Tinkham LLP as external auditors for the period from April 1, 2024 to March 31, 2025.

**Moved by:** T. Taillefer

**Seconded by:** D. Hennyey

**Carried**

Action items:

- Notify auditors of reappointment.

*Public Rationale: The annual review and approval of an External Auditor serves the public interest by ensuring that the Finance and Audit Committee and the Board provides appropriate governance and oversight on financial matters. The proper review of the College's financial operations will ensure its long-term sustainability and effectiveness at fulfilling its regulatory mandate.*

## 15. Adjournment

MOTION to adjourn at 10:56 a.m.

**Moved by:** B. Murphy

**Carried**



# Executive Committee Report

Date: November 2024

### Board Members Present

Denis Tsang (Chair)  
Donna Hennyey RD  
Brenda Murphy

### Staff

Melanie Woodbeck (Registrar & ED)  
Lisa Dalicandro  
Jada Pierre-Malcolm

### Regrets

Ann Watt RD

Executive Committee met on the following date(s)	Rationale for the Meeting
November 19, 2024	Routine Meeting

Summary of Discussions and Decisions	Decision to be Ratified by Board?
Reviewed Board Meeting Evaluation Feedback (Sep 13)	To be reviewed by the Board at December 2024 meeting
Approved the Draft Board Agenda for the December Board Meeting	Yes
Discussed potential Board meeting dates for 2025	Yes
Received Registrar's Report	No – see Management Report for information

Respectfully Submitted,  
Denis Tsang, RD  
Board Chair



## Board Briefing Note

<b>Topic:</b>	Proposed Board Meeting Dates 2025
<b>Purpose:</b>	Decision Required
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### Issue

To consider the proposed board meeting dates for the remainder of 2025.

### Public Interest Rationale

Regular Board meetings that are open to the public allow for transparency and accountability in the governance of CDO. When the Board meets, it can effectively make governance, strategic and oversight decisions to carry out the College's public protection mandate. Board meetings ensure that CDO is governed in a responsible manner, and that its work promotes the long-term success and sustainability.

### Background

Each year at its June meeting, the Board determines its meeting dates for the upcoming term. The Board meets quarterly, typically in June, September/October, November/December, and March. Each Board meeting is scheduled for one to two days. The Board has previously determined that it would meet in-person for two-day meetings and virtually for one-day meetings.

In June 2024, the Board approved the following meeting dates for the 2024 - 2025 term:

- September 12 - 13, 2024
- December 13, 2024
- March 21, 2025
- June 19 - 20, 2025



## **Considerations**

In order to secure meeting space at the HUB, it is recommended that going forward, the board set its meetings well in advance (approx. 18 months). Additionally, board training and workshops often require months of planning and notice to secure a facilitator. Setting meetings in advance will also assist board members with scheduling to ensure that they are available to attend meetings.

When identifying the dates for the remainder of 2025, consideration was given to dates of available meeting space, the Board workplan, holidays and other conferences typically attended by staff, the Board and committee members.

The following Board meeting dates are proposed for the remainder of 2025:

- Friday, September 5 (virtual)
- November 27-28 (hybrid)

## **Recommendation**

That the Board approve (or approve with amendments) the proposed Board meeting dates for September and December 2025.



## Board Briefing Note

<b>Topic:</b>	Strategic Plan 2025 – 2029
<b>Purpose:</b>	Decision Required
<b>From:</b>	Melanie Woodbeck, Registrar & Executive Director

### Issue

To approve CDO's 2025 – 2029 strategic plan.

### Public Interest Rationale

The strategic plan directs CDO's operations by prioritizing efforts and creating organizational alignment to achieve our public interest mandate. Clearly communicating our mission, vision, values and priorities, as well as reporting on our progress, will help build public trust and demonstrate accountability for our results.

### Background

The current strategic plan ends on March 31, 2025. A new strategic plan needs to be approved by the Board and in place by April 1, 2025.

Throughout 2024, the Board engaged in a strategic planning process with the support of an external facilitator. A system partner consultation and a document review phase informed the facilitated workshops.

### Considerations

The draft strategic plan (*Appendix 1*) is attached for the board's consideration, and includes:

- Updated mission and vision statements



- A recommitment to our corporate values with added descriptions of each value to clarify our intended interpretation
- Three new strategic priorities
- Two new operational enablers to support the strategic priorities

### **Equity Impact Assessment**

Equity, diversity, inclusion and belonging (EDI-B) remains a corporate value in the 2025 – 2029 strategic plan, confirming our commitment to integrating EDI-B principles into our work in a sustainable way.

### **Recommendation**

To approve the 2025 – 2029 strategic plan as presented, or as amended, for implementation on April 1, 2025.

### **Next steps**

If approved, strategies will be added to operationalize the goals. A workplan, budget and KPIs will be developed for fiscal 2025 -26. A communications plan will be developed to share the College's new strategic plan with system partners.

### **Attachments**

- Appendix 1: Draft 2025 – 2029 Strategic Plan

# Draft Strategic Plan 2025 – 2029

Mission		Vision	
Regulate Ontario dietitians for public protection.		A healthier Ontario through excellence in dietetic regulation.	
Values			
<b>Integrity:</b> Being ethical and honest <b>Collaboration:</b> Working together for public protection <b>Accountability:</b> Being responsible for our actions and decisions		<b>Transparency:</b> Communicating openly and clearly <b>Innovation:</b> Seeking and embracing newer thinking <b>EDI-B:</b> Recognizing and valuing all	
2025 – 2029 Strategic Priorities			
<b>Enhance trust and demonstrate regulatory value</b> We uphold high regulatory standards that ensure the College's impact on public safety	<b>Expand access and reduce barriers to practice</b> We support an accessible pathway for dietitians to enter and grow within the profession	<b>Promote quality care and professionalism</b> We enable RDs in the delivery of high quality care through right-touch standards and resources	
Operational Enablers			
Optimize technology		Extend external collaboration	





## Board Briefing Note

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

### Issue

To engage in equity, diversity, inclusion and belonging (EDI-B) learning and reflection related to ableism.

### Public Interest Rationale

Organizational learning around EDI-B is key to driving strategy, building organizational EDI-B capacity and affecting systemic change. Ongoing learning ensures that an EDI-B lens is applied to board and committee decision making in the interest of the diverse public served by CDO.

The College Performance Measurement Framework (CPMF), which measures how well regulatory Colleges are protecting the public interest, also requires that Board and Committees engage in EDI-B training that has been informed by self-identified learning needs.

### Background

Starting in September 2022, the Board began incorporating a “teaching and learning” segment into its meetings to discuss relevant examples of how EDI-B can be incorporated into the practical work of the Board.



## Considerations

People with disabilities are a diverse group and experience disability, impairment and societal barriers differently. Some disabilities are invisible, which means they are not immediately, or at all apparent to others. Some disabilities are episodic, which means people sometimes experience periods of wellness and periods of disability. Regardless of whether someone's disabilities are visible, invisible, episodic or not, they have the same rights to equal opportunities under the [Ontario Human Rights Code](#). In Canada, there are nearly 8 million people with at least one disability, of which 1 in 5 are classified as having very severe disabilities<sup>1</sup>.

### *Ableism*

Ableism is a belief system, like racism, sexism or ageism, that sees persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than others. Ableism may be conscious or unconscious, and may be embedded in institutions, systems or the broader culture of a society. It can limit the opportunities of persons with disabilities and reduce their inclusion in the life of their communities<sup>2</sup>.

Ableism is harmful and pervasive. It is normalized in society due to limiting beliefs about what disability does or does not mean, how people learn (or do not learn) about disability and the overall devaluing and limiting of people with disabilities.

Ableist attitudes are often based on the assumption that disabilities need to be “fixed,” rather than a normal part of the human experience, and that able-bodied individuals are “normal” or superior. It is often expressed as ongoing paternalistic and patronizing behaviour toward people with disabilities. The view that disabilities are abnormalities has been used to rationalize the exclusion, neglect, abuse and exploitation of people with disabilities.

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<sup>1</sup> Statistics Canada <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2024001-eng.htm>

<sup>2</sup> Ontario Human Rights Commission <https://www3.ohrc.on.ca/en/policy-ableism-and-discrimination-based-disability>



### *Systemic or institutional ableism*

Systemic or institutional ableism includes the physical barriers, policies, laws, regulations and practices that exclude people with disabilities from full participation and equal opportunity<sup>3</sup>.

Examples can include:

- Inaccessible buildings or event space
- No insurance coverage for people with pre-existing conditions
- Schools/employers refusing to provide reasonable accommodations

### *Internalized ableism*

Internalized ableism is a practice where people with disabilities internalize the ableist ideas and prejudices, leading to the adoption of these views towards themselves and others in the community. This can result in people with disabilities not requesting reasonable accommodations so as to not feel like a burden or denying their disability in order to minimize it.

### *Ableist microaggressions*

Ableist microaggressions are indirect, subtle and sometimes unintentional discrimination against people with disabilities. Microaggressions are a frequent form of discrimination and can be extremely damaging.

Like other forms of discrimination, microaggressions can be made by people with good intentions. This is often because people learn ableism from others, consciously or unconsciously, leading to the development of an implicit bias.

Examples can include:

- Asking a person with a disability what is “wrong” with them
- Telling a person with a disability that they do not look disabled, as though it were a compliment
- Congratulating a person with a disability for accomplishing something not worth congratulating (e.g. getting dressed, having a career)
- Questioning whether a person’s disability is real

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<sup>3</sup> <https://mydiversability.com/blog/2020/8/20/what-you-need-to-know-about-ableism>



## *Recognizing and preventing ableism*

Ableism often comes from a lack of awareness about disability and the systemic physical and attitudinal barriers that exclude people within the disability community. The best way to combat ableism is through education and understanding the lived experiences of people with disabilities.

- Believe people when they disclose a disability and don't accuse them of "faking" their disability
- Listen to people when they request an accommodation
- Do not assume you know what someone needs
- Never touch a person with a disability or their mobility equipment without consent
- Keep invasive questions to yourself
- Do not speak on behalf of someone with a disability unless they explicitly ask you to
- Incorporate accessibility into your event planning
- Acknowledge people with disabilities and presume competence

*Discussion question: How can the College integrate accessibility into its work?*

## **Additional Resources**

- Government of Canada. A way with words and images: guide for communicating with and about persons with disabilities. <https://www.canada.ca/en/employment-social-development/programs/disability/arc/words-images.html>.
- Naty Rick. TEDxTalks (video). Overcoming Ableism: What you don't know as an able bodied person. <https://www.youtube.com/watch?v=X1xnyVCBYNQ>.
- Alycia Anderson. TEDxTalks. Disabling Ableism: The modern pathway to inclusion. [https://www.youtube.com/watch?v=ah\\_NWrE291o](https://www.youtube.com/watch?v=ah_NWrE291o).



## Board Briefing Note

<b>Topic:</b>	Board Meeting Evaluation, September 13, 2024 Meeting
<b>Purpose:</b>	For Discussion
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Executive Committee

### Issue

To review the September 13, 2024 Board meeting evaluations and identify any areas for additional learning or development.

### Public Interest Rationale

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

### Background

At its November meeting, the Executive Committee reviewed the Board's feedback from the September 13 meeting evaluation. The Committee noted several comments related to the strategic workshop on September 12. As this was a closed session and separate from the September 13 board meeting, the Committee agreed to redact the comments from the evaluation results. The feedback was shared with the strategic planning facilitator.

The Committee also noted a comment that suggested documents should be shared on the screen more frequently. Staff will display all relevant documents on the screen to support board discussions.



The completion rate for the evaluation was 100%.

### **Considerations**

*Changes to the board evaluation are in progress*

The Board is considering a revised governance evaluation framework at its December 13 meeting for approval. The new framework will proactively address any issues by emphasizing ongoing reflection and continuous improvement.

### **Recommendation**

The Board is being asked to consider the feedback from the September 13, 2024 meeting and to determine any actions or areas for additional learning or development.

### **Attachments**

- Appendix 1: Board Meeting Evaluation Feedback – September 13, 2024

# Board Meeting Evaluation Feedback – September 13, 2024

12 Board Members    10 Attended    2 Absent    10 Completed – 100%

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

Respondents: 10

Choice	Percentage	Count	
All of the time	90.00%	9	
Most of the Time	10.00%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
<b>Total</b>	<b>100%</b>	<b>10</b>	

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

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

Respondents: 10

Choice	Percentage	Count	
All of the Time	80.00%	8	
Most of the Time	10.00%	1	
Some of the Time	10.00%	1	
None of the Time	0.00%	0	
<b>Total</b>	<b>100%</b>	<b>10</b>	

# Additional Comments:

- 1 Not everyone spoke
- 2 some Directors did not speak,

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

Respondents: 10

Choice	Percentage	Count	
All of the Time	90.00%	9	
Most of the Time	10.00%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	10	

# Additional Comments:

4) Discussions were constructive and focused.

Respondents: 10

Choice	Percentage	Count	
All of the Time	100.00%	10	
Most of the Time	0.00%	0	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	10	

# Additional Comments:

5) Time was efficiently managed during the meeting.

Respondents: 10

Choice	Percentage	Count	
All of the Time	100.00%	10	
Most of the Time	0.00%	0	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	

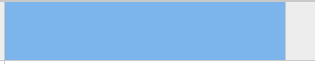



<b>Total</b>	100%	10	
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# Additional Comments:

6) Decisions made were summarized after each agenda item.

Respondents: 10

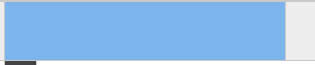

Choice	Percentage	Count	
<b>All of the Time</b>	90.00%	9	
<b>Most of the Time</b>	0.00%	0	
<b>Some of the Time</b>	10.00%	1	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	10	

# Additional Comments:

1 motions outcomes stated not summarizzed

7) All decisions were made in the public interest.

Respondents: 10

Choice	Percentage	Count	
<b>All of the Time</b>	90.00%	9	
<b>Most of the Time</b>	10.00%	1	
<b>Some of the Time</b>	0.00%	0	
<b>None of the Time</b>	0.00%	0	
<b>Total</b>	100%	10	

# Additional Comments:

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

Respondents: 10

Choice	Percentage	Count	
All of the Time	100.00%	10	
Most of the Time	0.00%	0	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	10	

# Additional Comments:

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

Respondents: 10

Choice	Percentage	Count	
All of the Time	100.00%	10	
Most of the Time	0.00%	0	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	10	

# Additional Comments:

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

Respondents: 10

Choice	Percentage	Count	
All of the Time	90.00%	9	
Most of the Time	10.00%	1	
Some of the Time	0.00%	0	
None of the Time	0.00%	0	
Total	100%	10	

# Additional Comments:

1 The conversations could get diluted.

11) Additional comments or feedback:

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Respondents: 4

# 11) Additional comments or feedback:

1 Very efficient meeting.

2 Well organized meeting as always.

4 It is helpful to have documents being discussed and reported on shared on the screen.



# Management Report

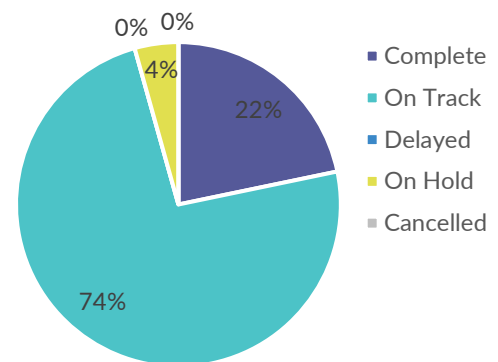
August 19 – November 15, 2024

## Strategic Projects

### Highlights

- A database needs assessment was completed. The information collected will support the College in identifying a new database.
- The financial investment and risk tolerance review was completed and will be presented to the Board at its December meeting.
- The new CDO website launched on August 22. The new website features CDO's new branding and brand identity; new features, such as the Learning Hub; and new functionality, as the Kentico CMS has been upgraded to WordPress.

Strategic Project Status



### Updates and Upcoming Work

- Work on phase 2 of the data governance project is underway. Staff will review a draft file map and records retention schedule with the consultant in December.
- Work is underway to transition from Box to SharePoint for external file sharing, which will include CDO email addresses for all board and committee members.
- The Code of Ethics and new Advertising and Marketing Standard are being shared with RDs through Reg Talks and the annual workshop, which will take place from November 2024 to February 2025.

Status	Project	Goal
Complete	Rebuild applicant and registrant dashboards	1
Complete	Bylaw 1 and governance manual revisions	4
Complete	Database needs assessment	1
Complete	Transition website to new platform	2
Complete	Financial risk investment and risk tolerance review	3
On track	Review accounting system	1



On track	EDI demographic registrant data project	1
On track	Operationalize Code of Ethics and A&M standard	2
On track	French translation of public materials	2
On track	Framework for prioritizing and updating practice standards	3
On track	Registrant guidelines on advertising and marketing standards	3
On track	Explore redevelopment of the PPA	3
On track	Pursue scope of practice changes – lab ordering authority	3
On track	Document internal and operational procedures and processes	3
On track	Formalize EIA framework	3
On track	Governance evaluation framework	4
On track	Corporate style guide	2
On track	CDO branded video use	2
On track	Committee competency and attribute framework	4
On track	Committee appointment process	4
On track	Update committee TORs	4
On track	Develop and implement data governance framework	1
On hold	Policy review cycle for governance and corporate policies	4

## Corporate Services

Human Resources, EDI-B, Information Technology & Finance

### Highlights

- Staff completed training modules in October created by Cyber Security Ontario for cyber security month.
- Geo-blocking and Office 365 Defender policies were purchased to tighten Office 365 security and enhance our cyber security measures.
- Security Operations Center/Security Information and Event Management service licenses were purchased for the Office 365 platform and the database server to detect malicious activity and security threats to respond to cybersecurity incidents. This product will help us to meet PCI Compliance and the Cyber Security insurance policy requirements.

### EDI-B Training Completed by Staff

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



<i>Training</i>	<i>Participation %</i>
<i>Ableism – Acknowledging it and how to become anti-ableist</i>	7%
<i>EDI governance: The missing link between strategy and impact</i>	14%
<i>Hot topics: Role of regulators in improving access to care and justice</i>	7%
<i>Food insecurity in Inuit Nunangat: Context, gaps and policy recommendations</i>	7%
<i>Addressing anti-black racism in healthcare</i>	7%

## Finance Updates

- The market value of the portfolio on September 30, 2024, was \$4,681,493.20
  - Fixed Income (GICs): \$ 2,666,630.67 (56.96%)
  - Preferred shares (bonds): \$ 1,996,538.30 (42.65%)
  - Common shares: \$0 (0%)
  - Cash: \$18,324.23 (0.39%)
- No funds were transferred to the operating account for use towards budgeted activities in the reporting period.
- On July 3, 2024, there was a purchase of 1400 Preferred shares Great West Life for \$28,379.00.
- The dividend earned was \$48,907.31 (April 1 to Sept 30)
- The Statement of Operations for six months ended September 30, 2024, shows:
  - Surplus of \$ 306,257
  - Operating income of \$ 205,315
  - Realized loss of \$102,975 and unrealized fair value appreciation of investments of \$214,913 (income).
- Membership fees are on budget and 2% ahead of last year’s actual period last year (September 30, 2024).
- Interest and dividend income is 76% ahead of budget and 8% below the same period last year (September 30, 2024).
- Total operating expenses are 11% below budget and 5% above the same period last year (September 30, 2024).

*Statement of Operations attached.*

## Finance and Audit Committee

- Nothing to report.



## Communications

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### Highlights

- A new email template was launched featuring the new brand of the College, as the first stage in a multi-stage update of the College's collateral materials, including new presentation templates, social media images, letterhead and more.

### Updates and Upcoming Work

- The new CDO website was launched on August 22, with additional functionality and Learning Hub content, ensuring an improved user experience for all system partners. Updates to the website have continued over the fall.
- The first discipline decision page was added to the website, in which historic discipline decisions are listed, further reinforcing our reputation for and commitment to public protection.
- The 2023-2024 Annual Report will be posted to the website prior to the new year. The theme of the report is "Setting the Standard: How CDO is Leading Change in Regulatory Innovation," which highlights the College's commitment to governance modernization, professional practice standards, access to the profession and EDI-B.
- A multi-stage project to create a corporate stylebook has begun, which will ensure that all written communications are clear, consistent and concise.

### Engagement

- 122 social media posts were made in both English and French, averaging one post every three days, across all five social media channels.
- The total number of followers/fans is approximately 4,085 (up by 40 new followers since last quarter).
- The best performing post was the announcement of CDO's revised branding and website followed by a post to honour National Day of Truth and Reconciliation and International Day of Awareness of Food Loss and Waste.



# Professional Practice Program

## Practice Advisory & Quality Assurance

203	+23	Themes
Practice Advisory Service Inquiries	from last reporting period	1. College requirements and processes 2. Scope of practice 3. Find an RD and private practice

## Highlights

- Dr. Carole Chatalalsingh presented at the 2024 CNAR Annual Conference on Peer and Practice Assessment (250 attendees) and on the responsible Use of AI to the Board of the College of Occupational Therapists of Ontario (17 attendees).
- Peer and Practice Assessments (PPA) field testing of the Practice Improvement Assessment (PIA) and Risk Reflection Questionnaire (RRQ) are underway.
- The SDL opened August 29 and closed October 31, aligning with the renewal period. With emphasis on goal relevance and reflective practice, random SDL reviews have been reduced from 2.5% to 1%, with a focus on coaching webinar review prior to resubmissions.
- The Ministry of Health was notified that CDO intends to request an expansion of the RD scope of practice to include laboratory ordering authority, building on discussions from 2017-2018.
- The development of draft principles for Billing Standard and Practice Guidelines has begun. This work will support dietitian practice and guide dietitians on issues relating to professional billing.

## Updates and Upcoming Work

- Practice Advisors will deliver Jurisprudence Education sessions at four university programs from September to December 2024.
- Reg Talks Webinar, Advertising and Marketing for Dietitians, will be offered virtually on November 19 and December 5. The webinar will provide dietitians with practical guidance on integrating the advertising and marketing standards and will cover transparency, disclosures and managing conflicts of interest.
- The annual workshop, Navigating Ethical Decision-Making for Dietitians, will be offered via Zoon on January 16, 22, 28, and February 6, 2025. The workshop will focus on ethical decision-making within the 2024 Code of Ethics and feature an





ethics expert to guide participants in applying ethical frameworks to real-world scenarios.

## Quality Assurance Committee

- In October, the QAC approved in principle an upgrade plan for Jurisprudence Knowledge and Assessment Tool (JKAT).
- The QAC approved PPA policy updates at the October 2024 meeting, including Proportional Stratified Sampling for assessments selection based on QA risk factors.

## Professional Practice Committee

- Nothing to report.

