



Board Meeting Agenda

September 5, 2025 | 9 a.m. – 2:30 p.m.

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Item	Time	Topic	Action	Presenter	Materials
1	9 – 9:05 (5 mins)	Call to Order and Land Acknowledgement	-	D. Tsang	
2	9:05	Approval of Agenda	Decision (motion)	D. Tsang	2.1 Draft Agenda – September 5, 2025
3	9:05	Declaration of Conflict of Interest and Bias	-	D. Tsang	
4	9:05	Consent Agenda <ul style="list-style-type: none"> 4.1 Draft Board Meeting Minutes – June 19, 2025 4.2 Draft Board Meeting Minutes – June 20, 2025 4.3 Executive Committee Report – August 2025 4.4 Committee appointments 	Decision (motion)	D. Tsang	4.1 Draft Board Meeting Minutes – June 19, 2025 4.2 Draft Board Meeting Minutes – June 20, 2025 4.3 Executive Committee Report – August 2025 4.4 Briefing Note – Committee Composition Revisions
5	9:05 – 9:35 (30 mins)	Audited Financial Statement Presentation	Decision (motion)	A. Chang M. Rooke G. Kroeplin	5.1 Briefing Note - Auditor's Recommendation – Non-Compliance with Investment Policy 5.2 Audited Financial Statements
6	9:35 – 9:50 (15 mins)	Interfund Transfer	Decision (motion)	T. Taillefer	6.1 Briefing Note – Interfund Transfers FYE March 31, 2025
7	9:50 – 9:55 (5 mins)	Appointment of the Auditors	Decision (motion)	T. Taillefer	7.1 Briefing Note – Reappointment of External Auditors
8	9:55 – 10:15 (20 mins)	Management Report	Information	M. Woodbeck	8.1 Management Report



					8.2 Statement of Operations as at June 30, 2025 8.3 Capital Asset Report as at June 30, 2025 8.4 Risk Monitoring Report (Q2)
	10:15–10:35 (20 mins)		Break		
9	10:35–11:35 (60 mins)	Health Professions Discipline Tribunal	Decision (motion)	M. Boon S. Adderley M. Woodbeck	9.1 Briefing Note – Health Professions Discipline Tribunal
10	11:35 – 12 (25 mins)	Billing Standards	Decision (motion)	D. Candiotto	10.1 Briefing Note –Billing Standards
	12 – 1 (60 mins)		Lunch		
11	1 – 1:30 (30 mins)	Overview of the Standards and Guidelines Policy Cycle	Information	C. Chatalalsingh	11.1 Briefing Note - Standards and Guidelines Policy Cycle and EPDT
12	1:30 – 2 (30 mins)	Registration Policy Revisions	Decision (motion)	E. Lew	12.1 Briefing Note – Registration Policy Revisions
13	2 – 2:15 (15 mins)	Governance Review Introduction	Information	B. O’Riordan M. MacNiven	13.1 Briefing Note – Governance Review
14	2:15	Adjournment	Decision (motion)	D. Tsang	
15	2:15 – 2:30	Pulse Check	Discussion	D. Tsang	15.1 Pulse Check Questions

0.0 Reference - Land Acknowledgement

0.0 Board Action List as of August 22, 2025

0.0 CDO Acronyms

0.0 Reference - 2025-2029 Strategic Plan - One Pager

0.0 Reference Doc CDO Board Voting Practices

Annual Conflict of Interest and Acknowledgement



Attachment 4.1

Board Meeting Minutes

June 19, 2025 | 2:40 – 4 p.m.

Board Members Present

Denis Tsang RD
Ann Watt RD
Deion Weir RD
Dawn van Engelen RD
Galina Semikhnenko, Public Member
Navita Viveky RD
Ray D'Sa, Public Member
Santhikumar Chandrasekharan, Public Member
Teresa Taillefer RD
Susan Bodner, Public Member

Regrets

Cheryl Lake, Public Member

Staff

Melanie Woodbeck
Lisa Dalicandro
Jada Pierre
Anthony Leger
Sarah Robinson-Yu

Guests

Julie Maciura
Ryan Pollice
Mike Baker
Gabriel Lopezpineda
Cameron Greenwood

1. Call to Order and Land Acknowledgement

D. Tsang opened the meeting with a Land Acknowledgement.

The meeting was called to order at 2:51 p.m. by D. Tsang, Chair of the Board.

2. Approval of the Agenda

MOTION to approve the agenda as circulated.

Moved by: D. van Engelen

Seconded by: T. Taillefer

Carried



3. Declaration of Conflict of Interest and Bias

No conflict of interest or bias was declared.

4. Consent Agenda

Board Meeting Minutes

March 21, 2025

Executive Committee Report

May 2025

Board Meeting Dates

For the remainder of 2026

MOTION to approve the Consent Agenda.

Moved by: G. Semikhnenko

Seconded by: S. Chandrasekharan

Carried

5. Election of Executive Committee members

The Executive Committee election is conducted at the first Board meeting of the term. Board directors elect the Chair, Vice-Chair, third member, and fourth member, who comprise the Executive Committee.

Board directors were given two options for declaring their intention of running for any of the four positions of the Executive Committee – notifying the Board in writing ahead to be included in the meeting package and declaring their intention to run at the meeting. Candidates were given the opportunity to speak to their candidacy before the election.

Election of Chair of the Board

D. Tsang submitted a statement of interest to be nominated as Chair of the Board

- **Nominated by:** T. Taillefer



- **Seconded By:** S. Chandrasekharan
- D. Tsang accepted the nomination.

A. Watt was nominated for Chair of the Board.

- **Nominated by:** S. Chandrasekharan
- A. Watt declined the nomination.

D. Tsang was acclaimed as Chair of the Board.

Election of Vice-Chair of the Board

T. Taillefer submitted a statement of interest to be nominated as Vice-Chair of the Board.

- **Nominated by:** S. Chandrasekharan
- **Seconded By:** N. Viveky
- T. Taillefer accepted the nomination.

A. Watt declared her interest in the position of Vice-Chair of the Board.

- **Seconded By:** D. Tsang

N. Viveky was nominated for Vice-Chair of the Board.

- **Nominated by:** S. Chandrasekharan
- **Seconded By:** G. Semikhnenko
- N. Viveky declined the nomination.

The Board voted and elected A. Watt as Vice-Chair of the Board.

Election of Third Member of the Executive Committee

T. Taillefer was nominated for Third Member of the Executive Committee.

- **Nominated by:** D. Tsang
- **Seconded By:** N. Viveky
- T. Taillefer accepted the nomination.

D. Weir was nominated for Third Member of the Executive Committee.

- **Nominated by:** S. Chandrasekharan
- **Seconded By:** D. van Engelen
- D. Weir declined the nomination.

T. Taillefer was acclaimed as Third Member of the Executive Committee.

Election of Fourth Member of the Executive Committee

R. D'Sa was nominated for Fourth Member of the Executive Committee.

- **Nominated by:** S. Chandrasekharan
- **Seconded By:** N. Viveky
- R. D'sa declined the nomination.

G. Semikhnenko was nominated for Fourth Member of the Executive Committee.

- **Nominated by:** D. Tsang
- **Seconded By:** N. Viveky
- G. Semikhnenko accepted the nomination.

S. Chandrasekharan was nominated for Fourth Member of the Executive Committee.

- **Nominated by:** S. Chandrasekharan
- **Seconded By:** D. van Engelen
- S. Chandrasekharan accepted the nomination.

The Board voted and elected G. Semikhnenko as Fourth Member of the Executive Committee.

6. Adjournment

MOTION to adjourn at 3:19 p.m.

Moved by: N. Viveky

Carried



Board Meeting Minutes

June 20, 2025 | 9 a.m. – 4 p.m.

Board Members Present

Denis Tsang RD
Ann Watt RD
Deion Weir RD
Dawn van Engelen RD
Galina Semikhnenko, Public Member
Navita Viveky RD
Ray D'Sa, Public Member
Santhikumar Chandrasekharan, Public Member
Teresa Taillefer RD
Susan Bodner, Public Member

Staff

Melanie Woodbeck
Aneita Chang
Elaine Lew
Diane Candiotto
Lisa Dalicandro
Sarah Robinson-Yu
Jada Pierre
Anthony Leger

Regrets

Cheryl Lake, Public Member

Guests

David Wright
Jodi Zigelstein-Yip

1. Call to Order and Land Acknowledgement

D. Tsang opened the meeting with a Land Acknowledgement.

The meeting was called to order at 9:07 a.m. by D. Tsang, Chair of the Board.

2. Learning and teaching moment: Applying an equity lens to financial decision-making

A. Chang provided an educational session on applying an equity lens to financial decision-making. A. Chang provided an overview of the types of questions to ask when using an equity lens, how to integrate EDI-B into financial policy and planning, and the risks of not applying an equity lens.

The Board discussed the College's procurement policy and highlighted the importance of selecting contractors who can carry out work for the College in alignment with our values.

Public interest rationale: Organizational learning around EDI-B is key to driving strategy, building organizational EDI-B capacity and affecting systemic change. Training in applying EDI-B to financial decision making ensures that these decisions are made in the interest of the diverse public served by CDO.

3. Management Report

M. Woodbeck presented the Q1 Management Report, outlining progress on ongoing and completed initiatives led by the CDO team and committees. The report included updates across operations and communications, professional practice, registration, governance and strategy, and risk oversight. Key highlights included preparations for CDO's upcoming transition to SharePoint, the relaunch of the Peer and Practice Assessment, and the work of the Exam Review Committee, which will recommend a pass mark for the CDRE to the Alliance.

M. Woodbeck also provided an overview of the potential "As of Right" legislation and ongoing discussions with the national Alliance about the implications.

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

4. 2025 – 2026 KPIs

M. Woodbeck presented an overview of the KPIs and targets that CDO will use to track and assess progress in implementing the 2025–2029 Strategic Plan. The most critical KPIs have been identified as Tier 1 and will be prioritized for 2025–2026.

M. Woodbeck explained that over the next few months, staff will be working to map Tier 1 KPIs to determine the necessary actions, resources, and timelines required to achieve the targeted outcomes.

The KPI Dashboard, which will be used to communicate progress to the Board, was also shared. The feedback on the Dashboard was positive and there were no suggested improvements to be made.

Public interest rationale: Clearly reporting progress toward the goals outlined in the Strategic Plan through KPIs helps CDO maintain public trust and demonstrate accountability for its outcomes.

5. Board annual workplan and training calendar

The Board reviewed the proposed Board Workplan and Training Calendar for the 2025–2026 as recommended by the Executive Committee on May 21, 2025.

MOTION to approve the proposed Board workplan and training calendar for the 2025-2026 term.

Moved by: T. Taillefer

Seconded by: N. Viveky

Carried

Public interest rationale: Approving the Board Workplan and Training Calendar in advance supports effective governance by ensuring Board members are well-prepared and informed to carry out their responsibilities.

6. Board and committee annual evaluation results

The Board considered the results of the annual evaluations to determine any actions or areas for additional learning and development. It was agreed that while sufficient time was provided to complete the evaluations, the form could be shorter. The Board also noted that the opportunities for improvement identified were effectively addressed through the training sessions held during the June 19 and 20 Board meetings. Lastly, the Board suggested that feedback from the Pulse Check sessions is reflected in the annual evaluation discussion.

Public interest rationale: Evaluating board and committee performance based on member feedback guides continuous improvement and strengthens the ability to make sound decisions in the public interest.

7. Committee appointments and compositions

The Board reviewed the recommendations made by the Governance Committee on the appointments/reappointments of committee members as well as the draft committee composition for the 2025-2026 term.



MOTION to approve the appointment of the following new committee members:

- Arundhati Joshi
- Donna Hennyey
- Heather Barron
- Holly Axt
- Jacquelin Song
- Michelle Fedele

Moved by: T. Taillefer

Seconded by: S. Chandrasekharan

Carried

MOTION to reappoint the following committee members:

- Barbara Grohmann
- Hannah Chan
- Jane Lac
- Laura Bjorklund

Moved by: N. Viveky

Seconded by: T. Taillefer

Carried

MOTION to approve the draft committee composition for the 2025-2026 term.

Moved by: D. Weir

Seconded by: D. van Engelen

Carried

Public interest rationale: Appointing/reappointing committee members ensures that committees operate with a range of perspectives and experience, ensuring dietitians meet and maintain standards for high quality care and ethical, safe practice. Committee appointees are accountable for making decisions that are in the public interest, are fair and objective, and are based on sound evidence and expert knowledge.



8. Professional billing standards and practice guidelines

The Board reviewed the draft Billing Standards recommended by the Professional Practice Committee for approval to proceed to consultation with registrants and system partners.

MOTION to approve the draft Billing Standard and FAQ, in principle, for consultation with registrants and system partners.

Moved by: N. Viveky

Seconded by: D. van Engelen

Carried

Public interest rationale: The draft Billing Standards will clarify billing expectations for dietitians, allowing the College to operate with professional accountability, transparency and equity.

9. Reduction in term limits

The Committee reviewed the feedback from registrants and other system partners on the reduction of term limits for board and committee members from nine consecutive years to six consecutive years. The feedback revealed support for the reduction of term limits, with the common view that lowering the minimum term of service would encourage a wider range of ideas and perspectives, while also creating opportunities for other registrants to participate.

MOTION to approve the changes to Bylaw 1 to reflect the reduction of term limits for board and committee members from nine consecutive years to six consecutive years.

Moved by: T. Taillefer

Seconded by: G. Semikhnenko

Carried

Public interest rationale: Reducing the maximum term of service for board and committee members is reflective of modern governance practices intended to strengthen public trust in the regulatory framework.

10. Code of conduct and email policy

The Board reviewed proposed revisions to the Code of Conduct Policy, which were updated to reflect expectations regarding the use of new CDO email accounts for Board and committee members. The board agreed that it would immediately move to using CDO email accounts, rather than a staggered approach with continued use of both personal and CDO emails.

MOTION to approve the revisions to the Code of Conduct policy, as proposed.

Moved by: T. Taillefer

Seconded by: D. Weir

Carried

Public interest rationale: Regularly reviewing and updating the Board's code of conduct ensures alignment with evolving legal and ethical standards and public expectations, promoting transparency, accountability and ethical decision-making. This ongoing commitment helps protect the public interest, enhances trust, and supports effective governance.

11. Conflict of interest policy review

The Board reviewed the Conflict of Interest policy and concluded that no changes were necessary.

Public interest rationale: Regularly reviewing the conflict of interest policy helps ensure transparency, accountability and ethical decision-making, which are essential for maintaining public trust. It also allows the board to stay compliant with evolving public expectations and reinforces a strong culture of integrity within the organization.

12. Health Professions Discipline Tribunal

Guest D. Wright, College of Physicians and Surgeons of Ontario, presented information on the Health Professions Discipline Tribunal (HPDT) to the Board for consideration, including its structure, expertise of the adjudicators and secretariat services.