## Registration Program

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### Highlights

- Canadian Dietetic Registration Exam (CDRE) was administered on November 7th and 8th with 139 Ontario writers.
- The Ministry of Health is currently reviewing the re-submitted 2019 proposed amendments to the Registration Regulations and the amendments is expected to be tabled in early 2025.
- The Northern Ontario School of Medicine University and the Northern Ontario Dietetic Internship completed Equal Accreditation with an accredited status until December 2023. This is the first Ontario program to achieve accreditation under the new framework.
- 2024 Annual Renewal closed on October 31:
  - 4373 Renewed
  - 156 Resigned
  - 28 notices of intent to suspend sent
  - 12 extensions

### Updates and Upcoming Work

- Knowledge Competency Assessment Tool (KCAT) was administered on September 25, 2024 with results expected to be released early December 2024.
- CDRE results will be released early December.



- The Ministry of Health has revised the quarterly registration data report and the second report will be submitted in December.
- The Registration Committee will be developing and/or amending various registration policies to support the new registration regulation. The board will be asked to review these policies at an upcoming meeting.

## Registration Committee

- Nothing to report.

## Standards & Compliance Program

### Inquiries, Complaints & Reports Committee

7 New matters received (- 2 from last reporting period) 0 Complaints 5 Reports 2 QAC referrals 0 Inquiries	4 Matters closed at preliminary review stage	
4 Matters closed by ICRC 2 Complaints 2 Reports 0 QAC Referrals 0 Inquiries	ICRC dispositions 1 No further action 1 Written reminder 1 Closed without formal investigation 1 Closed through an undertaking	
17 Matters open 6 Complaints 8 Reports 3 QAC referrals 0 Inquiries	1 Decision under review by HPARB	156 days Average time for disposal (all matters)  123 days Average time for disposal (complaints)
5 Registrants monitored for compliance		



- 1 Registrant entered an undertaking
- 1 Registrant completing a SCERP directed by the ICRC
- 3 Registrants directed to complete a SCERP that is currently on hold

## Discipline Committee

- Nothing to report.

## Fitness to Practice Committee

- Nothing to report.

## Patient Relations Committee

- Nothing to report.

## Governance and Oversight

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### Highlights

- Melanie Woodbeck has been invited to speak to the boards of the Colleges of Physiotherapists and Opticians on CDO's governance reform.
- Committee chairs attended a training session on meeting facilitation strategies and committee meeting management. This is a new training session developed by the CDO and part of CDO's governance modernization strategy.

### Updates and Upcoming Work

- Work on the committee competency and attribute framework is underway. Internal consultation on the draft competencies and attributes and an EDI-B consultant will begin in early 2025.
- The first call for applications for the 2025 board elections will begin January 16.



## Governance Committee

- The Committee oversaw the development of a new governance evaluation framework, which it approved for recommendation to the Board at its December meeting.
- The Committee approved further changes to CDO's governance structure, for recommendation to the Board at its December meeting. The recommendations include:
  - Appointing members of the public to committees
  - Further separating the Board and committees
  - Revising the composition of the Finance and Audit Committee
- The Committee reviewed the draft committee competency and attribute framework for initial feedback.

## Risk Monitoring Report

- The College's internal risk monitoring working group met this quarter to identify and discuss any new or emerging risks.
- No new high-level risks were identified. The accreditation provider risk was downgraded. Educational programs have begun engaging with their accreditation reviews and there is a renewed focus on collaboration with the various dietetic sectors. The Q3 December 2024 Risk Monitoring Report is attached.

## Sector News

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Regulatory, Government & Dietetics

### Highlights

#### *Dissolution of PDEP*

An agreement to dissolve the Partnership for Dietetic Education and Practice was signed by representatives of the Dietitians of Canada, the Alliance, and dietetic educators on October 31, 2024. The dissolution included provision for PDEP's assets, including the competencies for dietetic education and practice (ICDEP). *News release attached.*

#### *Alliance Annual Activities*

The Alliance of Canadian Dietetic Regulatory Bodies will meet in Montreal on December 3 – 4. Over the past year, the Alliance has engaged in the following activities:



- Worked toward the dissolution of PDEP.
- Consolidated the role of the CDRE manager and CDRE committee chair, which led to resource and process efficiencies.
- Worked in tandem to fully transition to a new accreditation framework (EQual/Accreditation Canada).
- Developed a 3-year strategic plan, with a focus on collaboration, system partnerships and national entry to practice requirements and processes. CDO is participating on 2 of 3 working groups struck to move the Alliance's workplan forward.
- Made a number of enhancements to CDRE resources - including a french lexicon, plain language checklist, unconscious bias training for working committees and succession planning for exam writing and validation participants, which included a focus on EDI and indigenous representation.

### *Government Focus on Primary Care*

On October 21, the government announced that Dr. Jane Philpott will be leading a new Primary Care Action Team starting in December 2024. The mandate for the team will be to connect every person in Ontario to primary care within five years. Dr. Philpott is currently the Dean of the Faculty of Health Sciences and Family Medicine at Queen's University and former Liberal Cabinet Minister. The appointment supports the government's healthcare plan, [Your Health: A Plan for Connected and Convenient Care](#).

### *CDO Response to Government Consultations*

The CDO provided responses to two government consultations this fall.

- A [consultation](#) on proposed changes to advance the pharmacy sector in Ontario, in which the Ministry of Health sought feedback on further scope of practice expansions for Pharmacists relating to minor ailments prescribing, communicating a diagnosis, point of care testing and lab ordering. *The CDO's letter supporting scope expansion, dated October 18, 2024, is attached.*
- A [consultation](#) on amendments to regulations under the Fixing Long-Term Care Act, 2021, which propose to amend certain requirements for onsite RD visits in long-term care homes, and to allow for virtual care in certain circumstances. *The CDO's letter supporting the proposed amendment, dated October 11, 2024, is attached.*

## Member Communiqué / Communiqué aux membres

[November/Novembre 2024]

**PLEASE DISTRIBUTE TO OTHER MEMBERS OF YOUR NETWORK /  
VEUILLEZ FAIRE SUIVRE AUX AUTRES MEMBRES DE VOTRE RÉSEAU**

- *Le message en français suit -*

The Partnership for Dietetic Education and Practice (PDEP) was formed in 2008 as an unincorporated, collaborative, inter-organizational network to undertake projects in areas of common interest to benefit the safety and quality of dietetic services and the advancement of the dietetics profession in Canada. The PDEP partners included Dietitians of Canada, the Alliance of Canadian Dietetic Regulatory Bodies and the dietetic education programs in Canada.

PDEP achieved many things through the diligent work of its steering committee, working groups, the accreditation council and contracted accreditation/secretariat services. Milestones include:

- creating and updating a framework, policies, standards, decision-making processes, tools and resources required to oversee and administer accreditation of dietetic programs.
- developing and updating the integrated competencies for dietetic education and practice (ICDEP).

The agreement to dissolve the partnership has now been finalized and PDEP ceased operations on October 31, 2024. This final communiqué provides important information about:

1. Accredited dietetic education programs in Canada
2. Intellectual property ownership, including the ICDEP v.3
3. Historical preservation of PDEP documents

### **1. Accredited Dietetic Education Programs**

The service provider for accreditation of dietetic education programs is Accreditation Canada (EQual). The current accreditation status of Canadian dietetic programs can be accessed in [English](#) and in [French](#).

### **2. Intellectual Property Ownership**

The three partners of PDEP, i.e. the Alliance of Canadian Dietetic Regulatory Bodies, Dietitians of Canada, and the dietetic educators, are joint tenants and retain ownership of the PDEP intellectual property (IP).

The Canadian Dietetic Intellectual Property and Records Council (CDIPRC) has been established to manage, preserve and protect the existing IP, including requests for use, and the historical records created under PDEP. The CDIPRC is an unincorporated organization comprised of one representative of each of the three joint tenants.

The Integrated Competencies for Dietetic Education and Practice (ICDEP) v.3. developed by PDEP remain the entry-to-practice competencies for Registered Dietitians in Canada. The ICDEP v.3 document has been updated so it includes a new cover page which includes the

PDEP dissolution date, current IP ownership information and the CDIPRC contact information for permission requests. Click [here](#) to download the updated document for your files.

Current owners (Alliance, DC and dietetic educators) of the PDEP IP may continue to use the ICDEPs without additional permission. Reproduction and distribution of the ICDEP by other parties requires permission by the CDIPRC, which can be reached at [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).

### **3. Historical preservation of PDEP documents**

The PDEP website is no longer active. Publicly available PDEP documents are now available on the [Dietitians of Canada website](#). Requests for permission to access other historical PDEP documents should be directed to [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).

If you have any further questions, please contact [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).

Le Partenariat pour la formation et la pratique en nutrition (PFPN) a été créé en 2008 en tant que réseau interorganisationnel non commercial. Sa mission était d'entreprendre des projets de manière collaborative dans des domaines d'intérêt commun en vue de favoriser la sécurité et la qualité des services de diététique, de même que l'avancement de la profession au Canada. Les partenaires du PFPN comprenaient Les diététistes du Canada, l'Alliance canadienne des organismes de réglementation des diététistes et les programmes de formation en diététique du Canada.

Le PFPN a réalisé de nombreuses choses grâce au travail diligent de son Comité directeur, de ses groupes de travail, de son Conseil d'agrément et des services contractuels d'agrément et de secrétariat. Voici certaines de ses réalisations importantes :

- Création et mise à jour d'un cadre, de politiques, de normes, de processus décisionnels, d'outils et de ressources nécessaires pour superviser et administrer l'agrément des programmes de diététique.
- Élaboration des *Compétences intégrées pour l'enseignement et la pratique de la diététique* (CIEPD).

L'accord visant la dissolution du partenariat a été finalisé, et le PFPN a cessé ses activités le 31 octobre 2024. Ce communiqué final fournit de l'information importante sur :

1. Les programmes de formation en diététique agréés au Canada
2. Les droits de propriété intellectuelle, notamment pour les CIEPD v.3
3. La conservation des documents historiques du PFPN

### **1. Programmes de formation en diététique agréés**

Le prestataire de services d'agrément des programmes de formation en diététique est Agrément Canada (EQual). Le statut actuel d'agrément des programmes de diététique canadiens peut être consulté en [français](#) et en [anglais](#).

### **2. Droits de propriété intellectuelle**

Les trois partenaires du PFPN, à savoir l'Alliance canadienne des organismes de réglementation des diététistes, Les diététistes du Canada et les éducateurs en diététique, sont les copropriétaires et conservent les droits de propriété intellectuelle (PI) du PFPN.

Le Conseil canadien de la propriété intellectuelle et des dossiers en diététique (CCPIDD) a été établi pour gérer, préserver et protéger la PI existante, y compris les demandes d'utilisation, ainsi que les dossiers historiques créés dans le cadre du PFPN. Le CCPIDD est un organisme non commercial composé d'un représentant de chacun des trois copropriétaires.

Les *Compétences intégrées pour l'enseignement et la pratique de la diététique* (CIEPD) v. 3 élaborées par le PFPN demeurent les compétences de niveau d'entrée pour les diététistes au Canada. Le document des CIEPD v.3 a été mis à jour pour inclure une nouvelle page couverture qui comprend la date de dissolution du PFPN, l'information à jour sur les droits de PI et les coordonnées du CCPIDD pour les demandes d'autorisation. Cliquez [ici](#) pour télécharger le document à jour pour vos dossiers.

Les propriétaires actuels (l'Alliance, les DC et les éducateurs en diététique) de la PI du PFPN peuvent continuer à utiliser les CIEPD sans autorisation supplémentaire. La reproduction et la distribution des CIEPD par d'autres parties nécessitent l'autorisation du CCPIDD, qui peut être contacté à [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).

### **3. Conservation des documents historiques du PFPN**



Le site Web du PFPN n'est plus actif. Les documents accessibles au public du PFPN peuvent maintenant être consultés dans le [site Web des diététistes du Canada](#). Les demandes d'autorisation pour accéder à d'autres documents historiques du PFPN doivent être adressées à [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).

Si vous avez d'autres questions, veuillez écrire à [cdiprc.dietetics@gmail.com](mailto:cdiprc.dietetics@gmail.com).



October 11, 2024

Ministry of Long-Term Care  
Via email: regulatory registry

**Re: Consultation on Amendments to Ontario Regulation 246/22 under the *Fixing Long-Term Care Act, 2021***

The College of Dietitians of Ontario (CDO) is the regulatory body responsible for setting and enforcing standards in the public interest for entry to practice, continuing competence, conduct and ethics for more than 4,500 registered dietitians (RDs) in Ontario.

In 2023-24, 566 RDs identified as working in long-term care settings. Clearly, RDs have an important role to play in preventative care and disease management for Ontarians, including in care settings facing significant system pressures such as long-term care.

In accordance with our legislative objects under the *Regulated Health Professions Act, 1991*, we have developed standards of practice that promote the ability of registrants to respond to changes in practice environments, advances in technology and other emerging issues.

In March 2023, CDO approved [Virtual Care Standards and Guidelines for Dietitians in Ontario](#), which sets out the performance expectations for RDs when using virtual care. The standards work together with relevant legislation and other standards and guidelines, including the [Code of Ethics for Dietitians](#) (March 2024).

The virtual care standards include four standards:

1. Dietitians must take reasonable steps to ensure the appropriate use of virtual care and technology for each client.
2. Dietitians must ensure the confidentiality, privacy and security of clients' Personal Health Information (PHI) when practicing virtually.
3. Dietitians must meet informed consent and record-keeping standards when providing virtual care.
4. Dietitians must know and comply with all applicable legislation, standards and ethical expectations when providing virtual care, regardless of the dietitian or client's geographic location.



Should the proposed legislation come into force, these standards would provide guidance to RDs in making determinations around the appropriate use of virtual care and technology for residents.

CDO has also developed [Collaborative Care Professional Practice Guidelines for RDs](#) (Dec 2018), which can support RDs in collaborating with interprofessional teams in determining which duties should be performed onsite by a regulated health professional working within their scope of practice.

We support the Ministry of Long-Term Care's objective of ensuring delivery of safe, high-quality care to long-term care residents by enabling innovative and flexible health human resource solutions.

In alignment with CDO's mandate, we would welcome the opportunity to assist the Ministry of Long-Term Care in future legislative matters that improve access for Ontarians to safe, ethical and client-centred dietetic services.

Regards,

Melanie Woodbeck  
Registrar & Executive Director  
College of Dietitians of Ontario



October 18, 2024

Health Workforce Regulatory Oversight Branch  
Nursing and Professional Practice Division  
Ministry of Health

Via email: regulatory registry

**Re: Consultation on proposed changes to advance the pharmacy sector in Ontario**

The College of Dietitians of Ontario (CDO) is the regulatory body responsible for setting and enforcing standards in the public interest for entry to practice, continuing competence, conduct and ethics for more than 4,500 Registered Dietitians (RDs) in Ontario.

The Plan for Connected and Convenient Care recognizes that the team model, including Pharmacists and Registered Dietitians, results in better continuity of care. RDs contribute to a healthier Ontario through preventative care and management of acute and chronic disease for Ontarians. RDs practise in a variety of settings, including, but not limited to, hospitals, long-term care, diabetes education, family health teams, private practice and public health.

We support the Ministry of Health's proposal to allow Pharmacists to order lab tests and conduct additional point-of-care testing to support diagnosis and treatment of minor ailments. Additionally, we recommend that the Ministry of Health also consider expanding the *Laboratory and Specimen Collection Centre Licensing Act* to allow RDs the authority to order laboratory tests independently in the interest of the public.

Dietitians have the education and competency to conduct nutrition assessments and to obtain and interpret biochemical data and results from medical tests. However, under existing legislation, RDs must currently seek a medical order or medical directive to order laboratory tests.

A change in legislation would benefit all Ontarians: greater patient access to tests and results, early identification of nutrition-related conditions, fewer delays in patient care, and reduced costs and administrative burden on other health-care practitioners.

We support the Ministry of Health's objective of making it easier and faster for the public to connect to the care they need by maximizing the expertise of the province's workforce and the ability of regulated health professionals to work to their full training and expertise.



We welcome legislative change that improves access for Ontarians to safe, ethical and client-centred health-care services.

Regards,

Melanie Woodbeck  
Registrar & Executive Director  
College of Dietitians of Ontario

**COLLEGE OF DIETITIANS OF ONTARIO**  
**STATEMENT OF OPERATIONS as at Sept 30, 2024**  
**FISCAL YEAR ENDING MARCH 31, 2025**

	6 Months Ended				Comparative		
	Actuals Sept 30 2024	Total Annual Budget Sept 30 2024	Actual vs Budget Favorable (Unfavorable)	Actual vs Budget % Variance	Total Annual Budget Mar 31, 2025	6 Month Actuals Sept 30 2023	Sept 2024 vs Sept 2023 % Variance
<b>REVENUE</b>							
Membership & Other Fees (1)	\$ 1,567,826	\$ 1,604,083	- 36,257	-2%	\$ 3,208,165	\$ 1,536,620	2%
Interest & Dividends (2)	87,307	50,000	37,307	75%	100,000	95,466	-9%
<b>TOTAL REVENUE</b>	<b>1,655,133</b>	<b>1,654,083</b>	<b>1,050</b>	<b>0%</b>	<b>3,308,165</b>	<b>1,632,086</b>	<b>1%</b>
<b>EXPENSES (Operating)</b>							
General & Administrative (4)	1,254,453	1,368,639	114,186	8%	2,737,277	1,165,584	8%
Registration Program (5)	59,935	93,657	33,722	36%	187,313	94,991	-37%
Quality Assurance Program (6)	21,307	47,248	25,941	55%	94,496	45,367	-53%
Practice Advisory Program (7)	5,477	17,370	11,893	68%	34,739	8,217	-33%
Patient Relations Program (8)	-	238	238	100%	475	-	-
Standards & Compliance Program (9)	109,145	94,464	(14,682)	-16%	188,927	69,453	57%
<b>TOTAL EXPENSES BEFORE AMT'N</b>	<b>1,450,318</b>	<b>1,621,614</b>	<b>171,296</b>	<b>11%</b>	<b>3,243,227</b>	<b>1,383,612</b>	<b>-5%</b>
<b>EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)</b>	<b>204,815</b>	<b>32,468</b>	<b>172,346</b>		<b>64,937</b>	<b>248,474</b>	<b>-18%</b>
<i>Less: Non-cash expenses:</i>							
Capital Asset Fund - Amortization (10)	(10,996)	(26,000)	15,004	58%	(52,000)	(25,699)	
Realized Gain/(Loss) on Sale of Investments (3)	(102,975)	-	-		-	34,465	-
Unrealized FV appreciation (depreciation) of Investments (3)	214,913	-	-		-	(241,509)	
<b>SURPLUS/(DEFICIT)</b>	<b>305,757</b>	<b>6,468</b>	<b>187,350</b>		<b>12,937</b>	<b>15,731</b>	
FUND BALANCES - beginning of year	4,028,782	4,028,782			4,028,782	3,496,762	
<b>FUND BALANCES - March 31, 2025</b>	<b>\$ 4,334,539</b>	<b>\$ 4,035,250</b>		<b>\$ 4,334,538</b>	<b>\$ 4,041,719</b>	<b>\$ 3,512,493</b>	

**NOTES and HIGHLIGHTS:****REVENUE**

- (1) **Revenue Membership & Other Fees** are slightly below budget at -2%, they remain within a reasonable range, indicating stability in revenue. However, the modest increase compared to the previous year suggests a positive trend in member engagement or retention. Membership fees are being recorded on an accrual basis to recognize revenue paid in Fiscal 2024 but earned from April 1 to Sept 30, 2024. Budget and prior year fees have also been adjusted to recognize 6 months of revenue earned.
- (2) **Investment income (interest & dividends)** significantly exceeded budget expectations by \$37,307, indicating strong performance in this quarter from investments held at RBC Dominion Securities. Despite the favorable variance against the budget, the income is 9% lower compared to the same quarter last year. This decline suggests potential changes in market trends.

**EXPENSES**

- (4) **Total General & Administrative** overall expenses were 8% under budget, meaning the organization effectively managed its administrative and general expenses during this period. Despite being under budget, the G&A expenses increased by 8% compared to the same period in 2023. This suggests that while the organization is controlling costs relative to its projections, there has been a notable growth in administrative costs year-over-year due to inflationary pressure as for example yearly increased salary and benefits, and the expansion of operations that required more admin/accounting support. (See details below)

**Board** expenses for the period ended September 30, 2024, amounted to \$59,881, which is \$5,143 under budget, representing a 8% favorable variance from the budgeted amount of \$65,024.

**Executive, Audit and Governance Committees** expenses were in average 10% lower than budgeted.

The **Executive Committee** incurred \$5,926, which is \$2,144 over budget, indicating a 57% unfavorable variance. A significant contributor to this overspend is the higher costs for **contracted services**. Initially, the committee planned for annual consultant expenses of \$3,000, with \$1,500 budgeted by September 30. However, actual expenses for these contracted services reached \$4,401. The increase in contracted services are driven by additional support necessitating additional consulting support that could not be anticipated during the budgeting process.

The **Governance Committee** reported \$525 in expenses, resulting in a favorable variance of \$3,438, or 87% under budget. This indicates effective cost management within this committee, as expenses are significantly lower than anticipated.

The **Audit Committee** incurred expenses of \$725, which is \$225 below the budgeted amount of \$1,000. This results in a 28% favorable variance, indicating effective cost management within this committee.

**General & Administrative** expenses were \$107,955 lower than the budgeted amount for the period, resulting in an 8% favorable variance. This indicates more efficient spending across several administrative areas. By September 30, 2024, the organization has utilized approximately 46% of the total annual budget, which is generally in line with expectations for the halfway point of the fiscal year.

**General & Administrative Expenses details:**

**Salaries and benefits** were 9% less than budgeted for a total of \$93,601, as a result of staffing changes.

**Contracted services** were over budget by \$ 4,407.00 for contracted accounting services. This was due to a contract amendment in April 2024 to reflect additional services provided.

**Computer** expenses were \$8,722 lower than the budgeted amount for the period, representing a 10% favorable variance. This suggests more efficient spending in this category.

**Communication initiatives** are underspent by an average of 30% due to timing. The most significant expenditure within communications initiatives is in the Communications Initiatives-Public which exceeded the budget by \$25,656, resulting in a -62% unfavorable variance. This overage is primarily due to \$35,477.46 allocated to the website project, which was in line with the budget, and \$31,075 for Digital Management & Amplification, covering digital advertising and media network presence. The \$31,075 invoice represents the final billing for the 2023-24 Public Education campaign, which had a budget of \$61,000. Since the campaign continued until March 31, 2024, the invoice arrived after the fiscal year closed, contributing to the spending overrun during this reporting period.

**Annual Report** totaled \$3,057, which is \$1,801 over the budgeted amount of \$1,256, resulting in an unfavorable variance of -143%. This overspend is primarily attributed to increased fees that were not anticipated during the budgeting process.