The Board considered the option of joining the HPDT from the perspectives of cost, expertise, and public interest, noting that the CDO currently has limited discipline cases.

The Board expressed interest in taking a closer look at the costs incurred by CDO in conducting a hearing. Understanding these costs will support the Board in making an informed decision about whether to join the HPDT .

MOTION to defer making a decision pending additional information or discussion.

Moved by: D. van Engelen

Seconded by: N. Viveky

Carried

Action items:

- Compare the cost of joining the HPDT with the expenses involved in conducting discipline processes internally at CDO, including those related to training, legal counsel, and logistical support, for consideration at the September board meeting.

Public interest rationale: Ensuring that discipline cases are overseen by experienced adjudicators through a standardized, transparent, and efficient process serves the public interest by promoting fairness, consistency, and timely resolution.

13. Updates to the PLAR policy

New registration regulations, which include both entry-to-practice and administrative changes, came into effect on May 20, 2025. The Board reviewed the revisions to the following registration policies to align with these new regulations:

- 6-10: Eligibility for PLAR, which details the criteria for attempting the Knowledge and Competence Assessment Tool (KCAT) and the Performance-Based Assessment (PBA), along with the required documents and procedures.
- 2-10 Assessing Academic & Practical Training, which outlines the procedure in assessing the equivalency of the applicant's academic and practical training qualifications.



In its discussion, the board noted that these policies are not reciprocal with Australian or US regulatory bodies. Recognizing the pronoun update in the new regulation, the Board flagged that translating the amendments to Policy 6-10 will require translation for they/them .

MOTION to approve the revocation of Policy 2-10, to remove credential assessments and independent practicums as per the registration regulations.

Moved by: N. Viveky

Seconded by: T. Taillefer

Carried

MOTION to approve the 18-month transition timeline for candidates to complete independent practicums which have already begun.

Moved by: D. van Engelen

Seconded by: N. Viveky

Carried

MOTION to approve the proposed amendments as presented, to Policy 6-10, to reflect the registration regulations.

Moved by: T. Taillefer

Seconded by: D. van Engelen

Carried

Action items:

- Policy 6-10 to be updated to reflect they/them pronouns in keeping with the new legislation.
- Ensure that the French translation of policy 6-10 reflects they/them pronouns in keeping with the new legislation.

Public interest rationale: Ensuring the College's registration policies appropriately assess entry-to-practice competencies helps safeguard the public by allowing only those applicants who can provide safe, ethical, and competent care to become registered.

The Board moved in camera at this time. This concludes the public portion of the meeting.

14. Adjournment

MOTION to adjourn at 3:49 p.m.

Moved by: TBD

Carried: D. Weir



Attachment 4.3

Executive Committee Report

Date: August 2025

Board Members Present (via email)

Denis Tsang, RD (Chair)
Ann Watt, RD
Teresa Taillefer, RD
Galina Semikhnenko, Public Member

Staff (via email)

Melanie Woodbeck (Registrar & ED)
Lisa Dalicandro
Sarah Robinson-Yu

Regrets

Executive Committee met on the following date(s)	Rationale for the Meeting
(via email)	The Executive Committee approved the board agenda via email on August 20, 2025 and did not meet.

Summary of Discussions and Decisions	Decision to be Ratified by Board?
Approved the Draft Board Agenda for the September Board Meeting	Yes

Respectfully Submitted,
Denis Tsang, RD
Board Chair

Board Briefing Note

Topic:	Committee Composition Revisions
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Melanie Woodbeck, Registrar & Executive Director

Issue

To approve revisions to committee compositions for the 2025 – 2026 term.

Public Interest Rationale

When committees are fully constituted with the requisite number of public and professional members and the workload is evenly distributed, they can effectively perform their duties in accordance with their terms of reference and carry out the College's public protection mandate.

Background

The Board approves the committee slates annually at the June meeting on the recommendation of the Governance Committee. However, when vacancies or changes in the composition of the Board arise, mid-term appointments are required to ensure committees are properly constituted.

On August 14, CDO was notified that a new public member, Zaw Thiha Tun, was appointed to the Board. Due to time constraints, the Governance Committee was unable to meet to recommend his appointment to committees.

Committee compositions are usually approved by the Board in June each year, however, if new public directors are appointed mid-term, the Board can revise the committee compositions to accommodate new directors.

Considerations

Given the committee composition requirements and Zaw Thiha's experience, it is recommended that the board revise the committee compositions as follows:

- Appoint Zaw Thiha Tun to the Finance and Audit Committee, replacing Susan Bodner.
- Appoint Zaw Thiha Tun to the Governance Committee, replacing Cheryl Lake.

As a practice, all board directors are appointed to the Discipline and Fitness to Practise committees.

Appointing Zaw Thiha Tun to the Finance and Audit Committee and the Governance Committee, in place of current public board members, will help maintain the necessary quorum requirements and redistribute workload among public members.

Panel compositions have also been identified for the Quality Assurance Committee, with panel chairs assigned. Panel compositions are selected by the committee chair, as authorized by the *Regulated Health Professions Act*. The Board is being informed of this assignment as part of their committee oversight function.

Quality Assurance Committee	
Panel A	Panel B
Santhikumar Chandrasekharan – Public Dawn van Engelen RD – Elected Jane Lac RD – Appointed Arundhati Joshi RD (Chair) – Appointed	Santhikumar Chandrasekharan – Public Helen Tomalik RD (Chair) – Appointed Hannah Chan RD – Appointed Michelle Fedele RD – Appointed

Recommendation

That the Board approve the following:

- Appoint Zaw Thiha Tun to the Finance and Audit Committee, Governance Committee, Discipline Committee and Fitness to Practise Committee.
- Remove Susan Bodner from the Finance and Audit Committee.
- Remove Cheryl Lake from the Governance Committee.



Attachments

- Appendix 1: Committee composition chart



Committee Composition 2025-2026

Executive Committee	
P	Galina Semikhnenko
E	Ann Watt RD
E	Denis Tsang RD*
E	Teresa Taillefer RD

P = Public Board Director
E = Elected Board Director
A = Committee Appointee

* = Chair
** = Co-Chair

Discipline / Fitness to Practice	
P	All Public Members
E	All Elected Council Members
A	Barbara Grohmann RD*

Registration	
P	Galina Semikhnenko Santhikumar Chandrasekharan
E	Denis Tsang RD*
A	Donna Hennyey RD Emma Herrington RD Heather Barron RD Julie Slack RD Laura Bjorklund RD

QA	
P	Santhikumar Chandrasekharan
E	Dawn van Engelen RD*
A	Arundhati Joshi RD Hannah Chan RD Helen Tomalik RD Jane Lac RD Michelle Fedele RD

Registrar Performance & Compensation	
P	Galina Semikhnenko
E	Ann Watt RD Denis Tsang RD* Navita Viveky RD Teresa Taillefer RD

Finance & Audit Committee	
P	Zaw Thiha Tun Ray D'Sa
E	Ann Watt RD Denis Tsang RD Teresa Taillefer RD*

ICRC	
P	Cheryl Lake Galina Semikhnenko Ray D'Sa Susan Bodner
E	Deion Weir RD Teresa Taillefer RD
A	Barbara Grohmann RD* Gina Carvalho RD Hilary Monteith RD Holly Axt RD Jane Lac RD Julie Slack RD Laura Bjorklund RD Sasha Miles RD**

Patient Relations	
P	Galina Semikhnenko
E	Ann Watt RD Denis Tsang RD* Teresa Taillefer RD

Professional Practice Committee	
P	Susan Bodner
E	Dawn van Engelen RD Navita Viveky RD
A	Antonia Morganti RD Barbara Major-McEwan RD* Hilary Monteith RD Jacquelin Song RD

Governance Committee	
P	Santhi Chandrasekharan Galina Semikhnenko Zaw Thiha Tun
E	Ann Watt RD* Deion Weir RD Navita Viveky RD
A	Barbara Major-McEwan RD

last updated: June 23, 2025

Board Briefing Note

Topic:	Auditor's Recommendation – Non-Compliance with Investment Policy
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Finance and Audit Committee

Issue

The Board is asked to approve a temporary exception to the Statement of Investment Policies and Procedures (SIPP) while the investment portfolio transitions to the new investment advisors, Foyston, Gordon and Payne. The College's auditors identified a non-compliance with the SIPP during the March 31, 2025 audit.

Public Interest Rationale

Approving a temporary exception to the investment policy ensures transparency and accountability in managing CDO's funds during the transition to the new investment advisors, Foyston, Gordon and Payne. This action balances prudent financial oversight with the practical need for continuity, supporting the college's ability to safeguard resources and fulfill its public protection mandate.

Background

The SIPP establishes guidelines for the College's investment holdings, including restrictions on concentration risk. Section 2.4(b) states:

"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."

During the March 31, 2025 audit, the auditors observed that the College's holdings exceeded this threshold:

- Royal Bank of Canada (RBC): 70% of the total portfolio
- Brookfield Corporation: 12% of the total portfolio

This represents non-compliance with the SIPP. Management is aware of the issue and has already initiated the process of transitioning investment management to a new advisor, Foyston, Gordon & Payne. The new advisors will address the portfolio concentration through a phased rebalancing.

Auditor's Recommendation

As a matter of best practice, the auditors recommended that the Board of Directors pass a motion to approve a temporary exception to the SIPP until the transition to the new investment advisor, Foyston, Gordon & Payne, is complete.

College Response

- Management concurs with the auditors' recommendation.
- The transition to the new investment advisor is underway and will include rebalancing to align with the SIPP.
- The temporary exception will ensure transparency and good governance until compliance is restored.

Recommendation

That the Board approve a temporary exception to the Statement of Investment Policies and Procedures to permit the current concentration in Royal Bank of Canada and Brookfield Corporation securities until the transition to the new investment advisor is complete.

Attachments

- Appendix 1: Statement of Investment Policies and Procedures
- Appendix 2: Audit Results Letter

STATEMENT OF INVESTMENT POLICIES AND PROCEDURES

College of Dietitians of Ontario

Approval Date: December 13, 2024

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1

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.

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).

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

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:

- 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.

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

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 & Poors;
- 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

Review and Approval of Policy

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

TINKHAM LLP

CHARTERED
PROFESSIONAL
ACCOUNTANTS

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P J Brocklesby CPA CA LPA
M Y Tkachenko CPA CA
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May 26, 2025

Members of the Audit Committee
College of Dietitians of Ontario
175 Bloor Street East
North Tower, Suite 601
Toronto, Ontario M4W 3R8

The Members of the Audit Committee,

We are pleased to report to the Audit Committee on the results of our audit examination of the financial statements of the College of Dietitians of Ontario ("College") for the year ended March 31, 2025. In our view, a direct line of communication between our firm and the Audit Committee is essential to the proper exercise of our respective responsibilities.

The purpose of this letter is to review our responsibilities as auditors in accordance with the terms of our audit engagement, and in the attached memorandum we report on the year end and various elements of the audit examination.

We have performed our audit examination of the College's financial statements for the year ending March 31, 2025 in accordance with Canadian generally accepted auditing standards. We have performed the audit to obtain reasonable assurance about whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows in accordance with Canadian Accounting Standards for Not-for-Profit Organizations.

We have also considered the College's internal control over the financial reporting solely for the purpose of determining the nature, extent, and timing of auditing procedures necessary for expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control. Our work does not provide assurance on the internal control structure and does not necessarily consider all control systems upon which management may be relying.

The detailed terms of our engagement are outlined in our engagement letter. Also, as part of our audit engagement, we have requested a letter of representation from the College's management confirming representations made to us orally during our audit as well as representations implicit in the College's records.

Our appointment as auditors involves the responsibility on our part to call to your attention any significant matters, which we believe may require your consideration. We report in the attached memorandum on the results of our audit for the year ending March 31, 2025, including the following:

- Audit Report;
- Engagement Team and Statement on Independence;
- Audit Approach;
- Materiality;
- Significant Accounting Policies;
- Significant Management Judgments and Estimates;
- Related Party Transactions;
- Recommendations Arising from the Audit Examination;
- Management Co-operation;
- Adjusting Journal Entries;
- Summary of Audit Differences;
- Details of all Audit and Non-audit Services; and
- Developments in Accounting Standards.

The accompanying report is intended solely for the use of the Audit Committee, Board of Directors and management, and presents information regarding our audit examination, which we believe will be of assistance.

Yours very truly,

TINKHAM LLP

Encl.

**College of Dietitians of Ontario
Report to the Audit Committee
March 31, 2025**

Audit Report

We will issue our unqualified audit opinion on the College's financial statements following approval by the Board of Directors and completion of the following outstanding audit items:

- Board of Directors motion to approve any restricted reserve fund transfers;
- Receipt of the signed representation letters; and
- Completion of the subsequent events review up to the date of our audit report.

Engagement Team and Statement on Independence

We serve you with a team of professionals who offer both industry expertise and many years of professional audit experience. We believe that the following professionals have provided responsive, innovative, and forward-looking service and we note the high level of expertise engaged on your audit:

Michael Rooke, CPA, CA, LPA
Dale C Tinkham, FCPA, FCA, CMC, LPA
Greg Kroeplin, CPA

Engagement Partner
Concurring Partner
Engagement Lead

It is a fundamental principle that auditors providing assurance services be objective with unimpaired professional judgment in the eyes of a reasonable observer. We confirm that we are independent with respect to the College within the meaning of the CPA Ontario Code of Professional Conduct Rule 204.

Audit Approach

Our audit approach is a risk-based approach that focuses on your operations, the associated risks, and their potential effects on financial statement accounts. We also reviewed and considered management's formal assessment of the internal control environment. Our audit process continually enhances our understanding of the College's business, the risks it faces and the process to manage them.

The audit included examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation.

Our approach also focuses on the identification and testing of the internal controls. We have reviewed and evaluated the overall internal control environment, assessed the computer environment, and the specific internal controls upon which we place reliance in expressing our opinion on the financial statements.

We identified and tested internal controls for the revenue / receipts / receivables to obtain evidence that key controls were operating as expected and were effective. Based on the results of our testing, we modified our audit plan for the year end to reduce substantive work where the tests of internal controls justify reliance and reduced our year end substantive testing in these areas.

We employed a combination of control testing and substantive audit procedures on year-end balances for assets and revenue. For liabilities and expenses, we employed substantive audit procedures on year-end balances for reasons of cost efficiency.

In addition, we have confirmed the College's cash and investment balances.

Our audit was carried out in accordance with our plan.

Materiality

Our evaluation of areas of audit significance is made relative to materiality. An understanding of what is significant or material in relation to the overall results of the College is critical to the performance of an effective and efficient audit. An item is considered material if its impact might reasonably be expected to affect the decisions of a reader of the financial statements.

Our assessment of materiality considers the CPA Canada quantitative guidelines but is also affected by the size and nature of potential misstatements, as well as our knowledge of the College's business. We have set quantitative materiality for the purposes of this examination of the financial statements at \$130,000.