**Staff development** were 8% over budget for a total of \$844.00 due to the timing of Staff Team Day, CNAR and IABC conferences and the annual staff training session. The annual budget for staff development remains at \$20,900 and it will allow for continued investment in employee growth throughout the fiscal year.

**Staff Travel** actual spending significantly exceeded the budget by \$730, resulting in an 183% unfavorable variance. This indicates that staff travel expenses were much higher than anticipated, primarily due to unforeseen costs associated with travel and accommodation for the ICND Congress, which were not accounted for in the original budget.

**Membership dues** were \$23,703, exceeding the budget by \$6,570, which results in a 38% unfavorable variance. It has been noticed that \$16,907 in membership dues that are due throughout the year were recorded as costs in the current period rather than being allocated as prepaid expenses. This approach was taken to avoid confusion and mistakes during the fiscal year-end accounting process.

**Insurance** was \$7,115, which exceeded the budget by \$770, resulting in a 12% unfavorable variance. It is important to note that the insurance costs for the entire year have already been allocated as direct costs rather than as prepaid expenses. This accounting approach was adopted to avoid confusion and mistakes at the end of the fiscal year. As a result, all insurance expenses are recognized upfront, contributing to the higher-than-anticipated actual costs.

**Printing/Postage/Delivery** was \$1,480 less than the budgeted amount of \$2,750, resulting in a 54% favorable variance. The favorable variance is primarily due to timing. This suggests that expenses that were anticipated to occur within this period may have been deferred to a later date, leading to lower actual expenditures during the current reporting period.

**Translation** services totaled \$0, while the budgeted amount was \$500, resulting in a favorable variance of \$500 or 100%. The absence of translation expenses indicates that no translation services were utilized during this period; however, these services are expected to be required later in the fiscal year.

**Bank Charges** was \$135 higher than the budgeted amount, resulting in a -4% unfavorable variance. Given that this variance falls within the 5% range, it can be considered in line with the budget.

**COLLEGE OF DIETITIANS OF ONTARIO  
STATEMENT OF OPERATIONS as at Sept 30, 2024  
FISCAL YEAR ENDING MARCH 31, 2025**

**Legal fees** for general matters were **\$2,013** over budget, resulting in a **40%** unfavorable variance, primarily due to the need for general advice on personnel policies. Legal fees for general matters can vary significantly from year to year, making them challenging to forecast accurately

**Professional Fees/Consultants** was **\$22,981**, which is **\$42,718** less than the budgeted amount of **\$65,699**, resulting in a **65%** favorable variance. This favorable variance is primarily due to timing; the full costs associated with ongoing projects, including data governance, investment risk analysis, and lab ordering authority, will be incurred later in the year.

**Office expenses** reflect a favorable variance of **20%**. The actual spending on office expenses totaled **\$8,004**, resulting in a favorable variance of **\$1,996** compared to the budgeted amount of **\$10,000**.

**Rent expenses** reflect a **0%** variance, indicating that actual spending aligns perfectly with the budget. The alignment of actual rent expenses with the budget indicates effective financial planning and adherence to budgetary constraints in this area.

**Telephone and internet expenses** reflect a favorable variance of **9%**, with actual spending totaling **\$3,652** compared to a budgeted amount of **\$4,000**. This indicates effective cost management and presents an opportunity for potential savings moving forward.

(5) **Total Registration Program** expenses were 35% under budget. (See details below)

**Registration Program** expenses were **36%** under budget. A significant portion of the credit card fees, which represent a large part of the administrative costs, will be incurred in September and October 2024 as members renew their licenses online. By the end of September, credit card fees totaled **\$13,050**, but the bulk of the fees and other related costs are expected to occur particularly in October during the peak period of online license renewals. Additionally, computer expenses related to the Registration Program, along with other program activities, are expected to occur in the last two quarters of the fiscal year.

**Registration Committee** expenses, the overall favorable variance of 11% is primarily due to underspending in Contracts/Consulting Fees and Per Diem - Preparation. While Per Diem - Meetings exceeded its budget, and Travel - Meals had no budget allocation, the underspending in other areas balanced out the overspending.

(6) **Total Quality Assurance Program** expenses were 55% under budget. (See details below)

**Quality Assurance Program expenses** were **46%** under budget, showing strong cost control. This significant under-expenditure is primarily due to the fact that many planned program activities and associated costs are scheduled for later in the year.

**QA Committee** expenses reflect a significant favorable variance of **81%**, with total actual spending amounting to **\$1,575** compared to the budgeted amount of **\$8,350**, resulting in a favorable difference of **\$6,775**.

(7) **Total Practice Advisory Program** expenses were 68% under budget. (See details below)

**Practice Advisory Program** expenses were at **62%**, so they are tracking favorably against the budget, indicating effective cost management in most areas. However, it's worth noting that legal fees contributed to an unfavorable variance, exceeding the budget by **\$418**, representing a **17%** overage. Additionally, miscellaneous expenses totaling **\$300** were not budgeted, further impacting the overall administrative expenses.

**The Professional Practice Committee** was **amounted to \$2,124**, which is **\$6,376** lower than the budgeted amount of **\$8,500**, resulting in a **75%** favorable variance. This substantial underspending indicates effective cost management within the committee's operations. However, the legal fees incurred were **\$949**, contributing to an unfavorable variance since this expense was not included in the budget.

(8) **Patient Relations Program** had no expenses.

(9) **Total Standards & Compliance Program** expenses were 16% over budget. (See details below)

**Standards & Compliance Program** expenses totaled **\$91,784**, reflecting an unfavorable variance of **\$14,784** against the budgeted amount of **\$77,000**, resulting in a variance of **-19%**. This significant deviation is primarily attributed to two key areas: **Investigations**, where actual spending reached **\$38,465**, exceeding the budget of **\$3,465** by **\$20,965** and resulting in a variance of **-10%**, and **Case Management**, with expenses amounting to **\$45,004**, surpassing the budget for the period by **\$3,004**, leading to a variance of **-7%**. Additionally, Legal Fees incurred totaled **\$8,315**, for a discipline hearing with no budget allocation for this item, further contributing to the overall unfavorable variance. Overages are due to more complex matters.

**Disciplinary Committee** incurred total expenses of **\$5,756**, resulting in an unfavorable variance of **\$4,756** compared to the budgeted amount of **\$1,000**, translating to **-476%** over budget. A significant portion of this variance is attributed to legal fees, which amounted to **\$4,596**, with no budget allocation for this item. Additionally, expenses related to postage, mail, delivery, and other costs totaled **\$961**, which was also not included in the budget, further contributing to the overall unfavorable variance.

The **ICRC Committee** reached **\$11,605**, which is **\$4,859** lower than the budgeted amount of **\$16,464**, resulting in a **30%** favorable variance. This indicates effective management of costs within this committee. Legal Fees amounted to **\$5,280**, coming in under budget by **\$2,009**, or **28%**. The Contracted Services line item was fully utilized at \$1,000, which aligns with the budget, indicating appropriate allocation and use of resources in this area.

The **Hearings Reserve Fund** had no expenses.

(10) **Amortization** expense represents the cost of depreciating capital assets over time.

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

September 30 2024		
Budget 2024/2025	Actual Purchases F2025	DESCRIPTION

**I - Computer equipment (hardware) replacements**

Dell Laptops (7 devices includes 1contingency)	\$ 16,076.66	\$ 17,510.77	6 DELL LATITUDE 7440
Dell Docking Station (6 devices)	\$ 2,586.66	\$ 4,115.90	9 DELL UNIVERSAL DOCK UD22

**Subtotal (Computer Hardware)** \$ 18,663.32 \$ 21,626.67

**V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of Average Hours)**

Coding: Rebuild 3 Kentico Dashboards in iMIS Rise	\$ 13,115.00	\$ 1,093.28	Member Dashboards
Coding: Online Claims	\$ 1,720.00		

**Subtotal (Computer Software - iMIS)** \$ 14,835.00 \$ 1,093.28

**Capital Assets Purchases Budget F'2024-25** \$ 33,498.32 \$ 22,719.95



**Q3 Risk Monitoring Report  
December 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 30, 2024
Program	Examination Integrity (CDRE & CDO Assessments)	<ul style="list-style-type: none"> <li>• Potential risks include concerns around breach, credibility, reputational, accessibility, equity and diversity and cheating.</li> <li>• Exam development, monitoring, and continuous improvement is human and financially resource intensive.</li> <li>• A bridging program for international candidates undergoing the PLAR is not currently available.</li> <li>• Pass rates may impact number of registrants and may impact other College processes and workflows</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Alliance, psychometric experts and key partners to identify and monitor trends with exam administration. Work to mitigate risk and prioritize transparency, security and continuous improvement.</li> <li>• Ensure appropriate succession planning in examination development and administration.</li> <li>• Ensure examination processes and policies are fair, transparent, objective and timely.</li> <li>• Review CDO assessments to ensure security and accessibility.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to work with TMU on initiating bridging.</li> <li>• Alliance working committee struck.</li> </ul>
Public Protection	Potential Risk of Harm to Clients/Public	<ul style="list-style-type: none"> <li>• Potential risk to the public due to unethical, incompetent, or unprofessional care. Risks to the public include physical, emotional, financial harms.</li> <li>• Public trust in the College and the profession may be impacted.</li> <li>• An increase in the number and complexity of complaints and reports may impact College resources suddenly.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor changes in the practice environment</li> <li>• Monitor internal data (ICRC, PAS) to identify patterns, develop and update RD education and standards.</li> <li>• Create/use risk-based decision-making tools.</li> <li>• Link program outcomes to risk.</li> <li>• Focused registrant communications.</li> <li>• Focused training for ICRC.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to monitor and mitigate</li> <li>• Planning for new policy roll-out to RDs in progress</li> <li>• Training for ICRC on Code of Ethics and Advertising Standard completed</li> </ul>
Registrant Relations	Registrant Engagement	<ul style="list-style-type: none"> <li>• Reduced registrant engagement and understanding of regulatory obligations and purpose can impact public safety due to lower levels of registrant awareness and adoption of standards, guidelines and educational resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor survey completion rates and registrant feedback from consultations.</li> <li>• Investigate and pursue engagement strategies in the upcoming workplan.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor and create action plan for F25 and beyond.</li> </ul>

**Q3 Risk Monitoring Report  
December 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 30, 2024
Governance	Public Member Appointments and Board Succession Planning	<ul style="list-style-type: none"> <li>• Heavy board and committee workloads may impact CDO ability to: remain constituted, achieve quorum, meet legislative deadlines/internal service-standards, and ensure the critical public voice in decision-making.</li> <li>• At risk are CDO’s governance modernization goals and the engagement, satisfaction and wellbeing of CDO public members.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate risks with Public Appointments Secretariat (PAS) and work with other system partners, such as HPRO.</li> <li>• Focus on succession planning to ensure knowledge translation.</li> <li>• Consider whether to appoint non-OIC public committee members/community appointees for non-statutory committee work.</li> </ul>	<ul style="list-style-type: none"> <li>• CDO now at 5 public members (minimally constituted).</li> <li>• Amendments made to committee terms of reference and bylaws to come in line with legislation where appropriate.</li> <li>• Monitor and proceed with governance work.</li> </ul>
Governance	Regulatory and Governance Changes	<ul style="list-style-type: none"> <li>• Legislative changes may have significant financial and human resource implications for the College.</li> <li>• It is unclear when governance modernization legislation will be introduced, however, it would be prudent to prepare in anticipation of eventual change.</li> <li>• Potential impact of governance changes happening nationally may impact CDO’s governance, the Alliance, or registration resources.</li> </ul>	<ul style="list-style-type: none"> <li>• Proceed with CDO’s strategic goal of governance modernization.</li> <li>• Engage in outreach and maintain positive relationships with system partners.</li> <li>• Through regulatory collaboration and networking, stay informed of potential changes. Current changes and impact to CDO (i.e. BC Amalgamation)</li> <li>• Continue to work towards fully meeting CPMF measures.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor and proceed with governance work.</li> </ul>
Operational	Cybersecurity Breach	<ul style="list-style-type: none"> <li>• Potential risks include: privacy breaches, organizational/staff downtime, reputation, and financial costs.</li> </ul>	<ul style="list-style-type: none"> <li>• Review cyber security response, credit card incident response plan, and an emergency disaster recovery plan on an annual basis.</li> <li>• Maintain insurance for IT and cybersecurity.</li> <li>• Conduct ongoing security audits, vulnerability testing and staff training.</li> <li>• Internal data governance working group to further identify and mitigate risks through project work.</li> </ul>	<ul style="list-style-type: none"> <li>• All response plans will be tested this winter.</li> <li>• Records management project is in progress.</li> <li>• Board training will be conducted in 2024-25.</li> <li>• Additional cyber security hardening this fall and enhanced IT service to proactively detect and respond to malicious activities and cyber events.</li> </ul>

**Q3 Risk Monitoring Report  
December 2024**

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of November 30, 2024
			<ul style="list-style-type: none"> <li>Investment in software and hardware to protect CDO data and information.</li> </ul>	
Operational	Succession Planning/Staff Turnover and Retention	<ul style="list-style-type: none"> <li>Risks around business continuity, retention of institutional knowledge through retirement, leave of absence, or resignation.</li> </ul>	<ul style="list-style-type: none"> <li>Review College HR processes and procedures.</li> <li>Conduct process documentation for key College activities for succession planning.</li> <li>Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge.</li> <li>Ongoing review and implementation of supportive technology to streamline and automate.</li> <li>Increased focus on collaboration, training and team culture.</li> </ul>	<ul style="list-style-type: none"> <li>Records management project in progress.</li> <li>HR policy review complete.</li> <li>Team days in-office continue.</li> </ul>
Financial	Increasing Costs of Regulation	<ul style="list-style-type: none"> <li>Increased resources required to keep pace with complex and evolving regulatory requirements.</li> <li>Inflation rates are having an impact on price of goods and services CDO relies on.</li> <li>Cost of regulation impacts registrants directly and may impact clients indirectly.</li> </ul>	<ul style="list-style-type: none"> <li>Prudent financial habits and spending are in place.</li> <li>Board and Management regularly monitor expenditures against the approved budget.</li> <li>Internal controls are in place for the highest risk areas and are reviewed annually.</li> <li>Registrant fee increase decision will occur annually.</li> <li>Pursue operational efficiencies (ie. office space, investment in technology, etc...)</li> </ul>	<ul style="list-style-type: none"> <li>Continue to pursue operational efficiencies</li> <li>Conduct analysis of registrant database, which will result in efficiencies but be a costly project to operationalize.</li> </ul>
Financial	Investment Returns	<ul style="list-style-type: none"> <li>Market downturn and potential recession is presenting a risk to the College's investment portfolio.</li> </ul>	<ul style="list-style-type: none"> <li>Monitor situation with investment advisor.</li> <li>Diffuse risk and allocate to stable investments (GICs) and few equities.</li> <li>Review risk tolerance in investment approach.</li> </ul>	<ul style="list-style-type: none"> <li>Board will be considering a new investment policy in December.</li> </ul>



## Board Briefing Note

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

### Issue

To consider the draft Investment Policy prepared by Mercer as a result of the Board's strategic discussions in June and September 2024 on the College's objectives and risk tolerance.

### Public Interest Rationale

The Board has a fiduciary duty to provide oversight on financial matters and risk and to ensure that the organization has appropriate financial resources now and into the future to carry out its public protection mandate.

### Background

The current investment policy (*Appendix 1*) was approved by the Board at its meeting on June 17, 2022. Before approving the policy, the Audit Committee and the Board also considered the additional options of assuming a lower risk tolerance and reducing the investment in equities, or further explore the objective of the policy, risk tolerance of council and investment risk with a 3<sup>rd</sup> party consultant with appropriate expertise.

At the September 29, 2023 Board meeting, the auditor recommended that the Board consider reviewing its investment risk tolerance. The Board determined that it wished to revisit its investment policy and risk tolerance given shifts in the market. The board undertook this work in 2024, with strategic sessions in June and September, facilitated by Ryan Pollice, Mercer.



## Considerations

The proposed draft investment policy is attached as Appendix 2. The policy was shared with the College's auditors and investment advisor. The College's auditor noted that: "the investment policy should be set in accordance with the risk appetite comfortable to the Board. Our experience is that NPOs are generally more risk adverse to the loss of capital." The auditor also noted that, "if CDO were to purchase US (or other foreign) investments that withhold income taxes on investment income at source, the tax cost would not likely be recoverable to CDO without significant cost."

## Recommendation

To approve the attached policy, as presented (or with amendments determined by the Board).

## Attachments

- Appendix 1: Current Investment Policy (2022)
- Appendix 2: Proposed Draft Investment Policy – Clean and Tracked Changes

**COLLEGE OF DIETITIANS OF ONTARIO  
INVESTMENT POLICY  
APPROVAL DATE: JUNE 17, 2022**

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**PURPOSE**

As per the College's **Bylaw 1 – 2.10** regarding investments, "The Registrar and Executive Director may authorize the investment of money on behalf of the College in compliance with applicable College policy as approved by Council from time to time. All share certificates, bonds and other records of investments shall be issued in the name of the College."

This policy establishes the responsibilities, objectives, authorized investments, policies and guidelines related to all assets held by the College for investment purposes and sets out the parameters, limitations and risk tolerances for the Registrar and Executive Director (ED) for the management of the College's investments.

**ROLES AND RESPONSIBILITIES**

**Delegation of Responsibilities**

Council has an oversight role regarding decisions that impact the use of College funds. Council has delegated responsibility for the management of College funds to the Registrar & ED.

**Responsibilities of Council**

Council shall ensure that its fiduciary responsibilities concerning the proper management of the College's funds are fulfilled through an appropriate investment structure, internal and external management, and portfolio performance consistent with all policies and procedures. Based on the advice and recommendations of the Registrar & ED, Council shall:

- approve investment policies and objectives that reflect the long-term investment-risk orientation of the College, and
- review the investment policy every 5 years.

**Responsibilities of the Registrar and Executive Director**

The Registrar & ED shall be responsible for the day-to-day administration and implementation of policies established by Council concerning the management of funds and will act in an advisory capacity to Council. Additionally, the Registrar & ED shall:

- manage the College's investments with the assistance of an investment advisor with appropriate financial management expertise;
- consult with the Director of Finance & Corporate Services;

- be the primary liaison between the investment advisor and Council;
- assess and monitor the performance of the investment advisor and ensure they adhere to the terms and conditions of their contracts; have no material conflicts of interest with the interests of the College; and ensure that performance monitoring systems are sufficient to provide Council with timely, accurate and useful information;
- report to Council on the performance of the investment advisor as required from time to time or if any concerns arise; and
- report on investment purchases, sales transactions and compliance with this policy to Council at a minimum frequency of quarterly.
- negotiate with the investment advisor periodically to ensure that fees and commissions are fair and competitive.

### **Responsibilities of the Investment Advisor**

The Investment Advisor shall invest the funds of the College within these specific written guidelines and in accordance with the Council's Investment Objectives and Risk Tolerance. In carrying out their duties and responsibilities, the Investment Advisor shall exercise such competence and skill as may be expected of a prudent, diligent Investment Advisor in similar circumstances. Specifically, the Investment Advisor shall:

- have at least one meeting a year with the Registrar & Executive Director to review the portfolio performance and discuss strategy for the ensuing period and make at least one presentation per year to Council in this regard;
- monitor market fluctuations and review asset class allocations at least quarterly, and recommend rebalancing when the asset class allocations fall outside of the ranges established in this policy;
- take into account the cash requirements of the College as set out by the Registrar & ED;
- disclose any material interest in any investment or proposed transaction. All investment activities must be conducted in accordance with the Chartered Financial Analyst code of ethics, and the Conflict of Interest Policy as adopted by the College's Council;
- exercise all share voting rights with the intent of fulfilling the objectives and goals of the College and maintain a record of how voting rights of securities in the portfolio were exercised; and
- assist in developing Investment Policies and guidelines and propose recommended changes as required from time to time, for approval by Council.

In addition, the Investment Firm or Institution shall prepare reports, which shall contain, as a minimum:

- **Monthly:** list of portfolio holdings and their cost vs. current market values; list of transactions for the month and portfolio listing by security showing cost vs. market value
- **Annual:** evaluation of the portfolio at the end of each fiscal year

Circumstances that may prompt a review of the investment advisor may include: Changes in ownership, fees, personnel, structure, investment philosophy, style or approach of the investment management firm, which might adversely affect the potential performance and/or risk level of the fund portfolio; unauthorized departure from the stated investment guidelines; and/or a decline in investment performance, which over a reasonable period of time, is less than the performance expectations.

## **INVESTMENT OBJECTIVES AND RISK TOLERANCE**

The investment objectives are to ensure that funds will be invested in a prudent and effective manner. All investments should be made with the goal of maximizing the return on investments while still meeting the day-to-day cash flow requirements of the College. Primary investment objectives for the investment portfolio are:

- to preserve capital;
- to maintain liquidity necessary to meet cash requirements;
- to optimize the rate of return, within acceptable risk levels as set by Council; and
- to ensure appropriate diversification

## **AUTHORIZED INVESTMENTS**

The College will invest its funds in the following types of assets, as recommended by the Investment Advisor:

- **Cash & Cash Equivalents** - Deposit receipts, deposit notes, certificates of deposit, bankers acceptances, guaranteed investment certificates, commercial paper and other similar instruments issued or endorsed by any chartered Bank to which the Bank Act (Canada) applies and Treasury Bills.
- **Fixed Income** - Federal, provincial or corporate investments with an investment grade rating (AAA to BBB low) and Preferred Shares of any Company listed and publicly traded upon a recognized stock exchange, mutual funds, trust units, exchange traded funds (ETFs) thereto. Investment in Preferred Shares will be rated at least PFD-2 or higher by DBRS and rated at least BBB- or higher by Standard & Poors.
- **Equity** - Equity investments shall be in low risk or conservative Common Shares of any Company listed and publicly traded upon a recognized stock exchange, mutual funds, trust units, exchange traded funds (ETFs) thereto.

For Characteristics of Preferred Shares, please refer to Appendix 1 below.

## **GUIDELINES AND RESTRICTIONS**



- Borrowing from any source to make investments is not permitted.
- Investments must be made in institutions that are not in conflict with the ethics, values and mandate of the College.
- Financial institutions in which the College invests must be members of the Canadian Deposit Insurance Corporation (CDIC).
- Investment brokers must be registered with Investment Industry Regulatory Organization of Canada (IIROC); both the institution and the broker individually.
- Investments in equities must be limited to 40% of the book fund value of the total portfolio; this is based on an assumption of a low-moderate risk tolerance level.
- The portfolio mix should be determined after assessing the College's appetite for risk; in general a low risk portfolio will contain more Cash & Cash Equivalents with low returns on the investments and a high risk portfolio will contain more Equity holdings and higher returns on investments.