Significant Accounting Policies

Our audit also includes assessing accounting policies used by the College. The preparation of financial statements may require management to select from more than one acceptable approach to accounting.

There were no changes in accounting standards applicable to the College this year and there were no changes in accounting policies used by the College.

Please refer to the significant accounting policies in the notes to the financial statements for a detailed description of the accounting policies used. The accounting policies are appropriate for the College's reporting purposes and reflect best practices.

Significant Management Judgments and Estimates

The preparation of financial statements requires the use of accounting estimates. Certain estimates are particularly sensitive due to their significance to the financial statements and the possibility that future events may differ significantly from management's expectations. Management is responsible for applying sound judgment in preparing estimates and disclosures and assessing the impact of misstatements on the fair presentation of the financial statements.

Charges for amortization of capital assets and intangible assets are based on the estimated useful lives of the assets which are disclosed in the detail of the notes to the financial statements.

The College estimates the amount of deferred revenue to be recorded for temporary registrants based on parameters established by management.

The fair value of the financial instruments is based on estimates and assumptions described in the notes to the financial statements.

Based on our audit procedures, we have concluded the estimates and judgments made by management are reasonable in the context of the financial statements when taken as a whole. Financial results as determined by actual future events could differ from those estimates and it is reasonable to assume such differences may be material.

Related Party Transactions

During our audit, we conduct various tests and procedures to identify transactions considered to involve related parties. Related parties exist when one party has the ability to exercise, directly or indirectly, control, joint control or significant influence over the other. Two or more parties are related when they are subject to common control, joint control, or common significant influence. Related parties also include management, directors and their immediate family members and companies with which these individuals have an economic interest.

Related party transactions identified during the audit consisted of remuneration and reimbursements of College related expenses to the Board of Directors and Committee members. It is management's opinion that these transactions have occurred in the normal course of operations and therefore separate financial statement disclosure is not necessary.

Management has advised us that no other related party transactions have occurred and that all transactions have been disclosed to us. The Committee is required to advise us if it is aware of or suspects any other related party transactions have occurred, which may be required to be disclosed in the financial statements.

Recommendations Arising from the Audit Examination

Non-compliance with Statement of Investment Policies and Procedures

The College's Statement of Investment Policies and Procedures ("the Policy") provides certain guidelines for the types of investments held, risk appetite, and asset mix. Particularly, section 2.4 (b) states that that *"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"*.

We observed that the College exceeded the threshold stipulated in the Policy through its holdings of Royal Bank of Canada and Brookfield Corporation, comprising approximately 70% and 12% of the total market value of the investment portfolio, respectively. We understand that management of the College is aware of the non-compliance and intends to address through a phased transition upon the successful onboard of a new investment advisor.

As a matter of best practice, we recommend the Board of Directors pass a motion to approve the temporary exception to policy.

Management Co-operation

We received the full co-operation from management and staff in the conduct of our audit. There have been no disagreements with management on any issues. There were no restrictions placed on the approach to or extent of our work. We were provided complete and timely access to all books and records, documents, and other supporting data that we required.

Adjusting journal entries

Adjustments made to the records of the College and approved by management have been disclosed in the attached schedule of adjusting entries.

Summary of Audit Differences

During our audit we found no misstatements or unadjusted items, nor have we found significant misstatements that would likely cause future financial statements to be materially misstated.

Details of all Audit and Non-Audit Services

In addition to issuing our audit opinion, and our reporting letter reporting the significant audit results arising from our examination, we will also prepare the Corporation Income Tax Return (T2) and Non-Profit Organization (NPO) Information Return (T1044).

Developments in Accounting Standards

We reported to you prior to the commencement of the audit on current changes and future developments in accounting standards. There have been no further significant developments since that date that impact the financial statements of the College.

College of Dietitians of Ontario

Year End: March 31, 2025
Adjusting journal entries
Date: 2024-04-01 To 2025-03-31

Completed by	Reviewed by	Manager	Partner
GK 2025-05-23		DCT 2025-06-03	MR 2025-06-02

5F

Number	Date	Name	Account No	Reference	Debit	Credit	Recurrence	Misstatement
1	2025-03-31	Bonds	10400101	B2	43,095.28			
1	2025-03-31	Investments-Fair Value Adjustment	10420101	B2	120,074.89			
1	2025-03-31	Interest Income	40900101	B2		100,631.62		
1	2025-03-31	Gain/Loss on Sale of Investments	41500101	B2	57,536.34			
1	2025-03-31	Unrealized FV appreciation of invst	41520101	B2		120,074.89		
		To correct accounting for investments						Factual
					220,706.51	220,706.51		
Net Income (Loss)			535,211.14					

Financial statements of the

COLLEGE OF DIETITIANS OF ONTARIO

March 31, 2025

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INDEPENDENT AUDITOR'S REPORT

To the Registrants of the
College of Dietitians of Ontario

Opinion

We have audited the accompanying financial statements of the College of Dietitians of Ontario ("College"), which comprise the statement of financial position as at March 31, 2025 and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at March 31, 2025, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the College's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the College's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the College's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast doubt on the College's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

TORONTO, Ontario
DATE

Licensed Public Accountants

COLLEGE OF DIETITIANS OF ONTARIO

Statement of Financial Position

As at March 31	2025	2024
Assets		
Current		
Cash	\$ 557,837	\$ 328,216
Accounts receivable	4,047	21,507
Prepaid expenses	59,837	65,467
	621,721	415,190
Investments (note 3)	5,784,230	5,450,088
Capital assets (note 4)	38,296	29,213
Intangible assets (note 5)	60,150	63,273
	\$ 6,504,397	\$ 5,957,764
Liabilities		
Current		
Accounts payable and accrued liabilities	\$ 182,575	\$ 205,414
Deferred revenue (note 6)	1,757,828	1,723,568
	1,940,403	1,928,982
Net assets		
Invested in capital and intangible assets	98,446	92,486
Internally restricted (note 7)	4,465,548	3,936,296
	4,563,994	4,028,782
	\$ 6,504,397	\$ 5,957,764

Approved on behalf of the Board of Directors

_____, Chair

_____, Registrant

See accompanying notes to the financial statements.

COLLEGE OF DIETITIANS OF ONTARIO

Statement of Operations

Year ended March 31	2025	2024
Revenues		
Registrant fees	\$ 3,000,743	\$ 2,923,446
Investment income (note 8)	278,600	269,322
Application and assessment fees	115,040	128,200
Other income	5,900	9,427
	3,400,283	3,330,395
Expenses		
Salaries and benefits	1,800,267	1,785,109
Computer related	211,230	173,313
Board and committee	184,018	113,756
Investigations	154,852	134,701
Professional services	147,878	98,248
Bank charges	88,538	84,837
Communication initiatives	83,402	55,530
Contracted services	52,602	35,222
Rent	45,000	44,262
Registration assessment components	42,239	65,743
Memberships	35,762	43,357
Quality assurance assessment components	23,404	49,116
Staff development	22,159	28,344
Office	17,148	23,348
Insurance	12,020	8,038
Telephone and internet	8,392	8,713
Staff travel	1,097	204
	2,930,008	2,751,841
Excess of revenues over expenses before undernoted	470,275	578,554
Amortization of capital assets	(12,544)	(8,892)
Amortization of intangible assets	(4,217)	(3,999)
Realized and unrealized gains (losses) on investments (note 8)	81,698	(33,643)
Excess of revenues over expenses for the year	\$ 535,212	\$ 532,020

See accompanying notes to the financial statements.

COLLEGE OF DIETITIANS OF ONTARIO

Statement of Changes in Net Assets

Year ended March 31	Unrestricted	Invested in capital and intangible assets	Internally restricted	2025 Total	2024 Total
Balance, beginning of year	\$ -	\$ 92,486	\$ 3,936,296	\$ 4,028,782	\$ 3,496,762
Excess of revenues over expenses for the year	551,973	(16,761)	-	535,212	532,020
Purchase of capital and intangible assets (net)	(22,721)	22,721	-	-	-
Inter-fund transfer	(529,252)	-	529,252	-	-
Balance, end of year	\$ -	\$ 98,446	\$ 4,465,548	\$ 4,563,994	\$ 4,028,782

See accompanying notes to the financial statements.

COLLEGE OF DIETITIANS OF ONTARIO

Statement of Cash Flows

Year ended March 31	2025	2024
Cash flows provided by (used in) operating activities		
Excess of revenues over expenses for the year	\$ 535,212	\$ 532,020
Item not requiring a cash outlay		
Amortization of capital assets	12,544	8,892
Amortization of intangible assets	4,217	3,999
Realized and unrealized (gains) losses on investments	(81,698)	33,643
	470,275	578,554
Changes in non-cash working capital balances:		
Accounts receivable	17,460	(14,788)
Prepaid expenses	5,630	(9,107)
Accounts payable and accrued liabilities	(22,839)	12,352
Deferred revenue	34,260	51,548
Cash provided by operating activities	504,786	618,559
Cash provided by (used in) investing activities		
Purchase of investments	(6,868,860)	(2,882,791)
Proceeds on sale of investments	6,616,416	2,331,721
Purchase of capital assets	(21,627)	(19,507)
Purchase of intangible assets	(1,094)	(19,991)
Cash used by investing activities	(275,165)	(590,568)
Net increase in cash	229,621	27,991
Cash, beginning of year	328,216	300,225
Cash, end of year	\$ 557,837	\$ 328,216

See accompanying notes to the financial statements.

COLLEGE OF DIETITIANS OF ONTARIO

Notes to the Financial Statements

March 31, 2025

1 Organization

The College of Dietitians of Ontario ("College") regulates and supports registered dietitians in Ontario. It enhances safe, ethical and competent nutrition services provided by dietitians. The College is governed by the provisions of the Regulated Health Professions Act, 1991 and the Dietetics Act, 1991.

The College is a not-for-profit corporation incorporated without share capital under the laws of the Province of Ontario and, as such, is exempt from income taxes.

2 Significant accounting policies

These financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

(a) Cash

Cash includes cash deposits with major financial institutions and petty cash.

(b) Capital assets

The cost of a capital asset includes its purchase price and any directly attributable cost of preparing the asset for its intended use. When conditions indicate a capital asset no longer contributes to the College's ability to provide services or that the value of future economic benefits or service potential associated with the capital asset is less than its net carrying amount, its net carrying amount is written down to its fair value or replacement costs.

Capital assets comprise computer equipment and is recorded at cost and amortized over their estimated useful lives on a straight-line basis of five years.

(c) Intangible assets

Intangible assets comprise computer software and database programming and are recorded at cost and amortized over their estimated useful lives on a straight-line basis of five years.

(d) Revenue recognition

(i) Registrant fees

Registrant fees are billed for the period from November 1 to October 31 and recognized as revenue proportionally over the period to which these fees relate. Fees received in advance are recorded as deferred revenue.

(ii) Investment income

Investment income is comprised of interest, dividends and realized gains and losses on disposal of investments, and unrealized gains and losses on the fair value of investments. Interest is recognized as revenue when earned. Dividends are recorded as revenue when declared. Realized gains and losses on disposal of investments are recognized when the transactions occur. Unrealized gains and losses, which reflect the changes in fair value during the period, are recognized at each reporting date and are included in current period operating results.

(iii) Other income

Application and assessment fees are recognized as revenue when the services are provided.

COLLEGE OF DIETITIANS OF ONTARIO

Notes to the Financial Statements

March 31, 2025

2 Significant accounting policies (continued)

(e) Financial instruments

(i) Measurement

The College initially measures its financial assets and financial liabilities at fair value, adjusted by, in the case of a financial instrument that will not be measured subsequently at fair value, the amount of transaction costs directly attributable to the instrument. Transaction costs of those financial assets and financial liabilities subsequently measured at fair value are recognized in the year incurred.

The College subsequently measures its financial assets and liabilities at amortized cost, except for investments, which are measured at fair value. Changes in fair value are recognized in the statement of operations. Fair values are determined by reference to quoted market prices in active markets.

(ii) Impairment

At the end of each reporting period, the College assesses whether there are any indications that a financial asset measured at amortized cost may be impaired.

(f) Management estimates

The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Significant estimates include carrying amounts of investments measured at fair market value, the useful lives of capital and intangible assets, certain accrued liabilities and deferred revenue.

Actual results may differ from these estimates, the impact of which would be recorded in future periods. Estimates and underlying assumptions are reviewed on an ongoing basis and revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

3 Investments

As at March 31		2025		2024	
		Cost	Fair Value	Cost	Fair Value
Fixed income	Maturity dates between June 30, 2025 to June 14, 2029 (2024 - November 14, 2024 to January 20, 2028) and bearing interest at rates between 3.52% to 6.05% annually (2024 - 2.45% to 6.05%)	\$4,463,876	\$4,515,967	\$3,268,286	\$ 3,398,540
Accrued interest		95,186	-	108,628	-
Common shares		-	-	362,995	252,361
Preferred shares	Bearing interest at rates between 4.90% to 5.15% annually (2024 - 4.90% to 5.30%)	1,439,616	1,268,263	2,136,760	1,799,187
Total investments		\$5,998,678	\$5,784,230	\$5,876,669	\$ 5,450,088

COLLEGE OF DIETITIANS OF ONTARIO

Notes to the Financial Statements

March 31, 2025

4 Capital assets

As at March 31	2025		2024	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer equipment	\$ 147,774	\$ (109,478)	\$ 126,147	\$ (96,934)
Net book value		\$ 38,296		\$ 29,213

5 Intangible assets

As at March 31	2025		2024	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer software	\$ 306,778	\$ (246,628)	\$ 305,684	\$ (242,411)
Net book value		\$ 60,150		\$ 63,273

6 Deferred revenue

	2025		2024	
Balance, beginning of year	\$ 1,723,568		\$ 1,672,020	
Fees received	3,035,003		2,974,994	
Fees recognized as revenue	(3,000,743)		(2,923,446)	
Balance, end of year	\$ 1,757,828		\$ 1,723,568	

COLLEGE OF DIETITIANS OF ONTARIO

Notes to the Financial Statements

March 31, 2025

7 Net assets

The Board of Directors of the College has internally restricted net assets to be used for specific purposes. These funds are not available for unrestricted purposes without approval of the Board.

Any transfers to internally restricted net assets must be approved by Board.

	Internally restricted					Total
	Capital & Intangible Assets Fund	Hearings Fund	Sexual Abuse Therapy and Counselling Fund	General Reserve Fund		
2025						
Balance, beginning of year	\$ 109,024	\$ 200,000	\$ 40,000	\$ 3,587,272	\$	3,936,296
Inter-fund transfers	-	-	-	529,252		529,252
Balance, end of year	\$ 109,024	\$ 200,000	\$ 40,000	\$ 4,116,524	\$	4,465,548

	Internally restricted					Total
	Capital & Intangible Assets Fund	Hearings Fund	Sexual Abuse Therapy and Counselling Fund	General Reserve Fund		
2024						
Balance, beginning of year	\$ 109,024	\$ 200,000	\$ 40,000	\$ 3,081,859	\$	3,430,883
Inter-fund transfers	-	-	-	505,413		505,413
Balance, end of year	\$ 109,024	\$ 200,000	\$ 40,000	\$ 3,587,272	\$	3,936,296

COLLEGE OF DIETITIANS OF ONTARIO

Notes to the Financial Statements

March 31, 2025

7 Net assets (continued)

The details of internally restricted net assets are:

- (i) The Capital and Intangible Assets Fund is designated to provide a reserve for capital and intangible asset purchases.
- (ii) The Hearings Fund is designated to provide a reserve for the costs of hearing procedures.
- (iii) The Sexual Abuse Therapy and Counselling Fund is designated to provide a reserve for the costs of therapy and counselling.
- (iv) The General Reserve Fund is designated to provide a reserve for extraordinary expenses that exceed or fall outside the provisions of the College's approved operating budget, and are not otherwise covered by the Capital & Intangible Asset Fund or Hearings Fund. This fund is also intended to provide for budgeted expenses that exceed budgeted or actual income.

8 Investment income (loss)

Year ended March 31	2025	2024
Interest	\$ 169,389	\$ 149,598
Distributions from common and preferred shares	109,211	119,724
	278,600	269,322
Realized losses on investments	(130,435)	(10,095)
Unrealized gains (losses) on investments	212,133	(23,548)
	81,698	(33,643)
	\$ 360,298	\$ 235,679

9 Financial instruments

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure at the statement of financial position date.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk through its cash, accounts receivable and investments.

The College reduces its exposure to credit risk related to cash by maintaining deposits with a government regulated Canadian financial institution.

The College is not exposed to significant credit risk on its accounts receivable.

The College manages its exposure to credit risk related to fixed income investments by investing in high investment grade securities, in accordance with its investment policy.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The College meets its liquidity requirements and mitigates this risk by monitoring cash activities and expected outflows and holding assets that can be readily converted into cash, so as to meet all cash outflow obligations as they fall due.

9 Financial instruments (continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk is the risk that the fair value of future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The College is not subject to currency risk as it does not hold any financial instruments denominated in foreign currencies.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates. The exposure of the College to interest rate risk arises from its interest bearing investments and cash. The primary objective of the College with respect to its fixed income investments ensures the security of principal amounts invested, provides for a high degree of liquidity, and achieves a satisfactory investment return giving consideration to risk.

Other price risk

Other price risk is the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar financial instruments traded in the market.

The College is exposed to other price risk on its investments in preferred shares. The College manages this risk by limiting the amount of equity investments that may be held, and requires that all investments be recommended by the College's investment portfolio manager.

Changes in risk

There have been no significant changes in the College's risk exposures in financial instruments from the prior year.

Attachment 6.1

Board Briefing Note

Topic:	Review the Interfund Transfers for the Fiscal Year Ended March 31, 2025
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Finance and Audit Committee

Issue

The Board is asked to review and approve the creation of a new internally restricted Information Technology (IT) Reserve Fund and the associated interfund transfers for the fiscal year ending March 31, 2025.

Public Interest Rationale

Approving the creation of a new internally restricted Information Technology (IT) Reserve Fund and the associated interfund transfers demonstrate strong financial governance and prudent management of registrant fees. It ensures the College has dedicated resources to invest in technology, digital modernization, and cybersecurity initiatives, supporting operational resilience and the College's capacity to fulfill its public protection mandate.

Background

Interfund transfers support transparency and strategic allocation of surplus funds to ensure availability of funds for future investments in infrastructure, operations, and risk management.

The College's Reserve Fund Policy was last reviewed in June 2022, when the Board reaffirmed the 8-month target for the General Reserve Fund, increased the Hearings Fund target from \$100,000 to \$200,000, and established the Sexual Abuse Therapy & Counselling Fund with a \$40,000 target. The Board is required to review the policy every three years to ensure fund categories and targets remain appropriate.

As part of this 2025 process, interfund transfers are proposed based on the fiscal year-end financial results (see Appendix 1). Prior to final audited statements, the Finance and Audit Committee reviews proposed transfers and recommends them to the Board for approval. Interfund transfers support planned expenditures and ensure funding for extraordinary

expenses outside the annual budget, such as capital investments, technology upgrades, legal costs, and unforeseen events such as public health emergencies.

The Finance and Audit Committee will review the Reserve Fund Policy at its next meeting in February 2026 to reflect the addition of the new IT Reserve Fund and to review the policy in its entirety. This review will ensure the policy remains aligned with current and future strategic priorities.

Considerations

1. Creation of a New IT Reserve Fund

To address growing technology and cybersecurity needs, the Committee recommends establishing a dedicated, internally restricted IT Reserve Fund. This fund will support investments in infrastructure, digital modernization, cybersecurity, and significant IT initiatives beyond the annual operating budget. An initial funding amount of \$529,252, sourced from the 2025 year-end surplus, is proposed.

2. Interfund Transfers

To fund the IT Reserve Fund, the following transfers are recommended:

- Transfer \$529,252 from the Operating Fund to the General Reserve Fund effective March 31, 2025.
- Transfer \$529,252 from the General Reserve Fund to the new IT Reserve Fund, effective April 1, 2025.

These transfers comply with the Reserve Fund Policy and reflect disciplined and transparent fund management.

3. Review of Existing Fund Targets

Existing reserve fund balances and targets were examined. As of March 31, 2025, all reserve fund balances meet or exceed established targets. No changes are recommended to the current targets for the General Reserve Fund, Hearings Fund, Sexual Abuse Therapy & Counselling Fund, or Capital & Intangible Asset Fund.

Fund Categories

The College's Reserve Fund Policy outlines the following categories:

- **Operating Fund:** reflects the funds used on an annual basis for the ongoing activities of the College and is funded by registrant fees and investment income. Due to the surplus resulting from savings in operating expenses and investment income that exceeded budget, the auditors recommend that \$529,252 be transferred from the Operating Fund to the General Reserve Fund.

Internally Restricted Funds

- **Operating Fund:** Supports ongoing annual activities funded by registrant fees and investment income. Due to a surplus from operating savings and investment income exceeding budget, \$529,252 is recommended to transfer from this fund to the General Reserve Fund.
- **Information Technology (IT) Fund (New 2025):** Subject to Board approval, this fund supports multi-year IT, digital modernization, and cybersecurity investments. Initial funding of \$529,252 from the Operating Fund is recommended. Transfers to this fund require Board approval, which will also review and set target balances as part of ongoing strategic planning.
- **General Reserve Fund:** Provides operational stability for emergencies or business discontinuation. The current balance (pre-transfer) covers approximately 13 months of operating expenses, exceeding the 8-month target. No target changes are recommended.
- **Capital & Intangible Asset Fund:** Supports capital purchases and amortization of assets. No changes recommended.
- **Hearing Fund:** Supports discipline and fitness to practice hearings, which can be complex and resource-intensive. The target balance remains \$200,000. No changes recommended.
- **Sexual Abuse Therapy & Counselling Fund:** Supports therapy related to sexual abuse by registrants, with a target balance of \$40,000. No changes recommended.



Reserve Fund Balances are:

	2024	Increase Change	2025
Capital & Intangible	\$ 109,024.00		\$ 109,024.00
Hearing Fund	\$ 200,000.00		\$ 200,000.00
Sexual Abuse Fund	\$ 40,000.00		\$ 40,000.00
General Reserve Fund	\$ 3,587,272.00		\$ 3,587,272.00
Information Technology (IT) Fund		\$ 529,252.00	\$ 529,252.00
Total Internally Restricted	\$ 3,936,296.00	\$ 529,252.00	\$ 4,465,548.00
Invested Capital & Intangible	\$ 92,486.00	\$ 5,960.00	\$ 98,446.00
Total	\$ 4,028,782.00	\$ 535,212.00	\$ 4,563,994.00

Recommendation

That the Finance and Audit Committee recommends that the Board:

1. Approve the creation of a new information Technology (IT) Reserve Fund. (*Appendix 1*)
2. Approve the transfer of \$529,252 (*Appendix 1*) from the Operating Fund to the General Reserve Fund, based on the draft audited financial statements for the fiscal year ending March 31, 2025.
3. Approve the transfer of \$529,252 (*Appendix 1*) from the General Reserve Fund to a newly established Information Technology (IT) Reserve Fund, effective April 1, 2025.

Attachments

- Appendix 1: Reserve Fund Summary: Based on the Draft Audited Financial Statements

COLLEGE OF DIETITIANS OF ONTARIO
RESERVE FUNDS SUMMARY: BASED ON DRAFT AUDITED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED MARCH 31, 2025

	OPERATING FUND	CAPITAL ASSET FUND (1)	GENERAL RESERVE FUND	Restricted Information Technology (IT) Fund	SEXUAL ABUSE THERAPY & COUNSELLING	HEARINGS	TOTAL RESERVE FUNDS 2024
Revenues	\$ 3,400,283						
Expenses (-)	(2,930,008)	(16,761)					
Excess (deficiency) of Revenues over Expenses before losses on investments - March 31, 2025	470,275	(16,761)					
Realized/unrealized gains (losses) on investments (-)	81,698						
Fund balance, April 1, 2023	-	\$ 92,486.00	3,696,296		40,000	200,000	4,028,782
Net Revenue (Expenses), Fiscal 2024	551,973	(16,761)	-		-	-	535,212
Fund balance - March 31, 2025	551,973	75,725	3,696,296	-	40,000	200,000	4,563,994
Transfer from Operating Fund to Capital Asset Fund for Purchases (recorded by Auditors)	(22,721)	22,721			-	-	-
Balance before transfer	529,252	98,446	3,696,296	-	40,000	200,000	4,563,994
Recommended transfer from Operating Fund to General Reserve & Hearings Fund (proposed by CDO, pending approval from Board at the Sept 5, 2025 Board meeting - creation of a new Restricted Information Technology (IT) Fund	(529,252)			529,252			-
Fund balances after transfers - March 31, 2024 (agreed to draft Audited Financial Statements)	\$ -	\$ 98,446	\$ 3,696,296	\$ 529,252	\$ 40,000	\$ 200,000	\$ 4,563,994

TOTAL BUDGETED EXPENSES AS PER APPROVED BUDGET FOR FISCAL 2025-2026 **\$ 3,324,818**

NUMBER OF MONTHS OF OPERATIONS COVERED BY GENERAL RESERVE FUND BALANCE **13**

TOTAL RESERVE FUNDS, MARCH 31, 2025 (agreed to draft Audited Financial Statements) **\$ 4,563,994**

NOTES:

- (1) The capital asset fund balance represents actual physical capital assets on hand (depreciated value), and funds available for future capital asset acquisitions.
The funds available for future capital asset acquisitions are internally restricted and may not be used for any other purpose without the approval of the board.



Attachment 7.1

Board Briefing Note

Topic:	Reappointment of External Auditors
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Finance and Audit Committee

Issue

At the September 13, 2025 Board meeting, Tinkham LLP was appointed as the External Auditor for a one-year term from April 1, 2024 to March 31, 2025. The appointment of the External Auditor is governed by Section 2.13 of bylaw 1, which states that:

- *The Board of Directors shall appoint an auditor licensed under the Public Accounting Act to audit the accounts of the College and to hold office for a term determined by the Board of Directors.*

Public Interest Rationale

The Board has a fiduciary duty to provide oversight of the College's financial management and risk practices. The annual review and reappointment of the External Auditor serves the public interest by ensuring that the Finance and Audit Committee, as well as the Board, maintain appropriate governance and oversight of financial matters.

Evaluation of the Auditor's Performance

To support the Finance and Audit Committee in fulfilling its oversight responsibilities, the Committee used the following questions as a guide when evaluating the auditor's performance and considering reappointment.

1. **Independence and Objectivity:** Has the auditor remained independent and objective throughout the engagement, free from any conflicts of interest?



2. **Audit Quality and Thoroughness:** Were the audit procedures comprehensive and aligned with relevant auditing standards. Did they adequately address key risk areas?
3. **Communication and Responsiveness:** How effectively did the auditor communicate with the committee and management, including the timely reporting of findings and recommendations?
4. **Expertise and Resources:** Does the auditor have the necessary expertise and experience, as well as sufficient resources to handle the complexity and size of the organization's audit?
5. **Fee Reasonableness and Value:** Are the audit fees reasonable relative to the scope and quality of the services provided? Does the auditor demonstrate value for the cost?

The Finance and Audit Committee confirmed that Tinkham LLP met all the above criteria during the current engagement.

Recommendations

That the Board approve the reappointment of Tinkham LLP as the External Auditors for the period April 1, 2025 to March 31, 2026, as recommended by the Finance and Audit Committee.

Management Report

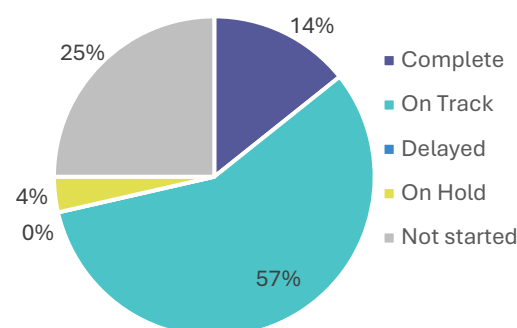
[May 24, 2025 – August 8, 2025]

Strategic Projects

Highlights

- A new SharePoint site for Board, Committee and Contractors was launched as part of the data governance project. The new site will serve as a document sharing platform and communications hub.
- The registrant portal rebranding was completed ahead of the annual renewal cycle.

Strategic Project Status



Updates and Upcoming Work

- The development of the staff SharePoint site is underway and will be launched in the fall. The staff SharePoint site will be supported by new policies to ensure CDO data is managed effectively and consistently.
- Work is underway on a corporate style guide, which will provide CDO with rules and guidance for all written communications, and help to maintain consistency, clarity and concision in all communications. Launch is anticipated for the fall.
- The demographic data collection project is currently on hold until a new database is in place and CDO has more insight into how other regulators are using the collected data.
- A governance consultant has been retained to conduct the 2025 governance review.