## Characteristics of Preferred Shares

Adapted from:

<https://corporatefinanceinstitute.com/resources/knowledge/finance/preferred-shares>

### What are Preferred Shares?

Preferred shares (also known as preferred stock or preference shares) are securities that represent ownership in a corporation, and that have a priority claim over common shares on the company's assets and earnings. The shares are more senior than common stock but are more junior relative to bonds in terms of claim on assets. Holders of preferred stock are also prioritized over holders of common stock in dividend payments.

### Features of Preferred Shares

Preference in assets upon liquidation: The shares provide their holders with priority over common stock holders to claim the company's assets upon liquidation.

Dividend payments: The shares provide dividend payments to shareholders. The payments can be fixed or floating, based on an interest rate benchmark.

Preference in dividends: Preferred shareholders have a priority in dividend payments over the holders of the common stock.

Non-voting: Generally, the shares do not assign voting rights to their holders. However, some preferred shares allow its holders to vote on extraordinary events.

### Benefits of Preferred Shares

Secured position in case of the company's liquidation: Investors with preferred stock are in a more secure position relative to common shareholders in the event of liquidation, because they have a priority in claiming the company's assets.

Fixed income: These shares provide their shareholders with a fixed income in the form of dividend payments.

# STATEMENT OF INVESTMENT POLICIES AND PROCEDURES

College of Dietitians of Ontario

| Approval Date:

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## General Provisions

### Purpose and Scope

- 1.1 As per the College's **Bylaw 1 – 2.10** regarding investments, "The Registrar and Executive Director may authorize the investment of money on behalf of the College in compliance with applicable College policy as approved by Board of Directors from time to time. All share certificates, bonds and other records of investments shall be issued in the name of the College."
- 1.2 This policy establishes the responsibilities, objectives, authorized investments, policies and guidelines related to all assets held by the College for investment purposes ('The Fund') and sets out the parameters, limitations and risk tolerances for the Registrar and Executive Director (ED) for the management of the College's investments.

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### Definitions

The following definitions shall have the meaning ascribed to them when used throughout the Policy. Definitions that appear in the singular shall be deemed to include the plural and vice versa as applicable in the circumstances.

"**College**" means the College of Dietitians of Ontario.

"**Funds**" means all investment assets held by the College of Dietitians of Ontario.

"**Investment Advisor**" means a manager appointed to invest all or a portion of the Fund's assets.

"**Policy**" means this Statement of Investment Policies and Procedures.

"**Pooled Funds**" means commingled investment vehicles such as unit trusts and mutual funds.

## Governance and Administration

### 1.3 Board of Directors

The Board of Directors has an oversight role regarding decisions that impact the use of College funds. The Board of Directors has delegated responsibility for the management of College funds to the Registrar & Executive Director (ED).

**Commented [RP2]:** 1.3 taken verbatim from 2022 Inv Policy

The Board of Directors shall ensure that its fiduciary responsibilities concerning the proper management of the College's funds are fulfilled through an appropriate investment structure, internal and external management, and portfolio performance consistent with all policies and procedures. Based on the advice and recommendations of the Registrar & ED, Board of Directors shall:

- a) approve investment policies and objectives that reflect the long-term investment-risk orientation of the College, and
- b) review the objectives, long-term investment-risk orientation and asset mix 3 years

**Commented [RP3]:** Mercer's recommendation is that organizations review the continued appropriateness of the asset mix every 3-years or more frequently in the event that the objectives or risk tolerance of the College changes or developments in capital markets necessitate. With regards to this investment policy document the vast majority of our clients review annually for any changes.

### 1.4 Registrar and Executive Director

The Registrar & ED shall be responsible for the day-to-day administration and implementation of policies established by Board of Directors concerning the management of funds and will act in an advisory capacity to Board of Directors. Additionally, the Registrar & ED shall:

**Commented [RP4]:** 1.4 taken verbatim from 2022 Inv Policy

- a) manage the College's investments with the assistance of an Investment Advisor with appropriate financial management expertise;
- b) consult internally with Finance and Corporate services and/or third-party advisors;
- c) be the primary liaison between the Investment Advisor and Board of Directors;
- d) assess and monitor the performance of the Investment Advisor and ensure they adhere to the terms and conditions of their contracts; have no material conflicts of interest with the interests of the College; and ensure that performance monitoring systems are sufficient to provide Board of Directors with timely, accurate and useful information;
- e) report to Board of Directors on the performance of the Investment Advisor as required from time to time or if any concerns arise; and
- f) report on investment purchases, sales transactions and compliance with this policy to Board of Directors at a minimum frequency of quarterly.
- g) negotiate with the Investment Advisor periodically to ensure that fees and commissions are fair and competitive.

### 1.5 Investment Advisor

The Investment Advisor shall invest the funds of the College within these specific written guidelines and in accordance with the Board of Directors' Investment Objectives and Risk Tolerance. In carrying out their duties and responsibilities, the Investment Advisor shall exercise such competence and skill as may be expected of a prudent, diligent Investment Advisor in similar circumstances. Specifically, the Investment Advisor shall:

- a) Know and comply with this Policy;
- b) Engage in an annual strategy meeting with the Registrar & Executive Director to review the portfolio performance and discuss strategy for the ensuing period and make at least one presentation per year to Board of Directors in this regard;
- c) monitor market fluctuations and review asset class allocations at least quarterly, and recommend rebalancing when the asset class allocations fall outside of the ranges established in this policy;
- d) take into account the cash requirements of the College as set out by the Registrar & ED;
- e) disclose any material interest in any investment or proposed transaction. All investment activities must be conducted in accordance with the Chartered Financial Analyst code of ethics, and the Conflict of Interest Policy as adopted by the College's Board of Directors;
- f) assist in developing investment policies and guidelines and propose recommended changes as required from time to time, for approval by Board of Directors.
- g) prepare reports, which shall contain, as a minimum: 1) Monthly: list of portfolio holdings and their cost vs. current market values; list of transactions for the month and portfolio listing by security showing cost vs. market value; 2) Annual: evaluation of the portfolio at the end of each fiscal year.

### **Pooled Fund Policies**

- 1.6 Where investments are made through Pooled Funds, those investments are to be governed in accordance with the investment policy of the Pooled Fund. The Registrar and Executive Director shall satisfy themselves that the Pooled Fund investment policy is generally consistent with the objectives and risk tolerances expressed in this Policy.

The Investment Advisor shall notify the Board of Directors of any Pooled Funds being recommended or implemented that have a material difference with the objectives and risk tolerances expressed in this Policy.

### **Conflicts of Interest**

- 1.7 "Affected Persons" means:

- a) Board of Directors members;
- b) The College;
- c) Staff of the College that directly support the Board of Directors and who deal with the investment portfolios of the Fund; and
- d) Agents, advisors and managers retained by any of the above in connection with the investment or administration of the Fund.

- 1.8 A conflict of interest is defined as any direct, indirect, actual or perceived material pecuniary interest of an Affected Person in, or any other direct or indirect personal benefit, actual or perceived, to be derived by an Affected Person from any arrangement, contract, investment, transaction or other matter related to the Affected Person's duties or powers with respect to the Plan.

- 1.9 Each Affected Person shall use its best efforts to avoid any situation involving any actual or perceived conflict of interest. Each Affected Person shall disclose to the Board of Directors, as applicable, in writing, if practical, any conflict or perceived conflict of interest. Disclosure shall be made promptly after the Affected Person becomes aware of the conflict or perceived conflict. The Board of Directors, as applicable, shall then determine an appropriate course of action. Any decision of the Board of Directors to waive a conflict of interest shall be minuted.
- 1.10 Any failure to comply with the procedures described in this Section shall not of itself invalidate any transaction or decision and the Board of Directors, as applicable shall have discretion to determine an appropriate course of action.

### **Environmental, Social & Governance Considerations**

- 1.11 The College recognizes the importance of incorporating environmental, social and governance (ESG) factors, including Equity, Diversity and Inclusion into the investment process. The College will encourage the Investment Advisor to consider ESG factors in their investment process.

The Investment Advisor will be asked to report on the incorporation of ESG factors into their investment strategy and process to the Board of Directors. In selecting a new Investment Advisor, the Board of Directors will consider the Investment Advisor's approach to ESG integration as a criteria in its selection process.

### **Voting Rights**

- 1.12 The Investment Advisor shall exercise all voting rights with the intent of fulfilling the objectives and goals of the College and maintain a record of how voting rights of securities in the portfolio were exercised.
- 1.13 With respect to the portion of the Fund invested in Pooled Funds, the authority for exercising all voting rights is delegated to the Investment Manager of the Pooled Fund, to be exercised in accordance with the Pooled Fund's policies.

**Commented [RP5]:** New addition (1.13); 1.12 was addressed as a responsibility of Inv Advisor in previous SIPP.

### **Valuation of Investments**

- 1.14 Investments in Pooled Funds shall be valued according to the unit values published by the Investment Manager.
- 1.15 If any of the Fund assets are invested in assets or securities that are not regularly traded at a marketplace, then such securities will be valued at least once annually by the custodian and its agents. In the absence of any other valuation by the Trustee or independent appraiser, such assets or securities will be held at their book value.



## **Liquidity of Investments**

- 1.16 Investment of the Funds' assets will be undertaken with a view to providing for sufficient liquidity to enable the College to meet its spending requirements as they become due.

## **Performance Measurement Monitoring**

- 1.17 The Board of Directors will review investment performance at least annually.
- 1.18 Performance of an Investment Advisor will be evaluated with respect to Benchmark Indices at Policy Allocation weights as detailed in Section 2.5.
- 1.19 For the purpose of measuring rates of return, all returns shall be measured after investment management fees and transaction costs, and over quarterly, yearly, year-to-date, rolling four-year and since inception periods. All index returns shall be total returns. All foreign index returns shall be Canadian dollar returns, unless otherwise required by currency hedged strategies.

## **Selection, Monitoring and Termination of Investment Advisor(s)**

- 1.20 The selection and monitoring of the Investment Advisor involves consideration of both qualitative and quantitative factors, which may include:
- a) Investment performance relative to benchmark and/or peers;
  - b) Overall adherence to this Policy;
  - c) Characteristics of the firm and organization and evaluation of any changes to the firm or key personnel; and
  - d) Competitiveness of fees and expenses.
- 1.21 If an Investment Advisor fails to meet the criteria used for selection and monitoring, the Board of Directors shall consider whether further action should be taken, as appropriate.

# 2

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## Investment Provisions

### Investment Objectives

- 2.1 The investment objective of the Fund is to ensure that funds will be invested in a prudent and effective manner. All investments should be made with the goal of maximizing the return on investments while still meeting the day-to-day cash flow requirements of the College. Primary investment objectives for the investment portfolio are to:
- a) Preserve capital in real terms and ensure sufficient liquidity to meet requirements of the College;
  - b) Optimize the rate of return, within acceptable risk levels as set by Board of Directors; and
  - c) Ensure appropriate diversification to mitigate risks associated with any one particular security or industry.

### Permitted Investments and Investment Guidelines

- 2.2 All investments of the Funds must comply with the requirements and restrictions set out in this Policy and the Trustee Act of Ontario and their respective regulations.
- 2.3 The following categories of investments are permitted for the Funds:
- a) Cash and cash equivalents, including deposit receipts, deposit notes, certificates of deposit, bankers acceptances, guaranteed investment certificates, commercial paper and other similar instruments issued or endorsed by any chartered Bank to which the Bank Act (Canada) applies and Treasury Bills.
  - b) Fixed Income, including Federal, provincial or corporate bonds.
  - c) Equities, including common or preferred shares of any Company listed and publicly traded upon a recognized stock exchange, mutual funds, trust units, exchange traded funds (ETFs) thereto.
- 2.4 The following guidelines set out the quality of investment and risk attributes to be applied to the Fund's investments:
- a) With respect to Fixed Income and Equities, appropriate diversification with respect to industry and sector will be maintained;
  - b) Except for government bonds, not more than 10% of the total market value of the Fund will be invested in securities of any one issuer;

- c) Cash and cash equivalent investments will be at least R1 or equivalent as defined by one or more recognized rating agencies and will be denominated in Canadian currency;
- d) Consistent with the benchmark indices shown in Section 2.5, the minimum rating for fixed income securities is investment-grade, as rated by at least one credit rating agency that is recognized by a competent authority;
- e) Preferred Shares will be rated at least PFD-2 or higher by DBRS and rated at least BBB- or higher by Standard & Pooors;
- f) There will be no borrowing from any source to make investments;
- g) The Fund may invest in pooled funds that may use derivatives, such as options, futures and forward contracts, for hedging purposes, to protect against losses from changes in interest rates and market indices; and for non-hedging purposes, as a substitute for direct investment. However, the pooled funds must hold enough assets or cash to cover its commitments under the derivatives. The pooled funds cannot use derivatives for speculative trading or to create a portfolio with excess leverage.

The Investment Advisor will notify the Registrar and Executive Director immediately of non-compliance with any of the terms of this policy and such non-compliance will be corrected by the Investment Advisor within the following quarter. The Registrar and Executive Director will ensure the Board of Directors is advised of any non-compliance. The Board of Directors may approve exceptions to the investment policy as it deems prudent.

## Asset Mix and Rate of Return Expectations

- 2.5 The long-term strategic asset mix of the Fund is indicated in the table below. Market values of the individual asset classes of the Pools shall normally be held within the indicated minimum and maximum aggregate investment limits. Also shown are the performance benchmarks used to measure the performance of the underlying investment strategies.

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash & cash equivalents	FTSE Canada 91-Day T-Bill	40%	25%	100%
Corporate bonds	FTSE Canada Short Term Corporate Bond Index	40%	0%	60%
Canadian preferred shares	S&P/TSX Preferred Share Index	10%	0%	35%
Canadian equity	S&P/TSX Composite	10%		

- 2.6 The long-term investment objective of the Fund is to achieve a nominal annual rate of return equal to the return that could have been earned by passively investing in the Benchmark Indices at Policy Allocation weights outlined in Section 2.5 on a rolling 4-year basis.

However, in any one year the annual rate of return may be above or below this objective.

- 2.7 If the asset allocation moves outside of the allowable range, the Investment Advisor, as applicable, will be responsible for initiating action to rebalance the portfolio back within the allowable range in a manner which endeavors to control transaction costs. The Board of Directors may, at its discretion, authorize temporary asset mix positions outside those ranges.

# 3

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## Review and Approval of Policy

- 3.1 The Board of Directors shall review this Policy periodically, but in any event no less than annually.

# **STATEMENT OF INVESTMENT POLICIES AND PROCEDURES**

**College of Dietitians of Ontario**

**Approval Date:**

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# 1

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# 2

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## Investment Provisions

### Investment Objectives

- 2.1 The investment objective of the Fund is to ensure that funds will be invested in a prudent and effective manner. All investments should be made with the goal of maximizing the return on investments while still meeting the day-to-day cash flow requirements of the College. Primary investment objectives for the investment portfolio are to:
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- e) Preferred Shares will be rated at least PFD-2 or higher by DBRS and rated at least BBB- or higher by Standard & Pooors;
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- g) The Fund may invest in pooled funds that may use derivatives, such as options, futures and forward contracts, for hedging purposes, to protect against losses from changes in interest rates and market indices; and for non-hedging purposes, as a substitute for direct investment. However, the pooled funds must hold enough assets or cash to cover its commitments under the derivatives. The pooled funds cannot use derivatives for speculative trading or to create a portfolio with excess leverage.

The Investment Advisor will notify the Registrar and Executive Director immediately of non-compliance with any of the terms of this policy and such non-compliance will be corrected by the Investment Advisor within the following quarter. The Registrar and Executive Director will ensure the Board of Directors is advised of any non-compliance. The Board of Directors may approve exceptions to the investment policy as it deems prudent.

## Asset Mix and Rate of Return Expectations

- 2.5 The long-term strategic asset mix of the Fund is indicated in the table below. Market values of the individual asset classes of the Pools shall normally be held within the indicated minimum and maximum aggregate investment limits. Also shown are the performance benchmarks used to measure the performance of the underlying investment strategies.

Investment Category	Benchmark	Policy Allocation	Minimum	Maximum
Cash & cash equivalents	FTSE Canada 91-Day T-Bill	40%	25%	100%
Canadian fixed income	FTSE Canada Short Term Corporate Bond Index	40%	0%	60%
Canadian preferred shares	S&P/TSX Preferred Share Index	10%	0%	35%
Canadian equities	S&P/TSX Composite	10%	0%	35%

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However, in any one year the annual rate of return may be above or below this objective.

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# 3

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## Review and Approval of Policy

- 3.1 The Board of Directors shall review this Policy periodically, but in any event no less than annually.





## Board Briefing Note

<b>Topic:</b>	Governance Evaluation Framework
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Melanie Woodbeck, Registrar and Executive Director Lisa Dalicandro, Director of Governance and Regulatory Policy

### Issue

To consider a new framework for evaluating board and committee performance.

### Public Interest Rationale

Good governance is the foundation for effective regulation and public trust. Best practices in regulation support the ongoing assessment of board meetings with a focus on interactions, behaviours and decisions, to evaluate the Board's effectiveness at achieving its mandate. This transparent and reflective performance review demonstrates the Board's commitment to continuous improvement and good governance.

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

### Background

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



The Executive Committee discussed revisions to the Board meeting evaluation and developed new questions which were presented to the Board at its December 2022 meeting. At the meeting, the Board requested that the Governance Committee reexamine the meeting evaluation questions with the intention of developing new evaluation questions that better reflect the purpose and priorities of the tool. The Board suggested that the Governance Committee retain a consultant to assist with this work.

In 2024, Regulator's Practice was retained to support the Governance Committee in reviewing the existing evaluation framework and providing recommendations for improvement. The consultants considered the effectiveness of the existing evaluation framework by interviewing staff, board and committee members and reviewed best practices from other regulators as part of the development process.

In November 2024, the Governance Committee considered the final draft governance evaluation framework.

## Considerations

Board and committee evaluations are essential tools for promoting effective governance and ensuring the Board and committees fulfill their public interest mandate. Regular evaluations encourage reflection, help to identify gaps in performance and provide opportunities for board and committee members to enhance their collective decision-making. By aligning the Board and committees' activities with its mission to protect the public, the evaluation framework strengthens accountability, transparency, and overall governance practices.

The proposed evaluation framework (*Appendix 1*) builds on the good evaluation practices already in place and offers a structured, cyclical approach to governance evaluation and continuous improvement. Features of the redesigned framework includes:

- **Continue Annual Evaluations with Enhancements:** Maintain the practice of annual Board and Committee evaluations, with adjustments to improve relevance and engagement.
- **Three-Year Evaluation Cycle:** Adopt a three-year cycle that includes a third-party comprehensive review of the Board and meetings, which aligns with the College Performance Measurement Framework. The evaluation framework also includes



a review of the overall evaluation framework towards the end of year three, allowing for any changes or additions to keep the framework relevant and effective.

- **Evaluation Design Principles:** Use principles to shape the evaluation framework and its implementation. These principles are foundational to creating a governance evaluation structure that supports ongoing improvement, meaningful engagement and aligns with Board and Committee member feedback.
- **Use of Evaluation Criteria:** Evaluate the Board's effectiveness and meeting quality against criteria foundational to the governance role and the responsibilities of CDO directors: *Board Governance Role, Board Director responsibilities, Board core competencies and attributes*. These inform all evaluation tools and processes and set out a consistent standard for evaluation.
- **Pilot a Chair-Facilitated Post-Meeting Evaluation:** Replace the anonymous post-meeting survey with a facilitated debrief ("Pulse-check") led by the Chair, for the Board and Committees. This adjustment aims to gather direct, timely and meaningful feedback, focusing on the Board and Committee meeting performance.
- **Incorporate Evaluation Awareness in Orientation and Development:** Highlight the value of evaluation and feedback during Board, Committee, and chair orientations. This approach will reinforce a culture of evaluation and feedback, while emphasizing continuous learning and accountability.
- **Chair Support:** Incorporate professional development opportunities for chairs that support meeting facilitation and strategies for providing effective feedback; establish a "Chair Summit" allowing chairs an opportunity to share good practices and consider peer feedback.



## **Recommendation**

To approve the governance evaluation framework as presented, or as amended.

## **Attachments**

- Appendix 1: Draft Governance Evaluation Framework

**Governance**  
**Evaluation Framework**  
**College of Dietitians of Ontario**

November 2024

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## 1. INTRODUCTION

The College of Dietitians of Ontario (CDO) regulates approximately 4,400 registrants across the province and is responsible to regulate the profession in the interests of the public under the *Regulated Health Profession Act, 1991* (RHPA) and the *Dietetics Act, 1991*.

In a commitment to continuous improvement, CDO engaged The Regulator's Practice (the Practice) in May 2024 to review CDO's existing evaluation framework and provide recommendations for improvement.

This report outlines a structured evaluation framework to enhance the governance practices of CDO's Board, Committees and meetings. Effective governance is essential for a regulator to fulfil its mandate of protecting the public interest. Regular evaluations encourage reflection, help to identify gaps in performance, and provide opportunities for Boards and Committees to enhance effective performance.

By aligning Board and Committee activities with its mission to protect the public, the evaluation framework strengthens accountability, transparency, and overall good governance practices:

- **Board Effectiveness:** Evaluations enable the Board to assess its governance performance and identify areas for improvement, ensuring that it operates efficiently and remains focused on its key responsibilities.
- **Public Interest Mandate:** Evaluations support boards and committees to remain aligned with its duty to serve and protect the public, ensuring that governance practices reflect the public's evolving needs and interests.
- **Continuous Improvement:** Meeting evaluations allow for timely feedback on the Board's discussions and decision-making processes. They enable the board to adjust its practices, improving both short-term and long-term effectiveness.
- **Accountability and Transparency:** Structured evaluations foster a culture of accountability by demonstrating the board's commitment to governance excellence and its accountability to the public. Transparent evaluations reinforce trust and credibility in the regulator's work.

As CDO's current evaluation process is already quite comprehensive, the recommendations in this report do not include any drastic changes but focus on overall improvements through focused refinement of current practices.

Key recommendations include: maintaining and enhancing annual evaluations for the Board and Committees, introducing a three-year evaluation cycle with a comprehensive review, and timely "Pulse Checks" for meeting evaluations. Additional enhancements are proposed to support an ongoing culture of evaluation and feedback that supports the successful

implementation of the framework, including Board and Committee member onboarding and Chair focused professional development.

This evaluation framework offers a structured, cyclical approach to governance evaluation and improvement, supporting the Board and Committee's commitment to good governance practices. The framework's design encourages reflective practices, meaningful engagement, a strengthening governance culture, and a foundation for long-term strategic alignment and effectiveness.