Status	Project	Goal
On track	Operationalize new investment policy and review options for investment management.	1
Not started	Create policy review cycle/mapping for governance and corporate services policies	1
Not started	Initiate succession planning and procedure documentation	1
On track	Develop a whistleblower policy	1
On track	Standardize committee management practices across all committees	1

On track	Conduct a third-party governance review	1
On track	Pursue nutritionist title protection	1
Not started	Review EDI-B approach	1
Not started	Develop a new suite of CDO educational videos for use on social media	1
On track	Pursue RD scope expansion	2
On hold	Identify a process to collect registrant demographic data collection	2
On track	Revise registration policies to reflect changes to the registration regulation	2
On track	Operationalize emergency class of registration to public register	2
Not started	Initiate wholesale review of the PLAR process	2
On track	Review and revise the OSAT for alignment with 2020 ICDEPS	2
Complete	Initiate the development of a new JKAT blueprint	3
On track	Identify a new platform to host the JKAT	3
Complete	Relaunch Peer and Practice Assessments (PPA)	3
On track	Refine the SDL Tool review process to align with new risk-based QA tools	3
On track	Develop a priority-based review cycle for professional practice articles and policies, including monitoring, evaluation, and EDI-B assessment	3
On track	Finalize file map and records retention policies	Enabler
On track	Migrate to SharePoint	Enabler
Not started	Develop user policies for Microsoft Teams	Enabler
On track	Identify database solution	Enabler
Complete	Update registrant portal with new branding	Enabler
On track	Deliver the annual workshop	Enabler
Not started	Launch new CDO corporate stylebook	Enabler
On track	Develop new social media strategy and optimize website	Enabler

Corporate Services

Human Resources, EDI-B, Information Technology & Finance

Highlights

- We are currently recruiting for the Quality and Practice Program Administrator role.
- We successfully negotiated with Canada Life to reduce the increase in our group health and dental benefits renewal rate.

Updates and Upcoming Work

- Staff will participate in an Education Day on September 25, which includes a plain language training session to strengthen clear and effective written communication.
- Work is underway to create a new investment account with Foyston, Gordon & Payne. RBC Securities, our current advisor, has been informed of the Board's decision to move to the new firm. The transfer of assets has begun:
 - \$4,361,083.61 will be moved from RBC Securities to the College's operating account at Scotiabank.
 - A GIC valued at \$622,304.02 will remain at RBC Securities until it matures on December 29, 2025, with an interest rate of 4.45%.

Finance Updates

- The total market value of the investment portfolio on July 31, 2025, was \$5,055,137.83.
 - Fixed Income (Bonds & GICs): \$3,708,383.83 (73.36%)
 - Preferred shares (bonds): \$1,346,618.00 (26.64%)
- Dividend income (YTD): \$38,704.56.
- Interest income (YTD): \$26,594.07
- Cash on hand: \$136.00
- Financial results (Year ended June 30, 2025):
 - Surplus: \$177,964
 - Operating income: \$230,303
 - Investment Gains/Losses:
 - Realized loss: (\$4,201)
 - Unrealized loss (Fair Value): (\$43,476)
 - Note: Investment results reflect a net decrease due to market volatility during Q1 (April to June 2025).
- Membership fees are 4% above budget for the same period last year (June 30, 2024).
- Interest and dividend income is 88% above budget, but 123% above the same period last year (June 30, 2024).
- Total operating expenses are 15% below budget and 6% below the same period last year (June 30, 2024).

Statement of Operations attached.

Finance and Audit Committee

- The Finance and Audit Committee met on July 14, 2025, to review:

- The draft audited financial statements for the year ended March 31, 2025.
 - The audit results letter as presented by the auditors, Tinkham LLP.
- The Committee will recommend the following to the Board for final approval at the September 5, 2025, meeting:
 - Transfer \$529,252 from the Operating Fund to the General Reserve Fund.
 - Transfer \$529,252 from the General Reserve Fund to the new IT Reserve Fund effective April 1, 2025
 - Reappointment of the external auditors.
 - Create a new IT reserve fund from the surplus of the audited financial results, to be used for emergencies and technology upgrades.

Communications

Highlights

- Since April, 18 items have been published in the [news section](#) of the website – the highest number of news items CDO has ever published in that period – reflecting a broader commitment to communicate CDO’s accomplishments and updates to registrants.
- The [Learning Hub](#) section of the website now has 23 articles published.
- A [position statement](#) on labour mobility was created to support RD queries related to “As of Right” announcements.

Engagement

- 133 messages were posted in both English and French, averaging one post every two days, across all five social media channels.
- The total number of followers/fans is approximately 4,646 (up by 177 new followers since last quarter) most of which were for our LinkedIn page.
- The best performing post was CDO’s participation in the [HPRO AGM/Meeting with Syliva Jones](#), followed by a post celebrating Susan Bodner's [appointment](#) to CDO's Board.

Professional Practice Program

Practice Advisory & Quality Assurance

123	-19	Themes
Practice Advisory Service Inquiries	from last reporting period	<ol style="list-style-type: none"> 1. College Requirements & Processes 2. Private Practice & Other 3. Ethical Issues

Highlights

- Developed a plan to update and refresh past articles, and began executing new articles.
- The JKAT closed in July with 203/205 registrants completing it (99% completion rate).
- The Equity Policy Development Tool (EPDT) was finalized which serves as a practical resource to embed EDI-B principles into policy work.
- Conducted a consultation from June 24 – July 24 on the draft Billing Standard & FAQs approved in principle by the Board (June) with >90% agreement in consultation. The policy and FAQ have been revised following the feedback, including plain language updates and an updated client-facing infographic.

Updates and Upcoming Work

- Planning for the 2025 Annual Workshop (Reconciliation & Dietetic Practice) in collaboration with other dietetic provincial regulators is underway. The two-part series will explore privilege, oppression, and the importance of building respectful relationships in dietetic practice.
 - Part 1 Workshop on Truth: scheduled for October 3 at 12 – 1 p.m. Introduces the Coin Model of Privilege and Critical Allyship, as a framework to reflect on unearned advantage and disadvantage in professional and personal contexts.
 - Part 2 Workshop on Reconciliation: scheduled for October 23 at 12 - 1 p.m. A moderated discussion weaving Indigenous teachings, lived experiences, and storytelling to guide culturally responsive and inclusive dietetic care.
- Jurisprudence Resources: Updating website practice articles with focus on JKAT.
- JKAT redevelopment is underway, with the support of a psychometrician and a refreshed blueprint.



- 17 RDs participating in the relaunched Peer and Practice Assessment (PPA) (5 complete, 12 scheduled through September 26).
- The Self-Directed Learning (SDL) Tool is being aligned with new risk-based QA tools.
- A new platform is being implemented to operationalize the Risk Reflection Questionnaire and Practice Improvement Assessment tools.
- Jurisprudence sessions are scheduled with TMU and U of T for October.

Quality Assurance Committee (QAC)

- On its October 9 meeting, the Committee will review:
 - PPA Assessor Reports from June pilot
 - Any JKAT non-completions (1 registrant)
 - SDL Tool implementation update
 - Policy updates

Professional Practice Committee (PPC)

- Nothing to report.

Registration Program

Highlights

- The Canadian Dietetic Registration Exam (CDRE) was administered on May 22-23 and the results were provided to exam writers in mid-July. The national pass rate for the session was 92%.
- The CDRE administration incorporated several enhancements to establishing the pass mark following the CDRE 3rd party review, including additional statistical analyses and contextual information about candidate and new-registrant preparedness.
- The Performance Based Assessment (PBA) was administered on July 30 with 18 candidates.

Updates and Upcoming Work

- The 2025 annual renewal period opens August 29 and closes October 31.
- The next administration of the Knowledge and Competence Assessment Tool (KCAT) is scheduled for September 10.

Registration Committee

- The Committee met on August 20 to consider policy revisions in light of the changes to the Registration Regulation. The Committee will be recommending revisions to the following policies, to the Board at its September meeting:
 - Policy 2-30 Competency Standards and Accrediting Bodies
 - Policy 4-20 Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs
 - Policy 4-25 Recognition of “Dietitians Australia” Accredited Practising Dietitians
 - Policy 6-10 Prior Learning Assessment and Recognition.

Standards & Compliance Program

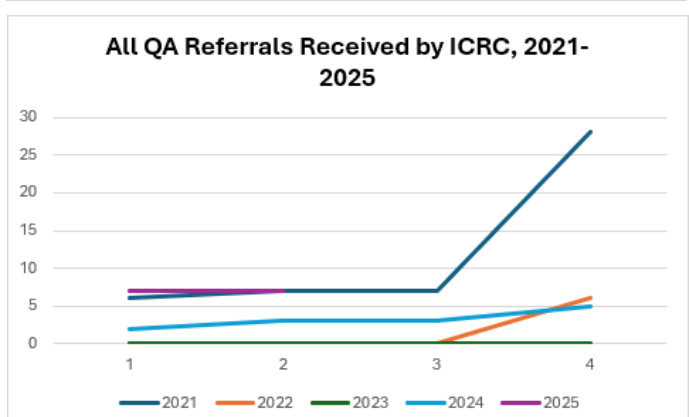
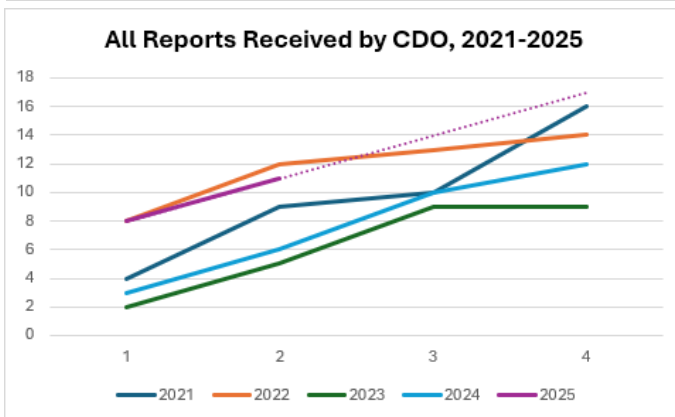
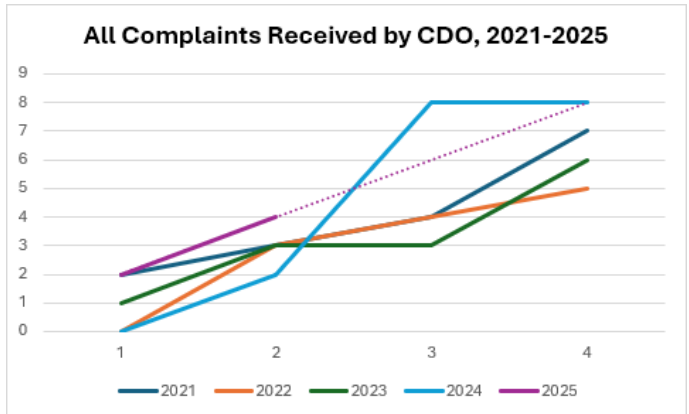
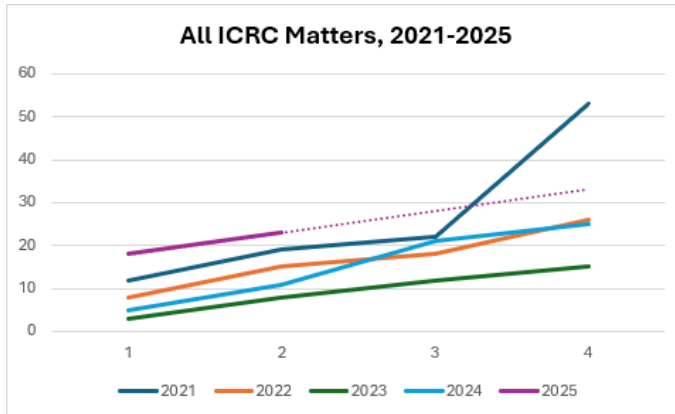
Inquiries, Complaints & Reports Committee¹

<p>4</p> <p>New matters received (+/-0 from last reporting period)</p> <p>2 Complaints 2 Reports 0 QAC referrals 0 Inquiries</p>		<p>0</p> <p>Matters closed at preliminary review stage</p> <p>There were no Reports that the Registrar did not refer to the Inquiries, Complaints and Reports Committee after making preliminary inquiries.</p>
<p>1</p> <p>Matters closed by ICRC</p> <p>0 Complaints 0 Reports 0 QAC Referrals 1 Inquiries</p>		<p>ICRC dispositions</p> <p>1 Resolved through an undertaking.</p>
<p>16</p> <p>Matters open</p> <p>3 Complaints 12 Reports 1 QAC referrals 0 Inquiries</p>	<p>5</p> <p>Decisions reviewed or under review by HPARB</p> <p>4 reviews scheduled 1 review complete and awaiting HPARB decision</p>	<p>156 days</p> <p>Average time for disposal (all matters)</p>
<p>2</p> <p>Registrants monitored for compliance</p>		

¹ Statistics are from June 1, 2025 to August 15, 2025

1 Registrant entered undertaking with CDO
1 Registrant completing SCERP

The charts below show the cumulative totals for each year from 2021 to June 30 of 2025, with projection lines for the remainder of the year.



Discipline Committee

- Nothing to report.

Fitness to Practice Committee

- Nothing to report.

Patient Relations Committee

- Nothing to report.



Governance and Oversight

Highlights

- Cheryl Lake was appointed to the Board as a public member for a one-year term beginning June 5, 2025.
- Zaw Thiha Tun was appointed to the Board as a public member for a three-year term beginning August 14, 2025.
- Committee chairs participated in a coaching session in July as part of the implementation of the new governance evaluation framework. The half-day coaching session prepared chairs to facilitate meetings and lead the post-meeting pulse check.

Updates and Upcoming Work

- The 2025 governance review is underway, which will result in a final report with recommendations presented to the Board at its November meeting. The Governance Committee will be leading this project.

Governance Committee

- Nothing to report.

Sector News

Regulatory, Government & Dietetics

Highlights

Consultation on “As of Right” Legislation

The Ministry shared its intention to move forward with expanding the “As of Right” rules, including for CDO and invited regulators to complete a survey about readiness to implement. More information about the intended legislation is included in the slides, attached.

HEALTH PROFESSION REGULATORS OF ONTARIO

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Sharing highlights between HPRO’s 2024 and 2025 Annual Meetings.

The Health Profession Regulators of Ontario (HPRO) is a not-for-profit incorporated organization, which, since 1998, has brought together the Colleges under the *Regulated Health Professions Act’s (RHPA’s)*. There are currently 26 Colleges, representing 30 distinct professions, regulating almost 400,000 practicing healthcare professionals in the Province.

Ontario’s health profession regulators are committed to distinct purpose, to protect the public, making sure healthcare professionals are safe, ethical, and competent. HPRO exists to help Colleges do just that by **advocating for ongoing regulatory improvement that supports the public interest**. That’s our statement of purpose, and we fulfill that purpose through three priority areas:

- ⇒ **Government Relations**
- ⇒ **Equity, Diversity, and Inclusion (EDI)**
- ⇒ **Excellence in Member Services**

HPRO is able to do its work through the dedication of exceptional volunteers, including all College Registrars who make up the Board of Directors. Sincere appreciation is extended to our Officers and Board members and our Committee members and chairs, Network leads, and all who share their expertise. HPRO is staffed by a full-time Executive Director and other HPRO team members—more about our volunteers and support team on the pages that follow.



HPRO welcomed **Deputy Premier and Health Minister Sylvia Jones** to its Annual Meeting, held at the College of Chiropractors of Ontario (and by Teams virtually) on June 3, 2024.

**Management
Committee Members:**

Dan Faulkner,
Chair

Maureen Boon,
Vice-Chair

Shenda Tanchak,
Treasurer
(to August 30, 2024)

Elinor Larney,
Past Chair

Craig Roxborough,
Member

Melanie Woodbeck,
Member

Nicole Zwiers,
Member



Heartfelt thanks are extended to Dan Faulkner for his exemplary service and leadership throughout his two years as HPRO's Chair.

CHAIR & MANAGEMENT COMMITTEE REPORT

This report covers HPRO's corporate year from the June 3, 2024, Annual Meeting, reporting to the June 23, 2025, Annual Meeting.

MINISTRY OF HEALTH

HPRO was delighted to welcome the Hon. Sylvia Jones, Deputy Premier and Minister of Health, to our 2024 Annual Meeting. Joined by Assistant Deputy Minister Dr. Karima Velji, Director Allison Henry, and Stakeholder Relations Manager Abby Hourigan, the Minister thanked HPRO's members for their commitment, engagement, and implementing the regulation of healthcare professionals, ensuring professional competency, patient safety and public trust in the Province's healthcare providers.

HPRO raised issues with the Minister, including access to care, scopes of practice, and focusing on the patient experience. And Chair Dan Faulkner confirmed that "HPRO is prepared to be a partner as issues move forward," committing to be a valuable system partner in the health regulatory sector.

Following the provincial election, HPRO wrote to the Minister, congratulating her on her re-appointment and re-committing HPRO's support for the Ministry and inviting her to our 2025 Annual Meeting.

During the year, HPRO also wrote to the Government on a number of issues, including:

- RHPA College quarterly data collection processes
- "As of Right" rules legislation
- Submission to the Standing Committee on Finance and Economic Affairs re. Bill 2, *Protect Ontario Through Free Trade Within Canada Act, 2025*

HPRO has also appreciated the many opportunities for information-sharing and updates with Health Workforce Regulatory Oversight Branch Director Allison Henry, Strategic Regulatory Policy Unit Manager Stephen Cheng, Regulatory Oversight and Performance Unit Manager Jason Maurier, and their team members during a very active year.

With government relations being a priority, HPRO was also pleased to add Rubicon Strategy as registered lobbyists in 2024. HPRO's appreciation is extended to Sarah Letersky, Mustapha Khamissa, and Veronique Parry for their wise guidance and support.



*Hon. Sylvia Jones
at HPRO's 2024 Annual Meeting*

CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

OFFICE OF THE FAIRNESS COMMISSIONER (OFC)

HPRO welcomed Ontario's Fairness Commissioner Irwin Glasberg and Director Ming-Young Tam to our June 3, 2024 Board of Directors Meeting. Mr. Glasberg shared, "The OFC and Colleges are in one ecosystem, needing to be efficient in registering health professionals." We discussed the OFC's risk registry, data collection, and areas for collaboration.

Those discussions continued throughout the year, with plans for a webinar series on data collection which should begin in the Summer of 2025.



*Fairness Commissioner
Irwin Glasberg
at HPRO's June 23,
2024 Board Meeting*



*HPRO's EDI Network
Co-Chair Michelle
Tremblay at our
June 23, 2024
Board Meeting*

EQUITY, DIVERSITY, AND INCLUSION (EDI)

Equity, diversity, and inclusion (EDI) is a priority area for HPRO. We are pleased to have an active and vibrant EDI Network, being led by Michelle Tremblay (RCDSO) and Preeya Singh (CASLPO). The Network meets for an hour most months to hear presentations, share information, and build resilience during an unprecedented time of challenges in the sector.

June 17, 2025, was the date of our EDI Network Conference, being held at The Hub (home of CDHO and CASLPO, College of Denturist of Ontario, and College of Dietitians of Ontario) with a virtual option. Session included a presentation by Elder Abuse Prevention Ontario on the prevention of elder abuse and ageism, an update from our Anti-Racism in Health Regulation consultants Graybridge Malkam on current trends and more about HPRO's equity impact assessment, and a panel focusing on the future of EDI in health regulation.

CANADIAN NETWORK OF AGENCIES OF REGULATION (CNAR)

In 2024, HPRO became a member of CNAR and we were pleased to have been a part of the October 2024 conference with Executive Director Beth Ann Kenny and Jennifer Hemeon of the Nova Scotia Regulated Health Professions Network sharing a Pecha Kucha presentation for the **Canadian Provincial and Territorial Network of Health Profession Regulators (CAPTNOPR)** entitled, "An Oxymoron: An Association of Regulators". HPRO is pleased to help organize CAPTNOPR and share information with HPRO-like organizations across the country.



CHAIR & MANAGEMENT COMMITTEE REPORT (CONT.)

CITIZEN ADVISORY GROUP (CAG)

The CAG brings patient and caregiver voices and perspectives to health care regulation in Ontario. Officially, as of March 17, 2025, the CAG is now being managed by HPRO. CPSO had been responsible for the CAG, following management by CPO who formed this patient feedback mechanism in 2015.

CAG Coordinator, Thamesha Tharmarajah provides administrative support and the CAG is led by a Committee, chaired by Delia Sinclair Frigault (OCP) with members Craig Roxborough (CPO—Past Chair), Nadja Gale (CMO), Tanya Terzis (CPSO), Cameron Thompson (RCDSO), and Kimberly Woodland (COTO).

Thanks are extended to CPSO for its support in the transition and to the dedicated regulators who are leading the program. Sincere appreciation is also extended to the CAG members themselves who provide all-important insight into the patient perspective.

QUALITY ASSURANCE NETWORK

Early in 2024, planning began for a Regulatory QA Event—“What’s Now? What’s New? What’s Next”—held on May 30, 2025. It was a wonderful success with over 100 people involved onsite at OCP or attending virtually. Featured speakers included Dr. Zubin Austin, Dr. Liz Wenghofer, Dr. Glenn Pettifer, and a panel discussion re. AI.



The Planning Group, right, included the following: Brian Fehst (CKO) - Lead, Bonnie

Wong (College of Dietitians of Ontario), Christina Van Sickle (OCSWSSW), Terri-Lynn Macartney (CDHO), Shelley Martin (CPO), Carole Chatalalsingh (College of Dietitians of Ontario), Claudia Frisch (CMTO), and Lesley Krempulec (OTO).

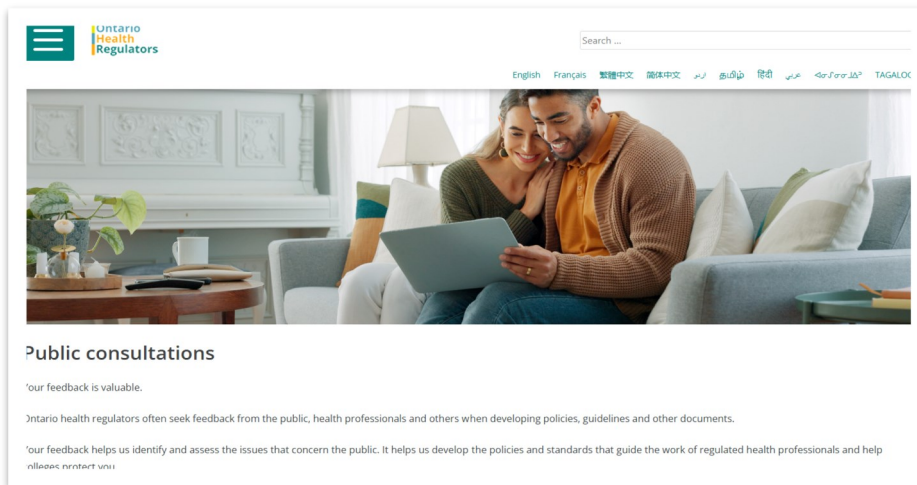
A FOCUS ON EXCELLENCE IN MEMBER SERVICES

HPRO has a focus, too, on excellence in member services. This is wide-ranging and incorporates some of the above, and much more happening every day behind the scenes.

HPRO’s leadership is thankful to all for their support, allowing us to continue to advocate for ongoing regulatory improvement that supports the public

COMMUNICATIONS COMMITTEE

HPRO's Communications Committee, led by Chair Michelle Price, focuses both on supporting Communications Network members and promoting the public-facing website ontariohealthregulators.ca (OHR). This site provides links to Colleges' general information for the public, their public registers, information about complaints, articles of interest, and public consultations.



Colleges have a duty to promote and enhance relations between Colleges and the public, and this site supports those efforts.

The Communications Network enjoyed two education events during the past year:

- **July 24, 2024** — “It’s All About Race: Developing Raced-Based Data in Your Organization” workshop led by Brie Berry Crossfield
- **February 6, 2025** — Communicators’ Half-Day Conference, featuring
 - * “Practical Tools and Tactics for AODA Compliance” by Matisse Hamel-Nelis (ADS, CPACC)
 - * “What You Should Know About Launching a New Public Register” by the team at CMLTO
 - * “Health Professions Discipline Tribunal (HPDT)—What It Is and How It Works (from the Communications Perspective)” by David Wright, HPDT Chair

Communications Committee:

- Michelle Price, Chair (CMLTO)
- Jef Ekins (CMRITO)
- Maria Feldman (CMTO) (to February 7, 2025)
- Victoria Marshall (CMO)
- Mark Sampson (CPSO) (to March 4, 2025)
- Amandine Viaud (RCDSO)

Communicators’ Network Event Planning Subcommittee :

- Michelle Price (CMLTO)
- Amandine Viaud (RCDSO)

NOMINATIONS COMMITTEE

The Nominations Committee facilitated the call for nominations for HPRO’s Officers and Management Committee members

Nominations Committee:

- Elinor Larney (COTO), Chair
- Carole Hamp (CRTO)
- Kelly Dobbin (CMO)
- Nancy Leris (CKO)

DISCIPLINE ORIENTATION COMMITTEE

Discipline Orientation
Committee Members:

- Tina Langlois (CMRITO), Chair (to November 2024)
- Genevieve Plummer (OCP)
- Cara Moroney (COTO)

Discipline Orientation
Faculty:

- Luisa Ritacca (Stockwoods, LLP)
- Julie Maciura (SML-Law) through 2024
- Rebecca Durcan (SML-Law) beginning 2025

The Discipline Orientation Committee continues to deliver quality education and training programs, providing comprehensive orientation for regulatory adjudicators who will be panel members or chairs of discipline hearings. Sessions continue to be held virtually, consistent with Colleges’ practices.

Sessions continue to be held twice each year.

Fall 2024 Workshops

- October 24 – Basic Session: 29 registrants (10 Colleges)
- November 14 – Advanced Session: 13 registrants (9 Colleges)

Spring 2025 Workshops

- May 5 – Basic Session: 9 registrants (5 Colleges)
- May 8 – Advanced Session: 12 registrants (3 Colleges)

REASONS WRITING WORKSHOP

HPRO provides an interactive workshop that directly addresses a major subject from the Discipline Orientation sessions — writing reasons for regulatory decisions. The session covers the identification of issues that need to be addressed, developing deliberation styles that provide content of the reasons, providing explanations for the decision made and wording those explanations persuasively, and more.

Julie Maciura serves as faculty for workshop.

November 5, 2024 Workshop – 19 registrants (7 Colleges)

GOVERNANCE TRAINING FOR RHPA COLLEGES

This two half-day webinar for College Staff, Board/Council, and Committee Members focuses on Colleges’ core public interest functions, providing a comprehensive understanding of governance for regulators. This includes the concept of governance, setting goals and strategies, fiduciary obligations, and a focus on the roles of various members of the governors and staff at Colleges.

Faculty for this training is Julie Maciura.

September 19 & 26, 2024 – 27 registrants (9 Colleges)

April 16 & 23, 2025 – 12 registrants (5 Colleges)



TRANSITIONS

HPRO MEMBERS:

- **College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO):** Margaret Drent became CASLPO's Registrar when **Brian O'Riordan** retired on January 17, 2025.
- **College of Occupational Therapists of Ontario (COTO):** on February 28, 2025, **Elinor Larney** announced her retirement, planned for July 2025.
- **College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO):** **Sean Cassman**, who was serving as Acting Registrar and CEO since February 1, 2024, was officially appointed Registrar and CEO, effective August 1, 2024.
- **Ontario College of Pharmacists (OCP):** **Shenda Tanchak** left her role as Registrar and CEO, effective March 17, 2025; **Susan James** has been serving as OCP's Director on HPRO's Board in her role of Acting Registrar with Thomas Custers is serving as OCP's Acting CEO.

HPRO:

- **Affiliate Program:** HPRO initiated a program to allow non-RHPA regulators to access benefits of HPRO. In 2024, the **Ontario College of Social Workers and Social Service Workers (OCSWSSW), Registrar & CEO Denitha Breau**, joined the program.
- **Citizen Advisory Group (CAG):** in 2025, HPRO assumed the management of the CAG, contracting its first **CAG Coordinator, Thamesha Tharmarajah**. The CAG is led by a Committee, chaired by **Delia Sinclair Frigault (OCP)** with members **Craig Roxborough (CPO—Past Chair)**, **Nadja Gale (CMO)**, **Tanya Terzis (CPSO)**, **Cameron Thompson (RCDSO)**, and **Kimberly Woodland (COTO)**.
- **Ontario Regulators for Access Consortium (ORAC):** in 2025, ORAC transitioned to HPRO's **Registration Network**, led by **Deborah Cohen [Health and Supportive Care Providers Oversight Authority (HSCPOA)]**, and **Alicia Lockey (CMTO)**, and **Fiona Teape (CKO)**.