## 2. EVALUATION DESIGN PRINCIPLES

We focused on several design principles aligned with good practices when reviewing and developing the proposed evaluation framework. These principles also align with the feedback received from Board and Committee members. All enhancements to evaluation activities, including processes and questions, were guided by the following principles:

- **Purposeful & Meaningful:** Evaluations are focused on driving continuous improvement and effective governance.
- **Integrated:** The evaluation process is embedded within other governance activities, such as Board development, Committee and Board meetings.
- **Accountability Focused:** The evaluations support accountability for effective governance and the public interest mandate.
- **Flexible:** The framework allows adjustments based on evolving priorities or external requirements, ensuring it remains relevant and impactful.
- **Timely and Actionable:** Evaluations lead to concrete actions and improvement plans, with follow-up measures to track progress and ensure that recommendations are implemented.
- **Transparent:** The process is clear and understandable and fosters a culture of accountability. It balances public reporting with Board and Committee reflection and improvement.

## 3. OUR APPROACH

As part of the evaluation process, it was important to review CDO's current framework, gather feedback on its effectiveness (what works well and what may need to change) and review best practices from other regulators in Ontario. To collect these insights, we undertook the following approach:

- **Initial Feedback:** Conducted initial discovery conversations with the Governance Committee, the Registrar and the Director of Governance & Regulatory Policy to



understand the context CDO was operating within and gather early input of the expected outcomes for the new evaluation framework.

- **Existing Frameworks:** Completed a detailed review of the College's existing frameworks, including all current evaluations and related governance materials.
- **Feedback Surveys & Interviews:** Gathered input on the effectiveness of the current framework from Board and Committee Members through focused survey questionnaires, in addition to engaging in 1:1 interviews with the Chair and Vice Chair.
- **Environmental Scan:** Completed a review of other regulators' evaluation frameworks and practices across Ontario.

To ensure the Governance Committee was informed throughout the process and had the opportunity to provide ongoing feedback into the framework design, we allocated time for two check-in meetings.

- **Initial Findings (October 30):** Presentation of initial findings and high-level recommendations to the Governance Committee.
- **Framework Design:** Finalization of framework recommendations and development of individual evaluation questions.
- **Final Recommendation Review (November 11):** Opportunity for Governance Committee Members to share feedback and discuss any possible changes to the framework or the evaluation questions, prior to their finalization and presentation to the Board.
- **Board Review & Approval:** Scheduled for the Board Meeting on December 13, 2024.

## 4. SUMMARY OF FEEDBACK

We have outlined and compiled the central emerging themes below that provide an overview of the feedback we received from our discussions and interviews with Staff, the Governance Committee, the Chair and Vice Chair, as well as the Board and Committee surveys.

### Survey Feedback

Board Evaluation	Committee Evaluation	Board Meeting Evaluation
<ul style="list-style-type: none"> <li>+ 4 total submissions received</li> <li>+ Most rated the current process as "ineffective" or "neutral"</li> <li>+ Acknowledgement there is currently a consistent process where some issues are discussed but follow-up and discussion could be improved</li> <li>+ Wording and style of questions can also be improved to collect more meaningful data</li> </ul>	<ul style="list-style-type: none"> <li>+ 13 total submissions received</li> <li>+ 3 rated the process as "very effective," 5 as "effective," 2 as "neutral" and 3 as "n/a"</li> <li>+ Most participants feel "engaged" or "very engaged" in the process</li> <li>+ Several new committee members with limited knowledge and experience of the evaluation process</li> <li>+ Some suggest more information on how the results are used would be helpful</li> </ul>	<ul style="list-style-type: none"> <li>+ 4 total submissions received</li> <li>+ Half rated the current process as "ineffective" and half indicated "neutral"</li> <li>+ Several suggestions that feedback can be reviewed in a more timely manner, perhaps immediately following a meeting rather than at the next one</li> <li>+ Suggest the process for addressing negative feedback and follow-up could be improved</li> </ul>

### Interview Feedback

The majority of individuals we interviewed, both in 1:1 and in group meetings, expressed a desire for a balanced process, with a preference towards:

- A mix of quantitative and qualitative evaluation questions
- Focus on efficiency and effectiveness
- Inclusivity, including management feedback
- A mix of surveys and interviews
- Clear questions and actionable feedback
- Written reports coupled with dedicated time for facilitated conversations on findings
- A multi-year process that varies year by year
- Some interviewees expressed a preference towards an externally led process

### Overall Feedback

- The feedback on the effectiveness of the Committee evaluations was generally more positive than that of the Board and Board meeting evaluations
- There were several comments around low participation rates from Board directors in some of the evaluation processes
- There was some commentary around the challenge of following-up on negative survey feedback associated with the anonymous nature of the surveys, as well as the structure and limited opportunities for a debrief following evaluations

We reviewed and incorporated this feedback while developing the recommended evaluation framework changes and questions.

## **5. ENVIRONMENTAL SCAN**

The scan reveals a range of evaluation practices across Ontario's health regulatory bodies, with both common approaches and some notable differences. Most organizations demonstrate a commitment to governance through regular evaluations of their boards, committees, and meetings, however, evaluations of chairs and individual board members are less consistent across regulators. Some organizations conduct frequent, robust evaluations across all governance levels, while others are still evolving their frameworks. Evaluation frequency, depth, and involvement of external consultants varies widely.

The Ontario government's College Performance Measurement Framework (CPMF) has significantly influenced evaluation practices, mandating council and meeting evaluations, triennial external assessments, and public disclosure of results, which is driving increased standardization and transparency across the sector.

### **Scope and Limitations**

Findings were based on publicly available governance and evaluation materials, focusing on the latest College Performance Measurement Framework (CPMF) reports and other relevant documents with limitations around data availability and the level of detail provided by each regulator. The scan included six health regulators across Ontario:

- Ontario College of Pharmacists
- College of Chiropractors of Ontario
- College of Nurses of Ontario
- College of Dental Technicians of Ontario
- College of Massage Therapists of Ontario
- Royal College of Dental Surgeons of Ontario

We also reviewed several other organizations outside of Ontario for additional perspective on governance evaluation practices. We have compiled our observations from all of these organizations to provide some of the key trends below.

### **Key Observations and Trends**

Key trends indicate a strong shift toward structured, standardized, and transparent evaluation practices across Ontario health regulatory bodies, with regular evaluations of Boards, Committees, meetings, and, in some cases, Chairs and individual members. These evaluations typically employ a mix of self-assessments, peer reviews, third-party facilitation to ensure objectivity, covering areas such as public protection focus, strategic alignment, diversity and inclusion, risk oversight, and meeting quality.

Organizations like the College of Dental Technicians, College of Nurses, and Ontario College of Pharmacists incorporate individual assessments to enhance accountability and alignment with governance goals. While the College of Dental Surgeons demonstrates advanced

practices in collective and leadership evaluations, it does not conduct formal individual assessments for Council members. The College of Chiropractors, meanwhile, is in the early phases of developing its evaluation framework.

The increasing use of external consultants and public disclosure through the College Performance Measurement Framework (CPMF) points to a sector-wide drive for accountability and trust-building. Collectively, these trends show that Ontario's health regulators are increasing their standards and evolving their practices in service of the public interest.

## Highlights

### 1. Structured and Regular Evaluation Cycles

- **Annual vs. Triennial Cycles:** There is a blend of annual and three-year evaluation cycles across colleges, with some conducting annual reviews (e.g., College of Dental Technicians, College of Pharmacists), and others, like the College of Nurses, opting for a comprehensive externally facilitated process every three years with “light” internal evaluations in the interim years in consideration of resources.
- **Methodology:** Evaluations typically involve a combination of self-assessments, peer reviews, and external facilitation.

### 2. External Consultant Involvement

While some Ontario regulators adhere to the three-year mandate set by Ontario's CPMF, others have implemented more frequent (annual) external assessments. These variations may be indicators of organizational governance commitments but could also be a factor of resources and capacity.

- **Annually with External Consultant:** Two organizations (College of Dental Technicians of Ontario, Ontario College of Pharmacists)
- **Every Three Years with External Consultant:** Three organizations (College of Nurses of Ontario, College of Dental Surgeons, College of Massage Therapists of Ontario)

**The College of Chiropractors of Ontario:** The College of Chiropractors is in the initial phases of developing its evaluation framework, including a phased approach to external evaluations, but it has not yet established a specific frequency.

### 3. Continuous Improvement Focus

Continuous improvement is an emerging priority, although only some bodies systematically incorporate it into their frameworks. For example, the College of Dental Technicians and College of Massage Therapists employ regular evaluations and feedback loops to drive ongoing improvement and training.

### 4. Evaluating Multiple Levels of Governance Effectiveness

Multiple levels of governance are assessed, with varied approaches in frequency and detail:

- **Board Evaluations:** Typically conducted annually or every three years, focusing on governance effectiveness, strategic alignment, risk management, and commitment to public interest. Many organizations incorporate self-assessments, peer reviews, and external consultants for balanced and objective feedback. (All six regulators conduct Board evaluations)
- **Committee Evaluations:** Usually performed either annually or after each meeting, examining effectiveness, mandate alignment, and meeting quality. (All but one regulator regularly evaluates committee effectiveness)
- **Chair Evaluations:** Assessed for leadership and facilitation capabilities, generally on an annual basis or at the end of a term. Evaluations frequently include peer feedback and, in some cases, external facilitators for additional objectivity. (Four regulators conduct formal chair evaluations, with one regulator implementing informal, peer check-ins)
- **Meeting Performance Evaluations:** Commonly conducted post-meeting to review meeting management, engagement, quality of discussions and material clarity and adequacy. (All regulators conduct meeting evaluations).
- **Individual Evaluations:** Less consistency around individual evaluations. Where they exist, level and quality of contribution, alignment with strategic goals, and opportunities for individual learning and growth are emphasized, although frequency and methodology vary, and this is not a universal practice. (Three do, three do not)

### 5. Transparency and Public Disclosure

In compliance with CPMF, regulatory bodies are increasingly transparent by disclosing evaluation results publicly.

## **Emerging Trends**

Trends and unique practices observed among some of Ontario's health regulatory bodies indicate efforts to create dynamic evaluation frameworks that emphasize continuous improvement and nimbleness. Examples such as tracking trends and implementing cross-cutting analysis, real-time feedback tools, role-specific criteria, and peer support for leadership development, go beyond compliance to foster a culture of accountability and proactive governance. These innovations reflect a trend toward evaluation models that are both structured and flexible, enhancing responsiveness and providing solutions-based approaches to addressing continuous improvement.

### **1. Digital Feedback Tools for Real-Time Evaluation**

Bodies such as the College of Dental Surgeons are adopting digital tools (e.g., QR codes) to enable immediate feedback collection after meetings, supporting agile and responsive adjustments to governance practices.

### **2. Peer-to-Peer Forums for Leadership Development**

The College of Dental Technicians has introduced peer-to-peer check-ins for Council and Committee Chairs, fostering a collaborative environment for sharing best practices and leadership advice, facilitated by governance committees.

### **3. Integration of Continuous Improvement into Evaluation Cycles**

The College of Dental Technicians and the College of Massage Therapists consider continuous improvement a cultural value. They incorporate this value by linking evaluation results to ongoing governance practices and training, creating a feedback loop that can strengthen governance over time.

### **4. Year-End Aggregated Evaluations with Trending and Integrated Insights**

The College of Massage Therapists considers previous evaluations/trending. Their process compiles evaluations throughout the year into a meaningful year-end assessment, with Committee, Council and Council results reviewed in an integrated format to identify cross-cutting issues.

### **5. Leadership-specific Evaluation Customization**

Some colleges are refining evaluation criteria for different governance roles (e.g., Council Chairs vs. Committee Chairs and Executive Committee vs regular standing Committee) to ensure assessments are tailored to specific leadership responsibilities and objectives.

## 6. EVALUATION FRAMEWORK RECOMMENDATIONS

Board and meeting evaluations are essential tools for promoting effective governance and ensuring the Board fulfills its public interest mandate. Regular evaluations encourage reflection, help to identify gaps in performance, and provide opportunities for Board members to enhance their collective decision-making. By aligning the Board's activities with its mission to protect the public, the evaluation framework strengthens accountability, transparency, and overall governance practices.

The evaluation framework builds on existing good practices by incorporating refinements to align with the evidence and support effective governance. Our proposed recommendations are outlined below:

- **Continue Annual Evaluations with Enhancements:** Maintain the practice of annual Board and Committee evaluations, with adjustments to improve relevance and engagement.
- **Three-Year Evaluation Cycle:** Adopt a three-year cycle that includes continuing a third-party comprehensive review of the Board and meetings, and aligns with the College Performance Measurement Framework. The evaluation framework also includes a review of the overall evaluation framework towards the end of year three, allowing for any changes or additions to keep the framework relevant and effective.
- **Evaluation Design Principles:** Use principles to shape the evaluation framework and its implementation. These principles are foundational to creating a governance evaluation structure that supports ongoing improvement, meaningful engagement and aligns with Board and Committee member feedback.
- **Use of Evaluation Criteria:** Evaluate the Board's effectiveness and meeting quality against criteria foundational to the governance role and the responsibilities of CDO directors: *Board Governance Role, Board Director responsibilities, Board core competencies and attributes*. These inform all evaluation tools and processes and set out a consistent standard for evaluation.
- **Chair-Facilitated Post-Meeting Evaluation:** Starting in 2025, replace the anonymous post-meeting survey with a facilitated debrief ("Pulse-check") led by the Chair, for the Board and Committees. This adjustment aims to gather direct, timely and meaningful feedback, focusing on the Board and Committee meeting performance. This brief evaluation is focused on supporting enhancements to future meetings, rather than being a review of the business or decisions of the recent meeting.

- **Incorporate Evaluation Awareness in Orientation and Development:** Highlight the value of evaluation and feedback during Board, Committee, and chair orientations. This approach will reinforce a culture of evaluation and feedback, while emphasizing continuous learning and accountability.
- **Chair Support:** Incorporate professional development opportunities for chairs that support meeting facilitation and strategies for providing effective feedback; establish a “Chair Summit” allowing chairs an opportunity to share good practices and consider peer feedback.

When implementing the new evaluation framework, the College should consider the timing of introducing new elements of the evaluation. Adequate preparation and change readiness are key to a successful rollout. For example, Board and Committee Chairs may benefit from extra orientation to help them lead the new “Pulse-check” meeting evaluations, which might require a delayed implementation to allow for thorough preparation. Similarly, scheduling third-party evaluations should align with the Board’s professional development cycle and/or turnover timeline. Flexibility within the framework, particularly when introducing a new element of the evaluation, will ensure activities are well-supported and contribute to effective governance.

Lastly, the Governance Committee would benefit from having access to the evaluation results in case there are any governance related updates to consider related to governance policies, competencies or the evaluation framework itself. The Executive Committee, however, will be responsible for addressing any board related action items, issues or meeting material requests.

### **Multi Year Framework**

A three-year evaluation framework offers a structured, cyclical approach to governance evaluation and continuous improvement, supporting the Board and Committee’s commitment to good governance practices. The framework’s design builds on CDO’s current good practices encouraging reflective practices, meaningful engagement, strengthen governance culture, and provide the foundation for long-term strategic alignment and effectiveness.

The three-year evaluation cycle supports continuous improvement by implementing targeted tool, actions, refining practices, and ensuring the Board remains aligned with public interest goals and governance best practices. It also builds on current evaluation approaches and tool, along with structuring in an opportunity to review the framework toward the end of the 3<sup>rd</sup> year of the cycle.



We acknowledge the important role staff play in support of governance functions, including the implementation and maintenance of the evaluation framework and related activities. It is also a good practice to include CDO's leadership in evaluation activities such as seeking their perspective as part of the third-party evaluation.

It should be noted that evaluation activities, including the post-meeting Pulse Checks, do not substitute or remove a Board or Committee member's on-going ability to approach a chair with any matter they wish to address or discuss.

## Evaluation Activities for the Board and Committees

Board	Committees
<b>1. Annual Board Evaluation:</b> <ul style="list-style-type: none"> <li>▪ Survey</li> <li>▪ Self-assessment</li> <li>▪ Re-fresh questions and engagement</li> <li>▪ Results to Board</li> <li>▪ Follow up Accountability: Chair and Executive Committee</li> </ul>	<b>4. Annual Committee Evaluation:</b> <ul style="list-style-type: none"> <li>▪ Survey</li> <li>▪ Self-assessment</li> <li>▪ Re-fresh questions and engagement</li> <li>▪ Follow up Accountability: Board &amp; Committee Chairs &amp; Executive Committee</li> </ul>
<b>2. Board Meeting Evaluation:</b> <ul style="list-style-type: none"> <li>▪ Sunset post-meeting evaluations (not timely or helpful)</li> <li>▪ Introduce Chair facilitated debrief ("Pulse check") – timely, less burdensome</li> <li>▪ Re-fresh questions and Chair support</li> <li>▪ Follow up Accountability: Chair and Executive Committee</li> </ul>	<b>5. Committee Meeting Evaluation:</b> <ul style="list-style-type: none"> <li>▪ Introduce Chair facilitated debrief ("Pulse check")</li> <li>▪ Re-fresh questions and Chair support</li> <li>▪ Follow up Accountability: Committee Chairs</li> </ul>
<b>3. Third Party Evaluation:</b> <ul style="list-style-type: none"> <li>▪ Good practice &amp; CPMF requirement</li> <li>▪ Independent assessment and relevant recommendations</li> <li>▪ Results to Board</li> <li>▪ Follow up Accountability: Chair and Executive Committee</li> </ul>	

## Three-year Cycle of Evaluation Activities

Year 1	Year 2	Year 3
<b>BOARD</b>	<b>BOARD</b>	<b>BOARD</b>
1. 3rd Party Assessment & Facilitation	1. Annual Board Self-Assessment	1. Annual Board Self-Assessment
2. Post Meeting "Pulse Check"	2. Post Meeting "Pulse Check"	2. Post Meeting "Pulse Check"
<b>COMMITTEES</b>	<b>COMMITTEES</b>	<b>COMMITTEES</b>
1. Post Meeting "Pulse Check"	1. Post Meeting "Pulse Check"	1. Post Meeting "Pulse Check"
2. Annual Committee Evaluation	2. Annual Committee Evaluation	2. Annual Committee Evaluation
		<b>RE-EVALUATE</b>
		Re-evaluate: <ul style="list-style-type: none"> <li>• Evaluation Approach</li> <li>• Cycle</li> <li>• Tools (Chair, peer-to-peer)</li> </ul>

## Year 1

### Board Evaluation

Launch a comprehensive third-party evaluation of the Board's effectiveness and Chair-led debriefs after meetings.

#### 1. Third-party Evaluation of Board Effectiveness

- Complies with the *College Performance Measurement Framework* governance requirements (CDO's Board is due to complete this requirement in 2025).
- Vendor accountable for engaging the Board, developing and support the evaluation.
- Vendor reports evaluation results to the Board.
- Executive Committee accountable for developing an action plan based on the evaluation results and presenting to the Board for review and approval.

#### 2. Meeting Evaluation - "Pulse Check" (10-15 minutes)

- Board meeting evaluation to follow the conclusion of the formal meeting.
- Chair facilitates the discussion with the support of a question list that allows for a flexible and relevant evaluation conversation.
- Executive Committee is accountable for any follow-up actions and reporting back to the Board.
- Note:
  - *It is important that a chair has the comfort and competencies to effectively facilitate this debrief.*
  - *To ensure a chair is well positioned to lead these conversations, additional supports may be required for effective meeting facilitation, which could include staff support and/or external coaching.*

### Committee Evaluation

#### 1. Annual Committee Self-Evaluation (25-35 minutes)

- Annual evaluation survey sent to all Committee members
- Survey includes updated questions
- Executive Committee and the Committee chair are accountable for reviewing and reporting back to the Committee on evaluation results, including follow up actions.

#### 2. Meeting Evaluation - "Pulse Check" (10-15 minutes)

- Committee meeting evaluation to follow the conclusion of the formal meeting.
- Chair facilitates the discussion with the support of a question list that allows for a flexible and relevant evaluation conversation.

- The Chair is accountable for any follow-up action items and reporting back to the Committee.

## **Year 2**

### **Board Evaluation**

Conduct an annual self-evaluation of the Board and continue Chair-led meeting “Pulse Check” evaluations. Expand Committee evaluations to cover all Committees and track the progress of Year 1 action items to strengthen Board and Committee performance.

#### **1. Annual Board Self-Evaluation (45-60 minutes)**

- Annual evaluation survey sent to all Board members
- Survey includes updated question and can be focused on key areas identified by the Board (informed by previous 3rd party led evaluation and meeting evaluations.
- Executive Committee accountable for reviewing and reporting back to the Board on evaluation results.
- The Board determines follow up actions, supported by the Executive Committee.

#### **2. Meeting Evaluation - “Pulse Check” (10-15 minutes)**

- Board evaluation follow the conclusion of the former meeting.
- Chair facilitates the evaluation against the evaluation criteria.
- Chair will have a list of questions to choose from that support a flexible and relevant evaluation discussion.
- The Chair is accountable for any follow-up action items and reporting back to the Board.

### **Committee Evaluation**

#### **1. Annual Committee Self-Evaluation (25-35 minutes)**

- Annual evaluation survey sent to all Committee members
- Survey includes updated questions
- Executive Committee and the Committee chair are accountable for reviewing and reporting back to the Committee on evaluation results, including follow up actions.

#### **2. Meeting Evaluation - “Pulse Check” (10-15 minutes)**

- Committee meeting evaluation to follow the conclusion of the formal meeting.
- Chair facilitates the discussion with the support of a question list that allows for a flexible and relevant evaluation conversation.
- The Chair is accountable for any follow-up action items and reporting back to the Committee.

## Year 3

### Board Evaluation

#### 1. Annual Board Self-Evaluation (45-60 minutes)

- Annual evaluation survey sent to all Board members
- Survey includes updated question and can be focused on key areas identified by the Board (informed by previous 3<sup>rd</sup> party led evaluation and meeting evaluations.
- Executive Committee accountable for reviewing and reporting back to the Board on evaluation results.
- The Board determines follow up actions, supported by the Executive Committee.

#### 2. Meeting Evaluation - "Pulse Check" (10-15 minutes)

- Board evaluation follow the conclusion of the former meeting.
- Chair facilitates the evaluation against the evaluation criteria.
- Chair will have a list of questions to choose from that support a flexible and relevant evaluation discussion.
- The Chair is accountable for any follow-up action items and reporting back to the Board.

#### 3. Board Assesses Evaluation Framework and Approach

- Chair facilitates a Board discussion on the previous 3-year cycle to consider any refinements or additions to the framework and approach.
- Good practices that may be added include Chair evaluation and peer-to-peer evaluation.
- Governance Committee is accountable to review the Board's feedback, the evaluation framework and approach, and provide recommendations to the Board for consideration.
- *Note: the Board may ask the Governance Committee to review any part of the evaluation framework through-out the 3-year cycle allowing flexibility should timely updates or revisions to the framework need consideration.*

### Committee Evaluation

#### 1. Annual Committee Self-Evaluation (25-35 minutes)

- Annual evaluation survey sent to all Committee members
- Survey includes updated questions
- Executive Committee and the Committee chair are accountable for reviewing and reporting back to the Committee on evaluation results, including follow up actions.

## 2. Meeting Evaluation - “Pulse Check” (10-15 minutes)

- Committee meeting evaluation to follow the conclusion of the formal meeting.
- Chair facilitates the discussion with the support of a question list that allows for a flexible and relevant evaluation conversation.
- The Chair is accountable for any follow-up action items and reporting back to the Committee.

### Fostering a Culture of Continuous Improvement

Embedding evaluation practices into the orientation and on-going professional development for the Board and Committees assists in cultivating a governance culture rooted in accountability and continuous improvement.

By highlighting the role and value of evaluation from the start, members gain an understanding of how feedback contributes to Board and Committee effectiveness in fulfilling their public protection mandate. This emphasis also encourages members to approach their roles with openness to growth and development.

When members understand the benefits of regular evaluation, they are more likely to engage actively in feedback processes, whether through annual assessments or post-meeting debriefs.

Members on the Board and committees will be asked to complete several surveys given their various commitments. Individuals are encouraged to decide how best to engage. For example, a member may decide they have more to comment in for a particular committee and less with another committee. The objective is to support member engagement of evaluation activities, and reduce the possibility of survey-fatigue.

Orientation sessions can introduce members to how evaluations identify strengths and opportunities for improvement, helping ensure Board and Committee decisions are well-informed and aligned with the mandate. Professional development can further reinforce this by building members’ skills to interpret and share feedback constructively, supporting both individual and collective accountability.

Content on evaluation and feedback could be further incorporated into existing approaches and supports. Examples could include:

- **Governance Manual and Training:** Make relevant additions to the manual and include a review of the evaluation framework and purpose as part of orientation.
- **Speakers on Evaluation:** Inviting governance experts to speak about effective evaluation and feedback, who provide fresh perspectives to the Board and Committees.

- **Peer Reflection:** Have current Board and Committee members share their learning and experiences about the importance of evaluation, allowing the opportunity for new members to hear directly from colleagues.

## Supporting Chairs to Lead Effective Evaluation

Supporting Board and Committee Chairs in their role to lead evaluation activities is essential for fostering an engaged and effective governance culture. Chairs play a crucial role in setting the tone for open, constructive feedback, which supports the commitment to continuous improvement. The introduction of any new evaluation activity led by a chair (e.g., Pulse-check facilitation) should ensure any learning or support needs of a chair have been addressed prior to the activity being introduced. Chairs may have unique and shared learning needs that support meeting facilitation and evaluation activities. Examples of support for Chairs may include:

- **Training on Facilitation:** Providing chairs with training to effectively facilitate post-meeting debriefs and evaluation discussions, helping them guide constructive conversations focused on improvement.
- **Strategies for Providing Actionable Feedback:** Equipping chairs with techniques for giving specific, actionable feedback to Board and Committee members, ensuring evaluations lead to meaningful change and constructive engagement.
- **Opportunities for Shared Learning:** Creating opportunities for chairs to meet, share experiences, and exchange best practices for Board, Committee, and meeting evaluations. These “Chair Summits” allow opportunities to discuss approaches to facilitating discussions, applying evaluation outcomes, and encouraging collaboration.

Supports for chairs could leverage existing orientation and professional development opportunities, supported by staff resources and external coaching and facilitation. The approach can be flexible and address the learning and support needs of particular chairs.

## Evaluation Criteria

In the context of the evaluation framework, **criteria** refer to the specific standards or benchmarks used to assess the effectiveness, performance, and alignment of the Board’s actions with its mandate and responsibilities (*What we measure our performance against*). These criteria provide a structured basis for evaluation including:

- **Consistency and Objectivity:** Criteria provides a consistent basis for evaluation, allowing members to understand the standards of effective governance.

- **Alignment with Public Interest Mandate:** Criteria are rooted in the public interest and CDO’s governance model. This reinforces trust and transparency in the Board’s work and supports its accountability to the public.
- **Benchmarking Over Time:** Criteria allows the Board to measure progress over time, providing a way to track improvements or identify recurring challenges.

The criteria for CDO’s evaluation framework include leveraging current governance resources as the standard or benchmark to evaluate effectiveness:

1. **Board Governance Role:** The Board governs the regulator’s affairs and ensures that the regulator fulfills its duty to serve and protect the public interest.
2. **Role of the Board Directors:** Board directors are the individuals behind Board decisions. By participating fully in governance, they ensure that the College operates effectively in fulfilment of its public protection mission.
3. **CDO Competency & Attributes Framework:**

**Director Core Competencies:**

- Technology Proficiency
- Public Interest/Public Service
- Evidence-Based Decision-Making
- Strategic Thinking
- Critical Thinking/Problem Solving
- Equity, Diversity, Inclusion, and Belonging (EDI-B)

**Director Core Attributes:**

- Collaborative
- Committed
- Self-Aware
- Effective Communication

Together, these governance resources set out the over-arching standard that will be used for evaluating effective Board, Committee and meeting performance, and informs all evaluation tools, resources and processes.

**Key Evaluation Tools**

Tracking and measuring progress in board evaluations includes:

- **Surveys and Questionnaires:** Conduct structured surveys each year to measure board members’ views on governance practices, meeting effectiveness, and alignment with the organization’s mission. Use a consistent set of questions to track changes over time.
- **Third-Party Evaluations** - Engage external governance consultants every few years to perform an unbiased evaluation, focusing on industry standards and regulatory

compliance. This adds objectivity and benchmarks the board against best practices in the sector.:

- **Post-Meeting Evaluations** - Chair-Led Debriefs after each meeting - the Chair facilitates a brief discussion on meeting effectiveness and alignment with the agenda. Members provide immediate feedback, which is documented and reviewed over time.
- **Committee-Specific Evaluations** - Annual Committee Reviews: Each Committee evaluates its work and alignment with board goals. By collecting insights on individual Committees, it's easier to identify areas for improvement that may not be apparent in general board evaluations.

## Evaluation Question Recommendations

Based on all of the discussions, feedback and research on best practices, we have developed three new sets of evaluation questions included as Appendices, as per below:

- **Appendix A:** Annual Board & Director Evaluation Questions
- **Appendix B:** Annual Committee Evaluation Questions
- **Appendix C:** Post-Meeting Evaluations - Pulse Check Questions

The starting point for developing the annual **Board and Committee evaluations** were the current questions used by CDO. We then modified them to incorporate the following additional elements:

- CDO's *Core Competencies for the Board, 10 Responsibilities of the Board*, and the Board's overarching mandate "to serve and protect the public interest"
- Incorporation of research and best evaluation practices included:
  - Enhancement of the strategic focus of the evaluations, providing scalable options and open-ended questions
  - An increased focus on the performance of the group and the extent to which it is fulfilling its oversight role (in the case of the Board) or its regulatory decisions role (in the case of Committees) while also providing sufficient opportunities for individual directors to reflect on their own performance
  - An increased focus on fulfilling the public protection mandate, bringing attention to the right issues, responsiveness to the environment, and an emphasis throughout on continuous improvement
  - Additional questions which gather input around addressing skills/capacity gaps and developing ongoing training
  - A balance between quantitative and qualitative areas of inquiry



We would also like to emphasize the following recommendations around reviewing the evaluation feedback:

- **Enable detailed debriefs** - regularly workshop evaluation results and create ownership of the process throughout the engagement
- **Focus on an action-plan** to 1) respond to the outputs regarding performance; and 2) create opportunities for continuous improvement and targeted learning for both the Board/Committees and individual directors
- **Ongoing review** - build in ongoing reflection on the value and methodology of evaluations

For the **Post-Meeting Evaluations**, we have provided a short set of six questions to help the Board and Committee Chairs facilitate a clear and focused debrief of each meeting.

## 7. CLOSING

Incorporating a structured evaluation framework within the Board and Committee functions builds on CDO's established good governance practices, further enhancing effectiveness and alignment with its public protection mandate. By fostering a culture of constructive feedback, supporting Chairs in their leadership roles, and emphasizing the importance of evaluation through orientation and professional development, CDO strengthens its foundation of accountability and continuous improvement. These practices empower the Board and its Committees to remain adaptable and mandate focused. Through ongoing reflection and shared learning, CDO reinforces its commitment to governance excellence and public trust, building on its existing standards of good governance and continuous improvement.

## APPENDIX A

### Annual Board Evaluation: Survey Questions

#### RATING SCALE

All of the evaluation questions use one of the two rating scales below.

- Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- All of the time, Most of the time, Some of the time, None of the time

#### A. Role Understanding and Orientation

1. I know what is expected of my behaviour and conduct on the Board.
2. My fellow Board directors understand their role and duties as a Board director, including how it differs from Management's role.
3. *(for new board members only)* After completing the orientation process, I felt adequately prepared to fulfill my responsibilities as a Board director, including understanding the College's governing legislation, bylaws, and governance policies

#### B. Core Competencies and Participation

4. I am comfortable using technology and can work effectively in a remote/hybrid environment.
5. I have a solid understanding of the public protection mandate of the College and am committed to acting in the public interest.
6. I can differentiate between strategic and operational decisions and focus on strategic/governance/oversight issues.
7. I am able to assess, interpret, and synthesize information for evidence-based decision-making and focusing on mitigating public harm.
8. I prioritize equity, diversity, inclusion, and belonging in my Board work, understanding how biases can impact regulation.
9. I actively contribute to Board discussions, raising issues respectfully and encouraging open dialogue.
10. I attend and prepare for all meetings in advance by reading the materials and understanding the topics for discussion.
11. I stay current about issues facing the College and its stakeholders, including the dietetics profession.

#### C. Decision-Making and Governance Practices

12. Board discussions concentrate on policy, outcomes and achieving strategic objectives.
13. The Board spends the most amount of time on the most important issues.
14. Decisions are consistently based on evidence and well-supported information rather than opinion.
15. I am satisfied with the support provided by staff to accomplish the Board's work.
16. Board decisions are clearly recorded and reported.
17. Board decisions are respected by all Directors after they are made.
18. The Board operates at the strategic/governance/oversight level and does not delve into operational details.
19. We create a respectful space for the open sharing and understanding of diverse perspectives, and value diversity in decision-making.

20. The Board effectively integrates diverse perspectives to arrive at balanced and well-informed decisions.
21. The Board effectively resolves conflicts and encourages constructive dialogue that contributes to achieving its mandate.
22. Board Directors openly declare and manage conflicts of interest.

**Open-Ended Reflection Questions:**

- To what extent does the Board foster collaboration and consensus-building among its Directors?
- What aspects of the Board's decision-making processes work well?
- What could be enhanced to support better decision-making?
- If consensus-building could be improved, please describe how.

#### **D. Board Leadership**

23. The Board Chair is effective at managing meetings.
24. The Board Chair ensures that the most important work is done

**Open-Ended Reflection Questions:**

- What are 2-3 ways the Board Chair supports making good decisions in the public interest?
- Is there anything the Board Chair could do to better serve the Board and the Board's decision-making?

#### **E. Strategy Oversight and Risk Oversight**

25. I understand the external environmental factors that impact the organization's work and consider these in decision-making.
26. The Board has clear strategic priorities that inform its decisions.
27. The Board regularly monitors and evaluates progress toward strategic priorities.
28. The Board understands its role in risk oversight and regularly considers risks as part of decision-making.

**Open-Ended Reflection Questions:**

- What top three strategic areas should the Board focus on more to adapt to impacts or changes in the external environment, regulatory landscape or within the practice of Dietitians?
- What top three risks should the Board focus on more to adapt to impacts or changes in the external environment, regulatory landscape or within the practice of Dietitians?

#### **F. Financial Oversight**

29. The Board has the necessary skills for effective financial oversight.
30. The organization has budget controls and processes in place to ensure immediate as well as long-term sustainability.
31. The Board has appropriate financial reporting in place and engages in meaningful discussion with management to approve the budget and set fees.

**Open-Ended Reflection Questions:**

- Are there any areas in financial oversight where the Board could improve its approach?

**G. Organizational Culture, Leadership Development and Succession Planning**

32. The Board receives updates and information to monitor CDO's organizational culture and executive leadership development.
33. I am aware of the emergency Registrar & Executive Director succession plan.
34. I am confident in the succession planning initiatives for key leaders.
35. The Board adequately supports the Registrar & Executive Director's professional development.

**Open-Ended Reflection Questions:**

- Where could the Board improve in monitoring and supporting CDO's organizational culture, leadership development and succession planning?

**H. Individual and Board Learning**

36. The Board engages in ongoing and relevant education to enhance governance skills.
37. I engage fully in Board and Committee performance evaluations.
38. My fellow Board directors engage fully in Board and Committee performance evaluations.
39. I am aware of my strengths and areas for improvement as a Board director.

**Open-Ended Reflection Questions:**

- What additional training or educational opportunities would enhance:
  - Your individual effectiveness on the Board?
  - The Board's overall effectiveness?

**I. Summary Reflection Questions**

40. What are the most important areas where the Board could improve its overall performance and address emerging challenges?

## APPENDIX B

### Annual Committee Evaluation: Survey Questions

#### RATING SCALE

All of the evaluation questions use one of the two rating scales below.

- Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree
- All of the time, Most of the time, Some of the time, None of the time

#### A. Role Understanding

1. I know and understand what is expected of me and my behaviour and conduct on the Committee.
2. I understand my role and duties as a Committee member and how they align with the public protection mandate of the College.
3. I clearly understand the mandate of the Committee and how the Committee's work contributes to the College's strategic objectives and statutory obligations.

#### B. Core Competencies

4. I have a solid understanding of the public protection mandate of the College and am committed to acting in the public interest.
5. I prioritize equity, diversity, inclusion, and belonging in my Committee work, understanding how biases can impact regulation and decision-making.
6. I actively contribute to Committee discussions, raising issues respectfully and encouraging open dialogue.

#### C. Committee Effectiveness and Advisory Function

7. Committee discussions focus on making informed decisions and recommendations rather than only on meeting processes.
8. Committee members work collaboratively and respectfully, valuing diverse perspectives and resolving conflicts constructively.
9. Committee discussions and decisions are consistently based on well-supported information rather than opinion.
10. The Committee effectively communicates decisions and recommendations.
11. Committee members openly declare and manage conflicts of interest.

#### Open-Ended Reflection Questions:

- What aspects of the Committee's processes work well?
- What could be enhanced to further support discussion and decision making?

#### D. Alignment with Mandate and Strategic Objectives and Impact of the Work

12. The Committee regularly evaluates its performance towards achieving its mandate and workplans.
13. The Committee effectively contributes to the College's public protection mandate.
14. The Committee achieves its reporting requirements, including information to the Board.

15. The Committee's composition, including skills and subject-matter expertise, is well-suited to achieving its mandate and workplans.

**Open-Ended Reflection Questions:**

- Are there specific activities, topics or processes the Committee should focus on more to better achieve its mandate?
- If there are any skills gaps on the Committee, please specify areas for improvement in Committee composition or training.

**E. Meeting Management and Support**

16. The agenda and purpose of Committee meetings are clear, and action required for each agenda item is well identified.
17. The length of time scheduled for meetings is appropriate for the workload.
18. Meeting materials and documentation are sufficient to support informed discussions.
19. Committee members come prepared by reviewing materials in advance and engaging actively in discussions.
20. The Committee receives adequate support from Staff to fulfill its work and achieve its outcomes.

**Open-Ended Reflection Questions:**

- What improvements could be made to meeting management or staff support to enhance the Committee's effectiveness?

**F. Committee Leadership**

21. The Committee Chair is effective at managing meetings.
22. The Committee Chair ensures that the most important work is done.

**Open-Ended Reflection Questions:**

- What are 2-3 ways the Committee Chair supports making good decisions in the public interest?
- Is there anything the Committee Chair could do to better serve the Committee and the Committee's decision-making?

**G. Committee Dynamics and Collaborative Environment**

23. How well does the Committee work as a collective unit to achieve its mandate and goals?
24. The Committee fosters a respectful space for the open sharing and understanding of diverse perspectives.
25. The Committee effectively resolves conflicts and encourages constructive dialogue that contributes to achieving its mandate.
26. I feel that my contributions are respected and that the Committee values each member's input.
27. Committee members are encouraged to participate fully in discussions.

**Open-Ended Reflection Questions:**

- Are there any ways in which Committee dynamics could be improved to support better collaboration and decision-making?

## **H. Learning and Development for Committee and Members**

28. The Committee engages in relevant training or education that enhances its ability to fulfil its mandate and support the work of the College.
29. I actively seek to develop my own skills and strengths as a Committee member.

### **Open-Ended Reflection Questions:**

- What additional training or educational opportunities would enhance your individual effectiveness or the Committee's overall effectiveness?

## **I. Overall Committee Effectiveness and Personal Value**

30. Overall, the Committee effectively fulfills its mandate and contributes meaningfully to the College's public protection mandate.
31. I derive personal value from my participation in Committee work and enjoy serving on the Committee.

## **J. Summary Reflection Questions**

32. In your opinion, what are the Committee's greatest strengths in fulfilling its mandate and supporting the College?
33. What are the most important areas where the Committee could improve its overall performance, and how might these be addressed?
34. Please provide any additional feedback or suggestions for improving Committee performance.

## **APPENDIX C**

### **Post-Meeting Evaluation: Pulse Check Questions**

1. What worked well at today's meeting?
2. What was tricky?
3. Did everyone have an adequate opportunity to share their perspectives, and did we allow for diverse opinions?
4. Did we make decisions in alignment with our public protection mandate and role as CDO's Board/Committee?
5. Were the meeting materials and any other provided information clear, comprehensive, and relevant?
6. Is there anything we need to do differently at our next meeting?





## Board Briefing Note

<b>Topic:</b>	Finance and Audit Committee Composition
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Governance Committee

### Issue

To consider changes to the Finance and Audit Committee's composition to align with the evolving role of the Committee and with CDO's governance modernization goals.

### Public Interest Rationale

Aligning with practices of good governance allows CDO to be effective, efficient, transparent and accountable in the delivery of its mandate which fosters public confidence and trust.

### Background

Prior to January 2021, the Audit Committee (now the Finance and Audit Committee) was composed of the members of the Executive Committee and one other public board director, with the Chair of the Board serving as the Chair of the Committee.

Throughout 2020, the Board undertook an omnibus review of its Bylaw 1. In January 2021, the Board decided to change the composition of the Audit Committee to exclude the Chair and Vice-Chair given their signing authority and leadership role on the Executive. Additionally, the committee was reduced to four members, consisting of the third and fourth members of the Executive Committee and two other board directors, with equal representation of elected and public directors.



At its June 2022 meeting, the Board approved a governance modernization roadmap that reflects best practices in regulatory governance, including the reduction of the Executive Committee's role. To this end, at the December 2023 meeting, the Board approved amendments to the Executive Committee's terms of reference. The reduction in the Executive Committee's terms of reference required that some of its responsibilities be redistributed to the Audit Committee.

In May 2024, the Audit Committee reviewed the draft revisions to its terms of reference to reflect the redistribution of the Executive Committee's duties. The Committee considered whether the Chair and Vice-Chair should be permitted to serve on the committee, given their leadership role and familiarity with CDO financial procedures and agreed that this should be reconsidered in the future.

At its June 2024 meeting, the Board approved amendments to Bylaw 1 to rename the Audit Committee as the Finance and Audit Committee and to assign the committee additional oversight responsibilities relating to financial planning and reporting, internal control systems, investments and financial policies.

Given the Audit & Finance Committee's recommendation that its composition be reviewed, at its October 2024 meeting, the Governance Committee considered the options and decided to make a recommendation that the board amend the composition requirements for the Audit & Finance Committee.

## Considerations

### *Rationale for Exclusion of Chair and Vice-Chair on the Audit & Finance committee*

In reviewing the options, the Governance Committee considered an environmental scan and noted the following:

- No other HPRO College excludes the Chair and Vice-chair, despite several of the colleges undergoing recent governance reviews and reforms. In several other Colleges, the role of the Finance and Audit Committee is sometimes fulfilled by the Executive Committee.
- The Chair and Vice-Chair have additional insights into CDO finances given their role as signatories to large purchases (>\$25,000) and the registrar's expenses. The



active involvement of the Chair and Vice-Chair in the Finance and Audit Committee can enhance oversight, facilitate informed decision-making and promote transparency within CDO. By excluding these leadership positions, CDO may miss valuable insights and strategic perspectives that are essential for fulfilling the mandate of the Finance and Audit Committee.

- Safeguards are in place to ensure independence and accountability with respect to CDO's financial management and oversight. The annual audit is conducted by external auditors who provide an objective assessment of CDO's financial practices and compliance with internal controls. Additionally, the Board receives quarterly financial reports to ensure transparency and adherence to established policies. These measures are designed to maintain a clear separation of duties and prevent any potential conflicts of interest.

Based on the results of the environmental scan, the additional responsibilities of the Finance and Audit Committee and CDO's governance modernization plans, the Governance Committee considered three options. The Governance Committee recommends that the Board consider and approve option 3.

#### *Option 1: Maintain current composition*

It was noted that the current structure inhibits succession planning to some extent, depending on the continuity of executive committee appointments. It was agreed that the Board is better able to fulfill its fiduciary responsibilities if the Chair and Vice-Chair are permitted to sit on this committee, and there are internal and audit controls in place to segregate duties. For these reasons, the Governance Committee does not recommend this option.

#### *Option 2: Returning to the previous committee composition*

The Governance Committee considered whether the Finance and Audit Committee should revert back to the pre-January 2021 composition where the committee is composed of the members of the Executive Committee plus one other public board director, with the board chair acting as Finance and Audit Committee chair.

The Governance Committee does not recommend this option because it would restrict the ability to make competency-based appointments to ensure that the Finance and



Audit Committee includes members with financial management knowledge and experience. This option also inhibits succession planning, similar to option 1.

*Option 3: Five board directors with an optional committee appointee (recommended option)*

The Governance Committee recommends that the composition of the Finance and Audit Committee is changed to five board directors, with the option to include a committee appointee. With this option, committee membership would not be tied to the membership of any other committee, as is the current composition requirement. Aligning with governance best practices, committee members would be selected based on the competencies and attributes that support the specific work of the committee.

The committee appointee would be an optional position, at the discretion of the Board, based on the overall competency profile of the committee. This way, there would be flexibility in terms of whether an appointment was made, dependent on need, suitability and availability of committee appointees. A committee appointee does not need to be appointed for the Finance and Audit Committee to be properly constituted.

If the Board decides to incorporate “appointed committee members (public),” (see agenda item 13) the committee appointee position would likely be filled by this category of committee member. The committee appointee could be selected based on financial expertise, and while registrants would not be excluded, it is likely that the desired experience (e.g. CPA designation) would come from a member of the public.