HPRO NETWORKS

College staff have access to Networks that focus on key areas of College activity:

- | | |
|--|---|
| • CPMF (with no changes to the CPMF in 2024/2025, the Network did not meet) | • Investigations and Hearings |
| • Communications | • Patient Relations |
| • Corporate Services | • Policy Advisors |
| • Deputy Registrars | • Practice Advisors |
| • EDI | • Quality Assurance |
| • Enterprise Risk Management and Business Continuity | • Registration (Previously ORAC) |
| • Executive Assistants | |



Members:

College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO)

College of Chiropodists of Ontario (COCOO)

College of Chiropractors of Ontario (CCO)

College of Dental Hygienists of Ontario (CDHO)

College of Dental Technologists of Ontario (CDTO)

College of Denturists of Ontario

College of Dietitians of Ontario

College of Homeopaths of Ontario (CHO)

College of Kinesiologists of Ontario (CKO)

College of Massage Therapists of Ontario (CMTO)

College of Medical Laboratory Technologists of Ontario (CMLTO)

College of Medical Radiation and Imaging Technologists of Ontario (CMRITO)

College of Midwives of Ontario (CMO)

College of Naturopaths of Ontario (CONO)

College of Nurses of Ontario (CNO)

College of Occupational Therapists of Ontario (COTO)

College of Opticians of Ontario

College of Optometrists of Ontario

College of Physicians and Surgeons of Ontario (CPSO)

College of Physiotherapists of Ontario (CPO)

College of Psychologists and Behaviour Analysts of Ontario (CPBAO)

College of Registered Psychotherapists Therapists of Ontario (CRPO)

College of Respiratory Therapists of Ontario (CRTO)

College of Traditional Chinese Medicine Practitioners and

Acupuncturists of Ontario (CTCMPAO)

Ontario College of Pharmacists (OCP)

Royal College of Dental Surgeons of Ontario (RCDSO)

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FOR IMMEDIATE RELEASE: Beaverton, Ontario – Monday, June 23, 2025 – The Health Profession Regulators of Ontario (HPRO) has elected its Officers for the 2025-2026 year:

- **Maureen Boon, College of Massage Therapists of Ontario – Chair**
- **Craig Roxborough, College of Physiotherapists of Ontario – Vice-Chair**
- **Carole Hamp, College of Respiratory Therapists of Ontario – Treasurer**

In addition to the Officers, the following were elected as members of the Management Committee:

- **Fazal Khan, College of Opticians of Ontario**
- **Melanie Woodbeck, College of Dietitians of Ontario**
- **Nicole Zwiers, College of Chiropodists of Ontario**

And, HPRO's Past Chair will continue to serve on the Management Committee:

- **Daniel Faulkner, Royal College of Dental Surgeons of Ontario – Past Chair**

HPRO is the organization for Ontario's 26 health regulatory colleges, which govern almost 400,000 health professionals. HPRO advocates for ongoing regulatory improvement that supports the public interest, helping Colleges to fulfill their regulatory mandate. For more information about HPRO, visit our website: regulatedhealthprofessions.on.ca.

HPRO's member Colleges individually focus on the public interest, working to provide the people of Ontario with safe, competent, and ethical health care and holding healthcare professionals accountable for their conduct and practice. Colleges also have a duty to provide information to the public, and, to that end, a public-facing website is a resource provided by HPRO that shares helpful links to all regulatory Colleges' websites. The site offers straightforward information about healthcare providers and regulations in the 10 most commonly used languages in the province. See ontariohealthregulators.ca to learn more and discover how Colleges support safe healthcare in Ontario.

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For more information, contact:

Beth Ann Kenny, Executive Director

Phone: 416-986-0576

Email: bakenny@regulatedhealthprofessions.on.ca

Website: regulatedhealthprofessions.on.ca

Expansion of the "As of Right" Rules to Additional Regulated Health Professions

Policy Proposal

Ministry of Health

Nursing and Professional Practice Division

Health Workforce Regulatory Oversight Branch

July 2025

DRAFT DECK FOR DISCUSSION PURPOSES ONLY

Agenda

1. Context of Engagement
2. Overview of the "As of Right" Rules
3. Overview of the “As of Right” Conditions of Exemption
4. Proposed “As of Right” Expansion to Additional Health Professions Registered in Other Provinces/Territories
5. Intended Outcomes
6. Next Step: College Survey

Context

- In April 2025, the Ministry of Health (Ministry) posted four proposals to expand Ontario’s “As of Right” rules on the Regulatory Registry:
 1. Remove the practice setting restrictions for all “As of Right” professionals ✓
 2. Expand the “As of Right” rules to include American-licensed physicians and nurses who are seeking to live and work in Ontario ✓
 3. **Expand the “As of Right” rules to additional regulated health professions**
 4. Automatically recognize another Canadian provincial/territorial nursing or physician certificate of registration (license) as a valid Ontario certificate of registration when the professional is practicing in Ontario.
- In follow-up to this initial consultation, the Ministry is seeking further feedback from health regulatory Colleges on the expansion of the “As of Right” rules to additional professions registered in other provinces/territories (PTs).

Overview of “As of Right”



- Ontario’s “As of Right” rules is a first-in-Canada approach that expedites the process for health care professionals registered in other jurisdictions to begin practise in Ontario.
- On June 5, 2025, regulatory changes came into effect to expand the rules, which initially came into effect in July 2023.
- Subject to conditions, the “As of Right” rules currently **enable physicians, nurses, respiratory therapists, and medical laboratory technologists registered in another Canadian PT, and board-certified physicians and nurses licensed in a state of the United States of America or the District of Columbia**, to start practising in Ontario without having to first register with an Ontario health regulatory college.
- These “As of Right” professionals may practise for up to 6 months while completing the registration process and waiting for their application to be approved. This six-month period reduces administrative barriers associated with the registration process that can delay an individual’s ability to begin caring for patients in Ontario immediately.
- “As of Right” was implemented through legislative and regulatory amendments to a number of Acts, including the *Medicine Act, 1991; Nursing Act, 1991; Medical Laboratory Technology Act, 1991, Respiratory Therapy Act, 1991.*



Conditions of Exemption

To qualify for the “As of Right” rules, eligible professionals must meet **all** the following conditions:

No.	Condition
1	Registered with a regulatory authority in another jurisdiction and holds an equivalent certificate of registration.
2	A regulatory authority in another jurisdiction has not refused to register the person within the past two years.
3	A finding of professional misconduct, incompetence or incapacity has not been made about the person.
4	The person must not be the subject of any current professional misconduct, incompetence or incapacity proceeding.
5	The person has submitted to the Ontario College an application for registration prior to providing services in Ontario.
6	The person has submitted an attestation to the College confirming that they meet the conditions <i>(New requirement as of June 5, 2025).</i>
7	The person holds professional liability insurance.
8	The person must use the titles relevant to their qualifications and may only use titles recognized in Ontario.
9	The person only provides services to residents of Ontario while they are physically present in Ontario <i>(New requirement as of June 5, 2025)</i>

Note: As of July 5, 2025, “As of Right” professionals can practise in all health settings.

Conditions of Exemption

Professionals practising under the “As of Right” would no longer qualify for the exemption in any of the following circumstances:

No.	Condition
1	The person’s application for a certificate of registration has been rejected by the applicable Ontario health college before 6 months have elapsed since they began to provide services in Ontario.
2	The person has not been issued a certificate of registration within 6 months.
3	The person ceases to meet conditions 1 to 10 on slide 5.

Proposal: Expansion to Additional Regulated Health Professions

- The Ministry is proposing to expand the “As of Right” rules to additional regulated health professions registered in other PTs.
 1. Audiologists, Speech-language Pathologists
 2. Chiropodists
 3. Dentists
 4. Dental Hygienists
 5. Dental Technologists
 6. Denturists
 7. Dietitians
 8. Medical Radiation and Imaging Technologists
 9. Midwives
 10. Occupational Therapists
 11. Opticians
 12. Optometrists
 13. Pharmacists, Pharmacy Technicians
 14. Physician Assistants
 15. Physiotherapists
 16. Psychologists
- At this time, the Ministry is not considering the inclusion of USA-licensed health care professionals beyond physicians and nurses.
- If approved, professionals registered in other provinces/territories from these professions, in addition to the current professions, would be able to immediately practise in any health care setting in Ontario for up to 6-months while completing registration with their respective regulatory college.

Intended Outcomes

- ✓ Enhance labour mobility by easing the path to practise in Ontario.
- ✓ Reduce administrative barriers associated with the registration process that can delay an individual's ability to begin caring for patients in Ontario immediately.
- ✓ Reduce financial barriers to practise in Ontario.
- ✓ Situate Ontario as a leader in facilitating internal mobility of professionals in a rapidly changing health care environment.

Next Step: College Survey

- The Ministry of Health values the critical role that regulatory Colleges play in protecting public safety and promoting health care excellence in Ontario.
- **After this meeting, the Ministry will be distributing a survey to all the Colleges of the proposed additional professions.**
- The Ministry approaches this work with the assumption that all professions recommended in the April 2025 Regulatory Registry post will proceed under “As of Right”. Feedback provided through this survey will help validate this approach and will ensure decisions are supported by insights from all affected Colleges.
- College feedback will also help the Ministry address potential challenges to ensure effective implementation.
- Following the survey, the Ministry anticipates bringing forward a policy proposal for government decision-making in Summer/Fall 2025.

Thank you!

- Additional questions and comments can be directed to Allison Henry, Director of HWROB (Allison.Henry@ontario.ca)

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

Attachment 8.2

	3 Months Ended				Comparative		
	Actuals June 30 2025	Total Annual Budget June 30 2025	Actual vs Budget Favorable (Unfavorable)	Budget % Variance	Total Annual Budget Mar 31 2025	3 Months Actuals June 30 2024	June 2025 vs June 2024 % Variance
REVENUE							
Membership & Other Fees (1)	\$ 826,710	\$ 794,979	31,731	4%	\$ 3,179,917	\$ 814,115	2%
Interest & Dividends (2)	158,872	66,760	92,112	88%	227,000	47,365	(73)%
TOTAL REVENUE	985,582	861,739	123,843	98%	3,406,917	861,480	8%
EXPENSES (Operating)							
General & Administrative (4)	621,676	706,617	84,940	12%	2,627,269	677,409	-4%
Registration Program (5)	12,594	46,228	33,632	73%	184,903	7,400	70%
Quality Assurance Program (6)	2,368	27,977	25,609	92%	111,906	20,352	48%
Practice Advisory Program (7)	1,588	6,936	5,348	77%	37,743	5,675	-72%
Patient Relations Program (8)	-	-	119	100%	475	-	-
Standards & Compliance Program (9)	64,726	43,131	(21,595)	(50)%	177,523	36,063	80%
TOTAL EXPENSES BEFORE AMTZEN	753,334	831,089	77,755	95%	3,332,216	747,199	6%
EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	230,303	20,624	209,778		82,098	114,950	100%
LESS: DISBURSEMENTS							
Capital Asset Fund - Amortisation (10)	(4,862)	(3,760)	(912)	-24%	(15,000)	(5,498)	
Realized Gains/Loss on Sale of Investments (3)	(4,201)	-	-	-	-	(102,975)	-
Unrealized FV appreciation (depreciation) of Investments (3)	(63,476)	-	-	-	-	11,361	
SURPLUS/(DEFICIT)	177,864	16,774	206,866		67,098	17,438	
FUND BALANCES - beginning of year	4,563,094	4,563,094	-	-	4,563,094	4,028,762	
FUND BALANCES - March 31, 2025	\$ 4,741,858	\$ 4,580,768	\$ 161,090		\$ 4,630,192	\$ 4,046,400	

NOTES AND HIGHLIGHTS:

REVENUE

- (1) **Revenues, Membership & Other Fees** are slightly over budget at 4%, but remain within a reasonable range, indicating stability in revenues. 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 earned in fiscal year 2024 but earned from April 1 to June 30, 2025. Budgeted and prior year figures have also been adjusted to recognize 3 months of earned revenue. Despite the unfavorable variance against the budget, revenues are up slightly by 2% compared to the same quarter last year.
- (2) **Investment income (interest & dividends)** significantly exceeded budget expectations by \$90,872, indicating the strong performance of investments (dividends and interest income) held at RBC Dominion Securities during the first quarter. Despite the favorable variance against the budget, revenues are up by 123% compared to the same quarter last year. This increase is indicative of potential changes in market trends.

EXPENSES

- (4) **Total General and Administrative (G&A)** expenses were 12% under budget, demonstrating effective cost management during this period. Moreover, G&A expenses decreased by 8% compared to the same period in 2023/2024, primarily due to inflation. This indicates that the College is maintaining control relative to projections year-over-year. (See details below)
- Board expenses for the period ended June 30, 2025, totaled \$46,337, which was \$682 over budget, resulting in an unfavorable variance of 1% from the budgeted amount of \$44,796.

Executive, Audit and Governance Committee expenses were 20% lower than budgeted on average. (See details below)

The **Executive Committee** incurred expenses of \$2,776, which is \$1,873 over budget (a 67% variance). The savings is mainly attributed to Consultant fees, which exceeded the budget by \$828, and Per Diem - Preparation, which was \$506 over. Conversely, Per Diem - Meetings came in under budget by \$253, helping to partially offset the overages.

The **Governance Committee** reported expenses of \$306, resulting in a favorable variance of \$4,094, or 93% under budget. This indicates effective cost management within this committee as expenses are significantly lower than expected in this first quarter.

The **Audit Committee** was of June 30, 2025, totaled \$495, slightly below the budget of \$500.

General & Administrative expenses were \$62,413 lower than the budgeted amount for the period of \$65,508, resulting in a favorable variance of 13%, mainly due to timing of initiatives and projects.

A detailed breakdown of the individual line items contributing to the variance is provided below.

General & Administrative Expenses details:

Salaries and benefits were 12% less than budgeted for a total of \$64,627, due to staffing changes and favourable negotiated benefits.

Contracted services were under budget by \$5,867, resulting a favourable variance of 43%.

Computer expenses were under budget by \$12,888, resulting in a favourable variance of 24%.

Communication initiatives were under budget by \$6,587.

External Partner Initiatives were significantly over budget, with expenses of \$1,008 compared to a budget of \$69 for 3 months ending, due to timing.

Public Initiatives were well under budget, with spending of \$2,895 versus a budget of \$9,780, generating a favorable variance of \$7,685 (72% under budget). The lower spending is attributed to delayed campaign activities later in the fiscal year.

The **Annual Report** had no expenses during the period, resulting in a full budget savings of \$650. These expenses are expected later in the fiscal year.

Staff development totaled \$2,601, coming in \$2,524 below the budget of \$5,125, resulting in a favorable variance of 49%. These expenses are expected later in the fiscal year.

Staff Travel expenses totaled \$1,119, which was \$919 over budget, resulting in a 49% unfavorable variance. This variance may be due to higher-than-expected travel needs for the quarter.

Membership dues totaled \$16,069, exceeding the budget by \$5,892, due to timing in payment dates. Expenses were as expected.

The exceeding is primarily attributed to memberships with key organizations such as the **Alliance of Canadian Dietetic Regulatory Bodies** (\$16,053).

The remaining dues are related to participation in sector-related events and associations.

Insurance expenses totaled \$1,832, coming in \$2,824 below the budget, resulting in a favorable variance of 60%. These expenses are expected later in the fiscal year.

Printing/Postage/Delivery expenses totaled \$394, which is \$980 below the budget, resulting in a favorable variance of 71%. The underspending reflects reduced mailing and printing needs during the reporting period.

Translation expenses had no expenses during the period, resulting in a full budget savings of \$256. These expenses are expected later in the fiscal year.

Bank charges exceeded the budget by \$174, resulting in a 98% unfavorable variance.

Legal fees for general matters were under budget by \$1,748, resulting in a 64% favorable variance.

Professional Fees/Consultants totaled \$26,014, which is \$1,939 over than the budgeted amount of \$18,076 for the quarter, resulting in an unfavorable variance of 11%. This variance was attributed primarily to limits of the various contracts.

Office expenses totaled \$7,284, resulting in an unfavorable variance of \$2,284 compared to the budgeted amount of \$5,000, or 46% over budget.

Rent expense reflects a variance of 0%, indicating that actual expenses are in line with the budget. The alignment of actual rent expense with the budget indicates effective financial planning and adherence to budget constraints in this area.