The Governance Committee recommends this option because it would not restrict the Chair or Vice-Chair from sitting on the committee and it would create flexibility in appointing non-Board directors with financial experience based on committee needs.

## **Recommendation**

That the Board approve changes in principle to the composition of the Finance and Audit Committee, as recommended by the Governance Committee. Any changes would require an amendment to the College’s Bylaw 1 and the Committee terms of reference and will be provided to the board for approval at the March 2025 meeting.



## Board Briefing Note

<b>Topic:</b>	Appointing Members of the Public to Committees
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Governance Committee

### Issue

To consider appointing members of the public to committees.

### Public Interest Rationale

Regulatory governance best practices recommend an increased public perspective and voice. Aligning governance with best practices strengthens CDO's ability to make decisions in the public interest.

### Background

At its June 2022 meeting, the Board approved a governance modernization framework that reflects best practices in regulatory governance. This governance structure is designed to further CDO's public protection mandate while strengthening public trust.

Noting that some regulators in Ontario and British Columbia have begun appointing members of the public to committees, at its October 30 meeting, the Governance Committee explored this possibility and whether it would align with the next phase of CDO's governance modernization initiative. The Committee agreed that public committee appointees would align with CDO's vision for governance modernization and is recommending that the board:

- Begin appointing members of the public as committee appointees.



- Use the terminology “appointed committee member (public)” and “appointed committee member (registered dietitian)” to describe the two categories of appointed committee members.
- Adopt the eligibility criteria for appointed committee members (public) in Appendix 1.
- Set a three-year term length for appointed committee members (public) to match the term length for elected board directors and registered dietitian committee appointees.
- Compensate appointed committee members (public) at the same rate as appointed committee members (RD) and elected board directors.

## Considerations

The Governance Committee’s recommendation is based on the following factors:

### *Legislative*

To enhance the public voice on committees and alleviate the workload of publicly appointed board directors, it is possible, within existing legislation to recruit and appoint members of the public to CDO committees (“appointed committee member (public)”). A number of Colleges have begun to pursue this strategy to ensure the critical public voice is even more prominent in regulatory decision-making.

The *Regulated Health Professions Act* (RHPA) requires the appointment of public board directors to most statutory committees, however, there is no requirement for public board directors to be appointed to non-statutory committees. There is no legislative barrier to appointing community appointees to statutory committees. Should this strategy be pursued, an amendment to the bylaws would be required.

The CDO currently has five public board directors who are required to fill approximately 20 positions on 11 committees. Appointing members of the public to committees would allow CDO to reduce the number of public board directors on committees while maintaining the crucial public lens.



## *Terminology*

An environmental scan was conducted to identify the terminology used by other RHPA colleges and the new College of Health and Care Professionals of British Columbia, for their non-board public committee appointees. With no standard terminology adopted by the other regulators, the Governance Committee agreed that “appointed committee member (public)” clearly describes the role.

To create consistency in the terminology and avoid confusion, the Governance Committee recommends the renaming of CDO’s registrant committee appointees (currently referred to as “committee appointees”) to “appointed committee member (registered dietitian).”

## *Eligibility and screening*

The eligibility criteria for appointed committee members (public) (*Appendix 1*) could be similar to the eligibility criteria for RD committee appointees (*Appendix 2*), with some modifications.

Criteria that only applies to dietitians, such as registration with CDO and practicing dietetics, would be removed. Given that appointed committee members (public) could be registered with other non-health regulatory bodies, adjustments could be made to maintain the requirements to be in good standing with any regulator to which they are accountable.

Registrants have [mandatory self-reporting](#) obligations, where they are to self-report to CDO if they are charged or found guilty of any offence. Registrants are ineligible for committee appointment if they have charges or findings of guilt as an adult under the *Criminal Code* (Canada) or *Controlled Drugs and Substances Act*. Therefore, the Committee recommends that prospective public committee appointees submit a criminal record check, which also aligns with the requirements for public board directors set by the Public Appointments Secretariat. A criminal record would not necessarily disqualify someone from being appointed, but it would be taken into consideration along with any mitigating factors.

When determining eligibility and screening criteria, it is important to take a balanced approach to managing and mitigating risk to avoid creating unnecessary barriers for



members of the public that would deter them from participating in CDO work. For this reason, the eligibility and screening criteria should not be unduly onerous to members of the public. Potential eligibility criteria for community appointees is included as Appendix 1 for discussion purposes.

### *Term length*

Registrant committee appointees and elected board directors are appointed/elected for three-year terms and can serve a maximum of nine consecutive years.

As recommended by the Governance Committee, appointed committee members (public) could be appointed for three-year terms, aligning with registrant committee appointees and board directors. If they are appointed for three-year terms, the Governance Committee does not have to review and assess appointed committee members (public) annually before recommending them for reappointment, which would allow for an efficient administrative process.

[Bylaw 1](#) sets out the authority of the Board and Executive Committee to remove a committee appointee. In the event of a conduct issue or conflict of interest, the Board and Executive Committee have the authority to remove a committee appointee whether or not the disqualification criteria applies, with a simple majority vote (50% +1). This provision, which could extend to appointed committee members (public), significantly mitigates risk to the CDO.

### *Compensation*

If the Board decides to adopt appointed committee members (public), it will need to determine the compensation for the role, which will be drafted into the Honoraria and Expense policy in the Governance Manual.

Most colleges have opted to compensate appointed committee members (public) at the same rate as elected directors and registrant committee appointees to increase and diversify the candidate pool. The Governance Committee recommends that CDO adhere to the same compensation philosophy.





## **Recommendation**

That the Board incorporate appointed committee members (public) into its governance structure, with the following terms:

- Eligibility criteria as set out in Appendix 1.
- Three-year term lengths
- Compensation in accordance with the CDO remuneration policy.

## **Next Steps**

If the Board approves the adoption of appointed committee members (public) in principle, the proposed changes will be drafted into Bylaw 1 and the Governance Manual for approval at the March meeting.

## **Attachments**

- Appendix 1 – Draft Community Appointee Eligibility Criteria
- Appendix 2 – Committee Eligibility Criteria

#### 8.4 Eligibility for Public Committee Appointment

The Board of Directors may appoint a registrant member of the public who is not a director to serve on a committee if, as of the date of the appointment, or as of such other date specified below,

a) the registrant applicant has completed and filed with the Registrar an application for appointment in the form approved by the Registrar prior to the deadline for applications established by the Registrar;

~~b) the registrant is the holder of a general class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all registrants of the class;~~

~~c) the registrant is not in default of the payment of any fee payable to the College;~~

~~d) the~~ registrant applicant is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dietetics or any other profession;

~~e) the~~ registrant's applicant's ~~has not had a~~ certificate of registration or similar registration status with any professional regulatory body for their regulator, if applicable, has not been revoked or suspended in the six years preceding the date of the appointment for any reason other than non-payment of fees;

~~f) the~~ registrant applicant has not been found to have committed professional misconduct by the Discipline Committee or by any discipline committee or comparable decision-making body in any jurisdiction relating to dietetics or any other profession;

~~g) the~~ registrant applicant has not been disqualified by the Board of Directors in the three years preceding the date of the appointment as a result of a breach of a code of conduct or policy on conduct approved by the Board of Directors or a breach of the conflict of interest provisions of this bylaw;

~~f) the~~ registrant applicant is not engaged in the practice of dietetics in any jurisdiction in Ontario or, if the registrant is not engaged in the practice of dietetics, principally resides in Ontario;

g) the applicant principally resides in Ontario;

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h) the applicant has submitted a criminal record check dated within six (6) months of the date the application is filed with the Registrar, in the form required by the College;

i) the registrant-applicant does not have had a notation on the College any public register of a finding of professional negligence or malpractice made against the m registrant;

j) the registrant-applicant is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);

k) the registrant-applicant does not have a notation on the College any public register of any charges against them in relation to any offence;

l) the registrant-applicant does not have a criminal finding of guilt as an adult under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);

m) the registrant-applicant does not had have a notation on the College any public register of a finding of guilt made against them by a court with respect to any offence;

n) the registrant does not have a notation on the College any public register of has note entered an undertaking provided to with the College any professional regulatory body with respect to a matter involving the Inquiries, Complaints and Reports Committee or the Discipline Committee a complaint or disciplinary matter;

o) the registrant-applicant is not currently the subject of an undertaking provided to the College any professional regulatory body with respect to a fitness to practise issue;

p) the registrant-applicant is not currently the subject of an interim order made by a their panel of the Inquiries, Complaints and Reports Committee a professional regulatory body;

q) the registrant-applicant has not been ordered to attend to receive a caution from a panel of the any Inquiries, Complaints and Reports Committee or from a comparable committee decision-making body or decision-maker, or been required to complete a specified continuing education or remediation program or comparable program by a

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panel of the Inquiries, Complaints and Reports Committee or by a comparable committee decision-making body or decision-maker in the preceding three (3) years;

r) the registrant applicant is not a member of the Board of Directors or council of any other RHPA college;

s) the registrant applicant is not an employee of the College and has not been an employee of the College during the preceding two (2) years;

t) the registrant applicant is not an applicant for employment at the College and has not applied for employment at the College during the preceding year;

~~u) the registrant is not in default of completing and submitting any information or form required under the regulations of the RHPA or Act, or the bylaws of the College;~~

u.1) the registrant applicant meets the competency and attribute requirements set out in the applicable College policy as approved by the Board of Directors and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the applicable College policy;

~~v)u)~~ the registrant applicant has successfully completed the College's current training program relating to the duties, obligations and expectations of Board of Directors and committee members;

~~w)v)~~ the registrant applicant is not party to a legal proceeding against the College;

~~x)v)~~ the registrant applicant has completed and filed with the Registrar a conflict of interest declaration by the deadline and in the form approved by the Registrar, and the registrant does not have a conflict of interest to serve as a member of the Board of Directors;

~~y)x)~~ the registrant applicant does not hold a position that would cause the registrant applicant to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization;

y.1) the registrant applicant does not, and did not within the preceding three (3) years, hold a leadership, employment or contractual role with an international, national or

provincial association or organization that advances the interests of dietitians, has policy making responsibilities for dietitians, or oversees the regulation of dietitians; or

z)y) the [registrant applicant](#) is not ineligible because of section 8.5.

#### **8.5 Term of Office of Committee Members**

The term of office of a committee appointee is approximately three (3) years from the date of appointment or re-appointment to a committee. No person may serve as a committee appointee for more than nine (9) consecutive years. A person who has served as a committee appointee for nine (9) consecutive years is not eligible for appointment as a committee appointee for at least three (3) years from the date the person last served as a committee appointee.

#### **8.4 Eligibility for Committee Appointment**

The Board of Directors may appoint a registrant who is not a director to serve on a committee if, as of the date of the appointment, or as of such other date specified below,

- a) the registrant has completed and filed with the Registrar an application for appointment in the form approved by the Registrar prior to the deadline for applications established by the Registrar;
- b) the registrant is the holder of a general class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all registrants of the class;
- c) the registrant is not in default of the payment of any fee payable to the College;
- d) the registrant is not the subject of any disciplinary or incapacity proceeding in Ontario or any similar proceeding in any other jurisdiction relating to dietetics or any other profession;
- e) the registrant's certificate of registration has not been revoked or suspended in the six years preceding the date of the appointment for any reason other than non-payment of fees;
- f) the registrant has not been found to have committed professional misconduct by the Discipline Committee or by any discipline committee in any jurisdiction relating to dietetics or any other profession;
- g) the registrant has not been disqualified by the Board of Directors in the three years preceding the date of the appointment as a result of a breach of a code of conduct or policy on conduct approved by the Board of Directors or a breach of the conflict of interest provisions of this bylaw;
- h) the registrant is engaged in the practice of dietetics in Ontario or, if the registrant is not engaged in the practice of dietetics, principally resides in Ontario;
- i) the registrant does not have a notation on the College register of a finding of professional negligence or malpractice made against the registrant;

- j) the registrant is not the subject of a charge under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);
- k) the registrant does not have a notation on the College register of a charge in relation to any offence;
- l) the registrant does not have a criminal finding of guilt as an adult under the Criminal Code (Canada) or the Controlled Drugs and Substances Act (Canada);
- m) the registrant does not have a notation on the College register of a finding of guilt made by a court with respect to any offence;
- n) the registrant does not have a notation on the College register of an undertaking provided to the College with respect to a matter involving the Inquiries, Complaints and Reports Committee or the Discipline Committee;
- o) the registrant is not currently the subject of an undertaking provided to the College with respect to a fitness to practise issue;
- p) the registrant is not currently the subject of an interim order made by a panel of the Inquiries, Complaints and Reports Committee;
- q) the registrant has not been ordered to attend to receive a caution from a panel of the Inquiries, Complaints and Reports Committee or been required to complete a specified continuing education or remediation program by a panel of the Inquiries, Complaints and Reports Committee in the preceding three (3) years;
- r) the registrant is not a member of the Board of Directors or council of any other RHPA college;
- s) the registrant is not an employee of the College and has not been an employee of the College during the preceding two (2) years;
- t) the registrant is not an applicant for employment at the College and has not applied for employment at the College during the preceding year;
- u) the registrant is not in default of completing and submitting any information or form required under the regulations of the RHPA or Act, or the bylaws of the College;

- u.1) the registrant meets the competency and attribute requirements set out in the applicable College policy as approved by the Board of Directors and demonstrates this by fulfilling the requirements of the competency and attribute screening process approved by the Board of Directors and set out in the applicable College policy;
- v) the registrant has successfully completed the College's current training program relating to the duties, obligations and expectations of Board of Directors and committee members;
- w) the registrant is not party to a legal proceeding against the College;
- x) the registrant has completed and filed with the Registrar a conflict of interest declaration by the deadline and in the form approved by the Registrar, and the registrant does not have a conflict of interest to serve as a member of the Board of Directors;
- y) the registrant does not hold a position that would cause the registrant to have a conflict of interest by virtue of having competing fiduciary obligations to both the College and another organization;
  - y.1) the registrant does not, and did not within the preceding three (3) years, hold a leadership, employment or contractual role with an international, national or provincial association or organization that advances the interests of dietitians, has policy making responsibilities for dietitians, or oversees the regulation of dietitians; or
- z) the registrant is not ineligible because of section 8.5.

## **8.5 Term of Office of Committee Members**

The term of office of a committee appointee is approximately three (3) years from the date of appointment or re-appointment to a committee. No person may serve as a committee appointee for more than nine (9) consecutive years. A person who has served as a committee appointee for nine (9) consecutive years is not eligible for appointment as a committee appointee for at least three (3) years from the date the person last served as a committee appointee.





## Board Briefing Note

<b>Topic:</b>	Increasing Board and Committee Separation
<b>Purpose:</b>	Decision Required
<b>Strategic Plan Relevance:</b>	Governance Modernization and Enhancing Public Trust
<b>From:</b>	Governance Committee

### Issue

To consider having greater separation between the Board and committees.

### Public Interest Rationale

Regulatory governance best practices supports reduced overlap between board and committees and an increased public perspective and voice. Aligning governance with best practices strengthens CDO's ability to make decisions in the public interest.

### Background

In February 2022, the Ministry of Health sought feedback from health regulatory colleges on a policy proposal for governance modernization (*Appendix 1*), which included the separation of boards and committees. The rationale behind this proposed change was to address the role confusion when the same individuals are setting strategic direction (the role of the Board) and carrying out individual regulatory decisions and policy development (role of committees).

At its June 2022 meeting, the Board approved a governance modernization framework that reflects best practices in regulatory governance. This governance structure is designed to further CDO's public protection mandate while strengthening public trust. The separation of the Board and committees is included in the board's approved governance modernization framework as an option.



At its meeting on October 30, 2024, the Governance Committee discussed whether CDO should separate the Board from committees as part of its next phase of governance modernization. The Committee agreed that a reduction in board directors on committees would align with CDO's vision for governance modernization and recommended revisions to committee structures (*Appendix 2*) to the Board for further consideration.

## Considerations

In developing their recommendation, the Governance Committee considered the following factors:

### *Legislative*

The [Regulated Health Professions Act](#) (RHPA) establishes quorum and composition requirements for statutory committees. However, the composition of CDO committees goes beyond the legislated minimums for board directors, and sometimes beyond the minimums set out in CDO bylaw. Therefore, the CDO is well within its authority to make modifications to its appointment approach, within the legislative parameters of the RHPA.

CDO also has a number of non-statutory committees, which do not have legislated composition requirements, but do include minimum numbers of board directors in CDO By-law 1. The board has the option to retain some board director representation on committees of the board (i.e. those that directly support the board's fiduciary role), such as governance committee and audit and finance committee to maintain some board oversight of those activities.

### *Independence of the Board*

Reducing the overlap between board and committees can enhance the perception of independence for both the Board and committees. The Board has an oversight role while committees report to the Board and assist with governance functions such as proposing policies, case management and conducting research. With fewer board directors on committees, the Board is better able to review committee recommendations objectively and with a fresh lens. This allows the Board to ensure committees have analyzed issues thoroughly and that recommendations align with CDO's strategic direction.



Reduction in overlap between board and committees would not result in any significant changes to board decision-making processes. Committees would continue to put forward policy recommendations to the Board and to support those recommendations with robust analysis and evidence to assist the Board in making informed decisions.

### *Time Commitment*

Committee composition requirements create a substantial time commitment for board directors, contribute to director burnout and create challenges in achieving quorum due to juggling committee meeting schedules. Currently, board directors are appointed to at least two committees, although many are appointed to three or more.

Reducing the number of board directors on committees would reduce their CDO workload and allow for greater balance with work/life commitments. The reduced workload may also make the board director role more accessible to a greater number of registrants with potentially more diversity and could result in more interest in applying for board seats.

The roles of committees differ from that of the Board and therefore, the competencies and attributes required also differ, and committee appointees can be appointed based on competencies and attributes required by the specific committee.

### *Environmental Scan*

Growing research on regulation supports the separation of board and committees and has been identified as a best practice in Ireland, the UK, Australia and New Zealand. Canadian regulators are also moving towards the separation of board and committees.

### *Increasing Committee and Public Appointees*

To reduce the number of both elected and public board directors on committees, CDO will need to incorporate “appointed committee members (public)” into its governance structure to ensure the critical public voice is prominent in regulatory decision-making. Over the last several years, the board has been increasing its roster of RD committee members to improve succession planning and to prepare for possible governance change related to separation of board and committee members.

Ensuring representation from RDs who serve equity deserving communities and with northern, rural and remote practice experience was a primary consideration in the board's decision to restructure the electoral districts, and separating board and committees would further expand the contribution of these members.

Potential committee compositions are outlined in Appendix 2.

Reducing the number of board directors on committees in the bylaw will not restrict the Board from appointing additional board directors to committees to achieve the desired competency and attribute profile, apart from the Executive, Patient Relations and Finance and Audit<sup>1</sup> Committees which have set composition requirements not minimum composition requirements.

### **Recommendation**

That the Board approve the recommendation in principle to further separate the board and committees, and the proposed committee structure as presented (or with amendments).

### **Next Steps**

If the Board approves the recommendation, the proposed changes will be drafted into Bylaw 1 and committee terms of reference for approval at the March meeting.

### **Attachments**

- Appendix 1 – MOH Governance Consultation Slide Deck
- Appendix 2 – Possible Committee Compositions

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<sup>1</sup> The Governance Committee recommends composition changes to the Finance and Audit Committee, which will be considered by the Board at this meeting. Depending on the outcome of the Board's decision, the composition of the Finance and Audit Committee may be changed to minimum composition requirements instead of the set composition requirements it currently has.

# Governance Reform and Regulatory Modernization

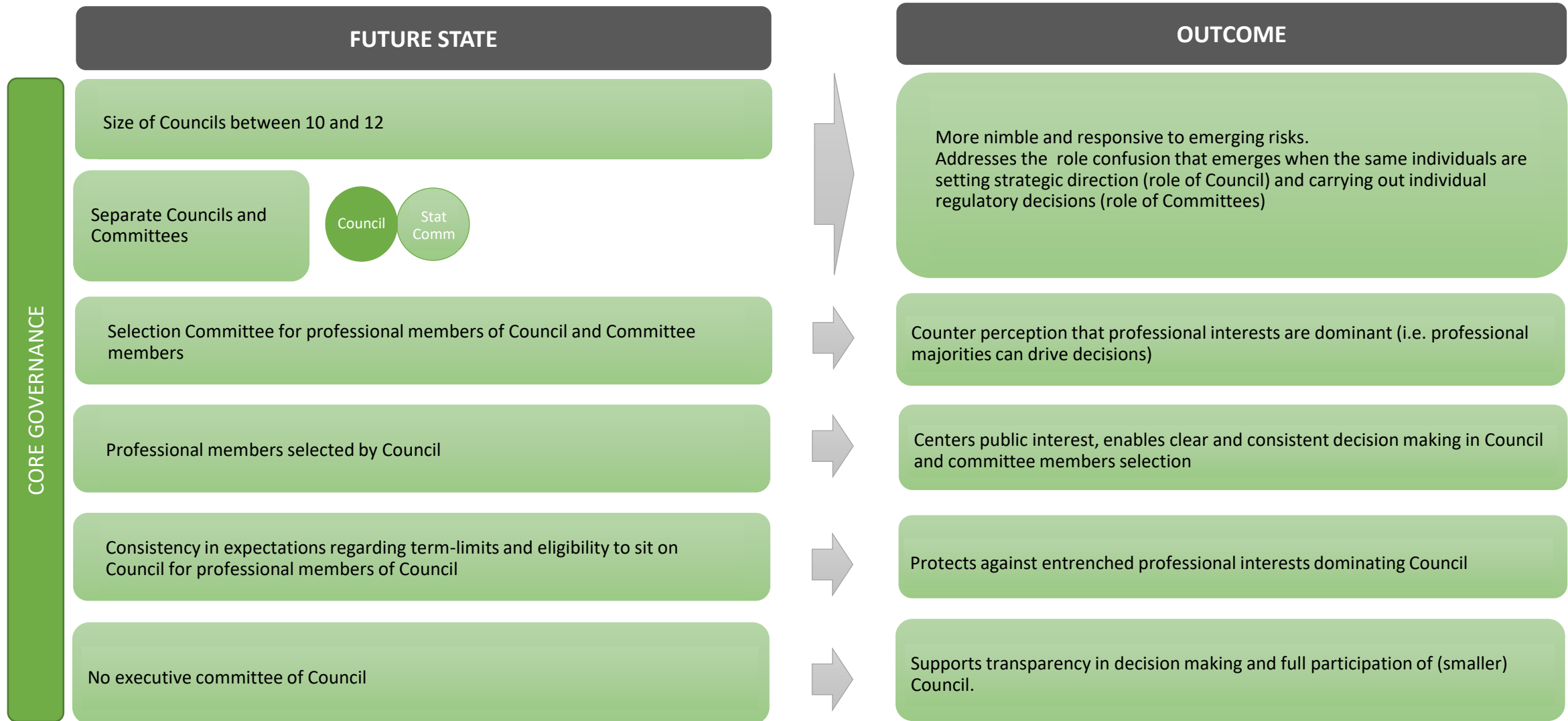
## Consultation Deck

# Purpose

The Ministry of Health (ministry) is seeking feedback on a policy proposal for health regulatory college governance modernization.

The feedback provided during consultations will be used to inform legislative development.

# Proposed Core Governance Reforms



# Core Governance Considerations

Proposed Change	Implementation Considerations
Smaller councils between 10-12 Members	<ul style="list-style-type: none"><li>• Ensuring that transitioning to smaller councils does not disrupt the operation of Council or committees</li><li>• Ensuring/Maintaining continuity of services by Colleges</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Should the transition occur by (or on) a certain date? What are the implications of doing this?</li><li>• Should some council members be moved to exclusively serve on statutory committees as a means of shrinking council? Why or why not?</li><li>• What transition provisions/mechanisms do you think you will need in place in order to continue operations?</li></ul>
Council and Committee Separation	<ul style="list-style-type: none"><li>• Separating council and committees may potentially reduce the capacity for committees to carry out their duties in the short term.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Should councils' transition occur by (or on) a certain date? What are the implications of doing this?</li><li>• Can colleges temporarily move members of council to serve exclusively on statutory committees, until future appointments can be made?</li><li>• Can a hybrid approach be implemented where some members of council are moved to serve exclusively on statutory committees while other members serve temporarily on both council and committees until the college can fully transition to the new structure?</li><li>• Are there any other considerations / implementation issues that require addressing?</li></ul>



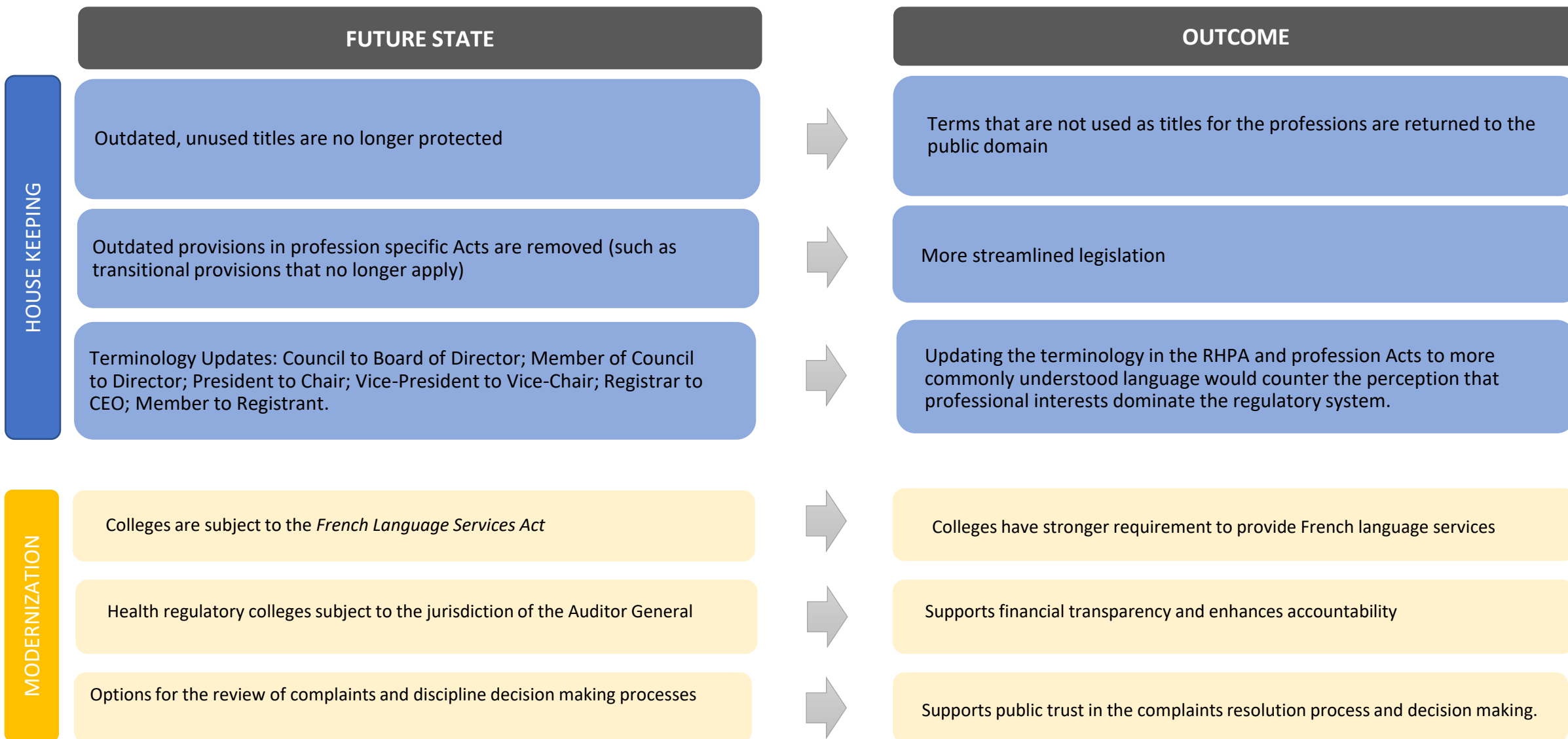
# Core Governance Considerations

Proposed Change	Implementation Considerations:
Enable equal public and professional representation	<ul style="list-style-type: none"><li>• Competencies for the selection of professional members of Council need to be in place to ensure that Councils are comprised of individuals who have the appropriate knowledge and experience</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Once a selection framework is in place, should the competencies be applied retroactively or only to new professional members of Council?</li><li>• What considerations should the Ministry be aware of in transitioning to a Council with equal public and professional membership?</li></ul>
Professional members selection	<ul style="list-style-type: none"><li>• Colleges will need to develop separate competencies for serving on council and each of the statutory committees</li><li>• Establish a 'Nomination and Selection Committee' to oversee the selection of professional members of Council and the selection of committee members.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• How do you envision this new committee being established? Is it a statutory committee in your view?</li><li>• Will the selection processes include diversity, technical, regional and behavioural requirements? Will smaller councils be able to ensure an appropriate mix of demographic and regional representation, in addition to competencies? What challenges, if any, do you foresee?</li></ul>

# Core Governance Considerations

Proposed Change	Implementation Considerations:
Regulation regarding term limits/eligibility for Council	<ul style="list-style-type: none"><li>• Introducing new term limits for professional members of Council may impact current members of Council.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Should term limits be applied retroactively, which would require those who have already reached the limit to step down, or be applied on a move forward basis?</li><li>• Do you foresee any challenges in imposing term limits?</li></ul>
Eliminate Executive Committee	<ul style="list-style-type: none"><li>• Smaller councils and the expanded use of technology may mean that Executive Committees will no longer be necessary</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Is there any public interest reason as to why the Executive Committee should remain in place?</li><li>• What considerations should the Ministry be aware of in eliminating the Executive Committee?</li></ul>

# Proposed Housekeeping and Modernization Reforms



# Modernization Considerations

Proposed Change	Implementation Considerations
Colleges included under FLSA through legislative amendments designating colleges as public service agencies	<ul style="list-style-type: none"><li>• Implementation will likely need to be gradual to reduce costs and are likely to be dependent on the French language services currently being offered by each college and what additional services are required to bridge the gap to the first implementation target.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Should colleges focus on translating only new pages and materials on college websites?</li><li>• Should content on college websites be retroactively translated based on the importance of information?</li><li>• Should content be ranked in order of importance? (for example, registration information could be ranked as high priority for translation, while older reports can be translated at a later time)</li><li>• Are there efficiencies to be gained with colleges pooling resources to hire a dedicated staff person for French translation?</li><li>• What supports will you need to support implementation, financial or otherwise?</li><li>• Do you foresee any implementation challenges with the current proposal?</li></ul>
Allow the Office of the Auditor General of Ontario (OAGO) to conduct financial audits of colleges.	<ul style="list-style-type: none"><li>• The Auditor General (AG) would be enabled to review the financial information of each college.</li><li>• Anticipated costs to the colleges would likely vary depending on the capacity and size of each college.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• Do you foresee any challenges with providing the AG with this information?</li><li>• What supports will you need to support implementation, financial or otherwise?</li><li>• Do health regulatory colleges use public service accounting standards?</li></ul>

# Modernization Considerations Cont.

Proposed Change	Implementation Considerations
Legislative and/or regulatory amendments to enable the Patient Ombudsman, or another body, to review complaints and discipline decision making processes	<ul style="list-style-type: none"><li>• Similar to how the Fairness Commissioner reviews registration processes, the ministry would like to consider options for the oversight and review of complaints and discipline processes.</li></ul> <p>Questions:</p> <ul style="list-style-type: none"><li>• What challenges do you foresee with enabling external review of decision-making processes?</li><li>• Would enabling external to review these processes increase public trust in regulatory oversight?</li><li>• In reviewing decision-making processes, what should the Patient Ombudsman's (or other body's) powers be? For example, should they be able to order changes or process improvements, or should it be a recommendation?</li></ul>

# Reducing Barriers to Registration

Proposed Change	Consultation Questions
Removal of Canadian experience requirements for internationally trained applicants	<p>Questions:</p> <ul style="list-style-type: none"><li>• Do you support the removal of Canadian experience requirements for internationally trained health professions?</li><li>• Are you aware of any Canadian experience requirements for the registration of internationally trained health professionals?</li><li>• What aspects of the registration processes or requirements necessitate an applicant to be in Canada?</li><li>• What challenges would be faced in eliminating Canadian experience requirements?</li><li>• What other barriers are faced in the timely registration of internationally trained applicants? How could these barriers be addressed?</li></ul>
Time limits for registration decisions	<p>Questions:</p> <ul style="list-style-type: none"><li>• Do you support prescribed time limits for registration decisions?</li><li>• Should time limits apply for only certain types of applicants (e.g. labour mobility)? Why or why not?</li><li>• Are there unintended consequences to setting time-limits on registration decisions?</li><li>• What challenges do you foresee with meeting prescribed time limits?</li><li>• In your opinion what barriers exist to the timely registration of labour mobility applicants? How could these barriers be addressed?</li></ul>
Standardized requirements for demonstrating language proficiency	<p>Questions:</p> <ul style="list-style-type: none"><li>• Do you support standardizing requirements for demonstrating language proficiency across regulatory colleges?</li><li>• Are there unintended consequences to standardizing these requirements?</li><li>• What challenges do you foresee in setting standardizing requirements?</li></ul>
Expediting registration in emergencies	<p>Questions:</p> <ul style="list-style-type: none"><li>• Do you support enabling expedited registration in emergencies?</li><li>• What barriers exist to expediting registration in an emergency?</li><li>• Are there unintended consequences to enabling expedited registration?</li><li>• What measures should be put in place for the transition of registrants when the emergency is resolved?</li></ul>

# Integrating Oversight Systems and New Professions

	Consultation Questions
Establishing the Authority and the regulation of personal support workers	<p>The <i>Health and Supportive Care Providers Oversight Authority Act, 2021</i> establishes a new regulatory framework to provide oversight to health and supportive care providers, beginning with personal support workers.</p> <p>Questions:</p> <ul style="list-style-type: none"><li>• How do you think information will be shared between the Authority and your college?</li><li>• Are there existing communication channels/ round tables among colleges that can include the Authority?</li><li>• Are there any governance best practices or lessons learned that would benefit the Authority?</li><li>• What factors should be considered when determining which professions should be overseen by the Authority?</li></ul>

- Feedback on the proposed reforms is requested by **February 23, 2022**
- Should legislation be introduced and approved, the ministry would work with stakeholders on implementation including the development of enabling regulations



## Possible Committee Compositions

<b>Registration Committee</b>			
<b>Bylaw requirement</b>	<b>Current composition</b>	<b>Possible composition</b>	<b>RHPA requirement</b>
2 elected 2 public 1 committee appointee <i>Minimum requirements</i>	2 elected 2 public 3 committee appointees	1 elected 2 public 3-5 committee appointees (public/dietitian) <i>Minimum requirements</i>	At least one public director on a panel.
<b>Rationale</b>			
<ul style="list-style-type: none"> <li>• Committee assigns panels as needed based on committee member availability.</li> <li>• Recently, file deliberations have been conducted by the Committee opposed to panels due to the decrease in files.</li> </ul>			

<b>Quality Assurance Committee</b>			
<b>Bylaw requirement</b>	<b>Current composition</b>	<b>Possible composition</b>	<b>RHPA requirement</b>
2 elected 2 public 1 committee appointee <i>Minimum requirements</i>	3 elected 3 public 3 committee appointees	1 public 4-6 committee appointees (public/dietitian) <i>Minimum requirements</i>	No specific composition requirements.
<b>Rationale</b>			
<ul style="list-style-type: none"> <li>• By replacing most public directors with committee appointees (public), the Committee can maintain the public lens while reducing the workload of the public directors.</li> </ul>			

<b>Inquiries, Complaints and Reports Committee</b>			
<b>Bylaw requirement</b>	<b>Current composition</b>	<b>Possible composition</b>	<b>RHPA requirement</b>
3 elected 3 public 2 committee appointees <i>Minimum requirements</i>	3 elected 4 public 4 committee appointees	2 public 6-8 committee appointees (public/dietitian) <i>Minimum requirements</i>	At least one public director on a panel.
<b>Rationale</b>			
<ul style="list-style-type: none"> <li>• Since the ICRC is divided into two panels, two public directors could be appointed to the committee to meet the panel requirements.</li> </ul>			

### Professional Practice Committee

Bylaw requirement	Current composition	Possible composition	RHPA requirement
2 elected 2 public 1 committee appointee <i>Minimum requirements</i>	2 elected 2 public 3 committee appointees	1 elected 1 public 4-6 committee appointees (public/dietitian) <i>Minimum requirements</i>	As a non-statutory committee, there are no specific composition requirements.

#### Rationale

- By replacing most of the directors with committee appointees, the Committee can fulfill its assigned mandate while reducing the workload of board directors.

### Governance Committee

Bylaw requirement	Current composition	Possible composition	RHPA requirement
1 elected 3 public 1 committee appointee <i>Minimum requirements</i>	3 elected 3 public 1 committee appointee	No change	As a non-statutory committee, there are no specific composition requirements.

#### Rationale

- Committee composition was changed in June 2024.
- A panel of three public directors is required to address election disputes.
- Additional committee appointees can be appointed, but this does not require a bylaw change.

### Finance and Audit Committee

Bylaw requirement	Current composition	Possible composition	RHPA requirement
2 elected 2 public (3 <sup>rd</sup> and 4 <sup>th</sup> members of Exec and 2 other directors)	2 elected 2 public (3 <sup>rd</sup> and 4 <sup>th</sup> members of Exec and 2 other directors)	TBD See briefing note	As a non-statutory committee, there are no specific composition requirements.

### Executive Committee

Bylaw requirement	Current composition	Possible composition	RHPA requirement
4 board directors (1 public director minimum)	3 elected 1 public	No change	No specific composition requirements.
<b>Rationale</b> <ul style="list-style-type: none"> <li>The role of the Committee was significantly reduced.</li> <li>Current composition suited for the role and responsibilities of the committee.</li> </ul>			

### Patient Relations Committee

Bylaw requirement	Current composition	Possible composition	RHPA requirement
Executive Committee membership	Executive Committee membership	No change	No specific composition requirements.
<b>Rationale</b> <ul style="list-style-type: none"> <li>Committee composition was changed in June 2024 to match the composition of the Executive Committee.</li> </ul>			

### Discipline and Fitness to Practise Committees

Bylaw requirement	Current composition	Possible composition	RHPA requirement
3 elected 2 public 1 committee appointee <i>Minimum requirements</i>	All directors 1 committee appointee	No change	At least one elected director and two public directors to sit on a five-person panel.
<b>Rationale</b> <ul style="list-style-type: none"> <li>Having all board directors appointed will help ensure it is always possible to account for conflicts of interest, committee member availability and strike panels on a timely basis.</li> <li>Future changes to the composition of this committee may be considered if CDO's hearing schedule increases or if an external hearing tribunal is used.</li> </ul>			



## College of Dietitians of Ontario (CDO) Land Acknowledgement

Board attachment 0.0

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

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

### Mission

The College of Dietitians of Ontario regulates dietitians for public protection.

### Vision

The College of Dietitians of Ontario delivers regulatory excellence to contribute to the health of Ontarians.

### Values

Integrity | Collaboration | Accountability | Transparency | Innovation | EDI-B



## Board Action List

Actions as of November 29, 2024

Meeting Date	Agenda Item	Action	Status	Notes
September 13	7. Management Report	Provide the Board with an update at a future meeting on the Health Practitioners Disciplinary Tribunal	In progress	
	11. Advertising and Marketing Standard	Publish and communicate	In progress	Communicated through Reg Talks and the annual workshop, from November 2024 to February 2025
	14. Appointment of the Auditor	Notify auditors of reappointment	Complete	

## CDO Acronym List

### General Acronyms

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

## Health Regulatory Colleges

<b>ACRONYMS</b>	<b>DEFINITION</b>
<b>CASLPO</b>	College of Audiologists and Speech-Language Pathologists of Ontario
<b>CCO</b>	College of Chiropractors of Ontario
<b>CDHO</b>	College of Dental Hygienists of Ontario
<b>CDO</b>	College of Denturists of Ontario
<b>CDO</b>	College of Dietitians of Ontario
<b>CDTO</b>	College of Dental Technologists of Ontario
<b>CMLTO</b>	College of Medical Laboratory Technologists of Ontario
<b>CMO</b>	College of Midwives of Ontario
<b>CMRITO</b>	College of Medical Radiation and Imaging Technologists of Ontario
<b>CMTO</b>	College of Massage Therapists of Ontario
<b>CNO</b>	College of Nurses of Ontario
<b>COCOO</b>	College of Chiropodists of Ontario
<b>COKO</b>	College of Kinesiologists of Ontario
<b>CONO</b>	College of Naturopaths of Ontario
<b>COO</b>	College of Optometrists of Ontario
<b>COO</b>	College of Opticians of Ontario
<b>COTO</b>	College of Occupational Therapists of Ontario
<b>CPO</b>	College of Physiotherapists of Ontario
<b>CPO</b>	College of Psychologists of Ontario
<b>CPSO</b>	College of Physicians and Surgeons of Ontario
<b>CRPO</b>	College of Registered Psychotherapists of Ontario
<b>CRTO</b>	College of Respiratory Therapists of Ontario
<b>CTCMPAO</b>	College of Traditional Chinese Medicine Practitioners & Acupuncturists of Ontario
<b>OCHM</b>	College of Homeopaths of Ontario
<b>OCP</b>	Ontario College of Pharmacists and Pharmacy Technicians
<b>RCDSO</b>	Royal College of Dental Surgeons of Ontario

## Universities

<b>ACRONYMS</b>	<b>DEFINITION</b>
<b>NOSM</b>	Northern Ontario School of Medicine (affiliated with NODIP)
<b>TMU</b>	Toronto Metropolitan University
<b>UOFG</b>	University of Guelph
<b>UOFO</b>	University of Ottawa
<b>UOFT</b>	University of Toronto
<b>UWO</b>	University of Western Ontario

*Practicum Programs*

<b>ACRONYMS</b>	<b>DEFINITION</b>
<b>MAN</b>	Master of Applied Nutrition (UofG)
<b>MHSC</b>	Master of Health Science (TMU)
<b>MPH</b>	Master of Public Health (UofT)
<b>MSCFN</b>	Masters of Science in Food and Nutrition (Brescia, UWO)
<b>NODIP</b>	Northern Ontario Dietetic Internship Program (affiliated with NOSM)
<b>PMDIP</b>	Professional Masteres Diploma in Dietetics (TMU)

*Canadian Dietetic Regulators*

<b>ACRONYM</b>	<b>DEFINITION</b>
<b>CDBC</b>	College of Dietitians of British Columbia
<b>CDA</b>	College of Dietitians of Alberta
<b>SDA</b>	Saskatchewan Dietitians Association
<b>CDM</b>	College of Dietitians of Manitoba
<b>CDO</b>	College of Dietitians of Ontario
<b>ODNQ</b>	Order of Dietitians and Nutritionists of Quebec
<b>NBAD</b>	New Brunswick Association of Dietitians
<b>NLDC</b>	Newfoundland and Labrador College of Dietitians
<b>NSCDN</b>	Nova Scotia College of Dietitians and Nutritionists
<b>CDPEI</b>	College of Dietitians of Prince Edward Island



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

These four goals will be accomplished through the following strategies:

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

The College of Dietitians of Ontario regulates dietitians for public protection.

**Vision**

The College of Dietitians of Ontario delivers regulatory excellence to contribute to the health of Ontarians.

**Values**

Integrity | Collaboration | Accountability | Transparency | Innovation | EDI-B

## CDO Board Voting Practices

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



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

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

## Voting Options



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



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



**Abstain.** Is not a vote for or against.

You do not have enough information to make a decision.

You have a conflict of interest or bias.



**Consensus** is preferred.



**Majority** is required.



## **Annual Conflict of Interest Declaration for Board Directors**

Board directors have a fiduciary duty to the CDO in which they must avoid situations where their personal, professional or financial interests or relationships conflict with their duties to the College. Board directors should avoid situations where the duties they owe to the CDO may conflict with duties they owe to other organizations or individuals. The definition of 'conflict of interest', and obligations relating to conflicts of interest, are set out in [Bylaw 1](#).

For the 2024-2025 term, all directors listed below have indicated they are in compliance with CDO's conflict of interest policy and no conflicts of interest were identified.

Denis Tsang, RD  
Ann Watt, RD  
Dawn van Engelen, RD  
Deion Weir, RD  
Donna Hennyey, RD  
Navita Viveky, RD  
Teresa Taillefer, RD  
Brenda Murphy  
Galina Semikhnenko  
John Regan  
Ray D'Sa  
Santhikumar Chandrasekharan



## **Annual Acknowledgement and Confirmation**

Board directors have a duty to understand and abide by their obligations to the College, as outlined in the Board's Code of Conduct policy. To achieve this, Board directors are expected to review the Board's governance policies and other materials.

For the 2024-2025 term, all directors listed below have indicated they understand and will comply with CDO's bylaws and governance policies, they stand in a fiduciary relationship with CDO, and they will act in the public interest when making decisions on behalf of CDO.

Denis Tsang, RD

Ann Watt, RD

Dawn van Engelen, RD

Deion Weir, RD

Donna Hennyey, RD

Navita Viveky, RD

Teresa Taillefer, RD

Brenda Murphy

Galina Semikhnenko

John Regan

Ray D'Sa

Santhikumar Chandrasekharan