Telephone and Internet expenses reflect an unfavorable variance of 19%, with actual expenses totaling \$2,205 compared to the budgeted amount of \$2,000.

This variance is due to an increase in services costs for subscription to a new cloud on April 2025.

(5) **Total Registration Program** expenses were 73% under budget. (See details below)

Registration Program expenses in Q1 were \$16,269, significantly under the \$43,644 budget, with a favourable variance of \$33,376 (76%). The main savings came from Bank Charges, WCAT-related costs, and meeting, as major expenditures are expected in October during membership renewals.

Registration Committee expenses for the first quarter totaled \$2,335, coming in \$266 under budget (9% below the allocated \$2,601). The main variance was in Per Diem - Preparation, which exceeded the budget by \$469 due to an ad-hoc meeting related to registration regulation changes, while Per Diem - Meetings was \$225 under budget.

Consulting fees matched the budget exactly at \$500. With an annual budget of \$10,325, most committee-related expenses are expected to occur later in the year.

(6) **Quality Assurance Program** expenses were 92% under budget. (See details below)

Quality Assurance Program expenses for the quarter ended June 30, 2025 amounted to \$1,843, against a budget of \$22,551, resulting in a substantial favorable variance of \$19,461 (86% under budget).

The largest savings are due to the absence of spending in several planned areas, as major activities are expected to take place later in the fiscal year. Key cost lines such as Temp/Contracted Services

Computer Expense, Translation, Assessor Training, PPD+MAT Expenses, and 500 hrs Assessor Honorariums were at exactly on budget. Notable variances include Staff Development, which was 32% under budget, and Other Consultants, which exceeded the forecast by \$253 (6% over budget). The only other unfavorable line was Legal Fees, where \$203 was spent with no total budget allocation.

QA Committee expenses, during the first quarter, amounted to \$825, well below the budgeted \$5,045, resulting in a favourable variance of \$4,220 (84% under budget). The only costs incurred were related to our clients for readiness, orientation, and travel, all of which remained within or below budget. No spending was recorded for travel, consulting, or other operational areas, indicating that most activities are expected to take place in the following quarters. With a total annual budget of \$25,195, the committee has significant funds remaining for the rest of the year.

(7) **Total Practice Advisory Program** expenses were 77% under budget. (See details below)

Practice Advisory Program expenses totaled \$243, well below the budgeted \$4,744, resulting in a favourable variance of \$4,502 (95% under budget).

With an annual budget of \$16,978, the majority of expenditures are expected in the following quarters.

The **Professional Practice Committee** expenses in the first quarter totaled \$1,325, against a budget of \$2,191, resulting in a favourable variance of \$866 (40% under budget). Most of the spending was for per diem and the RBC's focus group.

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

(9) **Total Standards & Compliance Program** expenses were 93% over the budget. (See details below)

Standards and Compliance Program expenses totaled \$54,409, exceeding the budgeted \$33,750 by \$20,659 (60% over). General investigation costs were under budget (\$7,028 vs. \$15,000), while case management was 17% over. Legal fees reached \$24,659 despite no allocation for the quarter. With an annual budget of \$135,000, close monitoring will be needed in upcoming quarters, as investigation-related expenses are inherently difficult to forecast.

The **Disciplinary Committee** had no expenses in this first quarter.

The **RBC Committee** expenses totaled \$10,116, exceeding the budgeted \$8,232 by \$1,886 (23% over budget). The overage was mainly due to legal fees, which reached \$8,368 versus a budget of \$3,644.

Per Diem - Meetings totaled \$700 against a budget of \$2,003, resulting in savings of \$1,303 (66% under budget). Similarly, Per Diem - Preparation came in at \$1,650, compared to the allocated \$2,025, with a favourable variance of \$375 (48% under budget). These savings helped offset, in part, the increase in legal fees. Investigation-related expenses are inherently difficult to forecast.

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

(10) **Amortisation** 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, 2026

I - Computer equipment (hardware) replacements

June 3 02025		
Budget 2025/2026	Actual Purchases F2026	DESCRIPTION
		DELL LATITUDE 5550 CORE ULTRA 7 165U 32GB 2DIMMS 512GB SS 1920X1080 NT WLS W11
One (1) High Performance Laptop for multi-media creations	\$ 3,503.00	\$ 3,708.28 3C 54WH 15.6IN + working Station
Subtotal (Computer Hardware)		
	\$ 3,503.00	\$ 3,708.28

II - IMIS: Bursting Silver Branding & Programming Costs for Dashboard and Web tools

		This variance exists because expenses related to creating the Dashboard were allocated to computer expenses and not related to developing the Dashboard.
Coding and branding costs for registrant site (dashboard and web tools)	\$ 17,797.50	
Subtotal (IMIS)		
	\$ 17,797.50	\$ -

Capital Assets Purchases Budget F'2025-26 **\$ 21,300.50** **\$ 3,708.28**

Q2 Risk Monitoring Report
September 2025

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of August 22, 2025
Program	Examination Integrity (CDRE & CDO Assessments)	<ul style="list-style-type: none">• Potential risks include concerns around breach, credibility, reputational, accessibility, equity and diversity and cheating.• Exam development, monitoring, and continuous improvement is human and financially resource intensive.• A bridging program for international candidates undergoing the PLAR is not currently available.• Pass rates may impact number of registrants and may impact other College processes and workflows.	<ul style="list-style-type: none">• 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.• Ensure appropriate succession planning in examination development and administration.• Ensure examination processes and policies are fair, transparent, objective and timely.• Review CDO assessments to ensure security and accessibility.	<ul style="list-style-type: none">• Multi-year strategy to update PLAR to be developed.• Discussions with programs related to creation of sustainable bridging model will be brought forward to the Registration Committee for consideration.• Expert review of CDRE completed, May CDRE administered.
Public Protection	Potential Risk of Harm to Clients/Public	<ul style="list-style-type: none">• Potential risk to the public due to unethical, incompetent, or unprofessional care. Risks to the public include physical, emotional, financial harms.• Public trust in the College and the profession may be impacted.• An increase in the number and complexity of complaints and reports may impact College resources suddenly.	<ul style="list-style-type: none">• Monitor changes in the practice environment• Monitor internal data (ICRC, PAS) to identify patterns, develop and update RD education and standards.• Create/use risk-based decision-making tools.• Create frameworks to guide development of new policies, update policies, and evaluate their effectiveness.• Link program outcomes to risk.• Focused registrant communications.• Focused training for ICRC.	<ul style="list-style-type: none">• Continue to monitor.• New communications and practice advice strategy in progress to provide ongoing education.• Planning for new policy roll-out to RDs in progress.• Policy development frameworks in progress (prioritization, evaluation). Development of equity tool complete.• Explore use of tribunal adjudicators and secretariat with other regulators.
Registrant Relations	Registrant Engagement	<ul style="list-style-type: none">• Reduced registrant engagement and understanding of regulatory obligations and purpose can impact public safety due to lower levels of registrant awareness and adoption of	<ul style="list-style-type: none">• Monitor survey completion rates and registrant feedback from consultations.• Investigate and pursue engagement strategies in the upcoming workplan.	<ul style="list-style-type: none">• Continue to monitor.• Creation of action plan for F25 and beyond in progress, in alignment with new strategic plan,

Q2 Risk Monitoring Report September 2025

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of August 22, 2025
		standards, guidelines and educational resources.		including development of registrant needs assessment survey for this fall.
Governance	Public Member Appointments and Board Succession Planning	<ul style="list-style-type: none"> 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. At risk are CDO's governance and the engagement, satisfaction and wellbeing of CDO public members. 	<ul style="list-style-type: none"> Communicate risks with Public Appointments Secretariat (PAS) and work with other system partners, such as HPRO. Focus on succession planning to ensure knowledge translation. Begin to appoint non-OIC public committee members/community appointees for non-statutory committee work. 	<ul style="list-style-type: none"> Process for recruitment of non-OIC public committee members in development. Currently at 6 public members, which brings us into a balanced board composition (50:50 public-professional). Redistribution of committee duties for board consideration on September 5.
Governance	Regulatory and Legislative Changes	<ul style="list-style-type: none"> Legislative changes provincially may have significant financial and human resource implications for the College, and unintended impacts for the public and how RDs deliver care. Potential impact of national legislative changes may effect CDO's governance, the Alliance, or registration resources. 	<ul style="list-style-type: none"> Engage in outreach and maintain positive relationships with system partners. Through regulatory collaboration, networking, and consultant support, stay informed of potential changes. Collaborate internally and externally to assess changes and possible unintended impacts of legislation on the public. Respond to government consultations to ensure awareness of CDO's perspective around impact of legislative changes. 	<ul style="list-style-type: none"> Submitted consultation letter to 'As of Right' (AOR) proposal in June. Received notice that AOR will proceed. Survey data submitted to Ministry regarding CDO readiness to implement. Attestation and communications will require development. Engaging with Alliance partners regarding labour mobility.

Q2 Risk Monitoring Report September 2025

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of August 22, 2025
Operational	Cybersecurity Breach	<ul style="list-style-type: none"> Potential risks include: privacy breaches, organizational/staff downtime, reputation, and financial costs. 	<ul style="list-style-type: none"> Review cyber security response, credit card incident response plan, and an emergency disaster recovery plan on an annual basis. Maintain insurance for IT and cybersecurity. Conduct ongoing security audits, vulnerability testing and staff training. Internal data governance working group to further identify and mitigate risks through project work. Investment in software and hardware to protect CDO data and information. 	<ul style="list-style-type: none"> Records management project in progress. SharePoint migration for board complete; staff migration in progress. Response plans to be tested over the next quarter. Board training will be conducted in 2025-6.
Operational	Succession Planning/Staff Turnover and Retention	<ul style="list-style-type: none"> Risks around business continuity, retention of institutional knowledge through retirement, leave of absence, or resignation. 	<ul style="list-style-type: none"> Conduct process documentation for key College activities for succession planning. Develop a records management policy to ensure documentation, continuity and accessibility of institutional knowledge. Ongoing review and implementation of supportive technology to streamline and automate. Increased focus on collaboration, training and team culture. 	<ul style="list-style-type: none"> Records management project in progress. SharePoint migration for board complete; staff migration in progress. Review and documentation of Finance processes and procedures in progress. Team days in-office continue.
Financial	Increasing Costs of Regulation	<ul style="list-style-type: none"> Increased resources required to keep pace with complex and evolving regulatory requirements. Inflation rates are having an impact on price of goods and services CDO relies on. Cost of regulation impacts registrants directly and may impact clients indirectly. 	<ul style="list-style-type: none"> Prudent financial habits and spending are in place. Board and Management regularly monitor expenditures against the approved budget. Internal controls are in place for the highest risk areas and are reviewed annually. Registrant fee increase decision will occur annually. 	<ul style="list-style-type: none"> Continue to pursue operational efficiencies. Needs analysis for registrant database complete. The next phase, selection of a database, will result in efficiencies but be a costly project to operationalize. Modest increase of 1% to 2025 renewal fee.

Q2 Risk Monitoring Report
September 2025

Risk Area	Risk Identification	Risk Assessment	Risk Response	Current Status/Mitigation Update as of August 22, 2025
			<ul style="list-style-type: none">Pursue operational efficiencies (i.e. office space, investment in technology, etc.)	
Financial	Investment Returns	<ul style="list-style-type: none">Market fluctuations present a risk to the College’s investment portfolio.	<ul style="list-style-type: none">Board completion of risk tolerance in investment approach and approval of new investment policy.Operationalize investment policy and ensure advisor in place to administer plan in accordance with the board’s direction.	<ul style="list-style-type: none">Transition to new investment firm in progress. In the interim, the portfolio is not in compliance with the investment policy. The board will be asked to approve a temporary exception on Sept 5.

Board Briefing Note

Topic:	Health Professions Discipline Tribunal
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Melanie Woodbeck, Registrar & Executive Director Lisa Dalicandro, Director, Governance & Regulatory Policy

Issue

To consider CDO's participation in the Ontario Health Professions Discipline Tribunal (HPDT).

Public Interest Rationale

Joining a 3rd party, independent, administrative tribunal to adjudicate allegations of professional misconduct or incompetence strengthens public protection by ensuring disciplinary processes are fair, consistent, transparent and independent. Sound disciplinary processes are central to effective regulation in the public interest.

Background

In December 2022, the Board was introduced to the Ontario Physicians and Surgeons Discipline Tribunal Pilot Project, now called the Health Professions Discipline Tribunal (HPDT) as a new approach to discipline proceedings. David Wright, Chair of the Tribunal, provided an overview of the Tribunal and goals of the Pilot Project. The Board discussed the option of CDO joining the Pilot Project but felt more information was needed before a decision could be made. The Board agreed to revisit the discussion after an evaluation report on the Tribunal Pilot Project was available.

In June 2025, David Wright presented an update on the Tribunal (*Appendix 1*), including an evaluation of the Pilot Project. The Board discussed whether CDO should join the Tribunal at this time, given the increasingly complex complaints and likelihood of future discipline

proceedings. The Board agreed additional information was required before a decision could be made and directed staff to prepare an analysis to aid in its decision-making.

Considerations

There are three types of discipline hearings:

- **Contested:** The registrant denies the College's allegations of professional misconduct or incompetence. For these hearings, the College must prove the allegations on a balance of probabilities by calling witnesses and presenting evidence. The length of these hearings varies depending on the complexity of the allegations.
- **Partially contested:** The registrant and College agree on some, but not all, allegations; or agree on the allegations but not the penalty. These hearings can be completed in one day or less.
- **Uncontested:** The registrant agrees with the facts that support the allegations and admits to professional misconduct or incompetence. For these hearings, the registrant and College present an agreed statement of facts of professional misconduct or incompetence and joint submission on penalty to the panel of the Discipline Committee for consideration. These hearings are typically completed in one day or less.

Costs

In the past five years, CDO has only had two matters referred to the Discipline Committee, both of which were resolved by way of undertaking and did not result in a hearing. For this reason, there is limited data to conduct a cost analysis between the two options – maintaining our current discipline hearing process or joining the HPDT.

The following chart estimates the costs for a one-day, uncontested hearing based on current rates and projected hours needed for each stage.

Cost Estimates – CDO Uncontested Hearing (one-day hearing)	
Pre-hearing conference and hearing preparation	\$17,500
<ul style="list-style-type: none"> • Panel training • Independent legal counsel • CDO prosecution 	

Day of hearing	\$11,000
<ul style="list-style-type: none"> • Court reporter • Independent legal counsel • CDO prosecution • Panel per diem 	
Post-hearing	\$3,000
<ul style="list-style-type: none"> • Decision writing • Legal review • Panel review 	
Case administration	\$1,300
Total	\$32,800

Cost comparison

Other RHPA colleges that do not use the HPDT were consulted as part of an environmental scan on hearing costs. While this provided some guidance, it is important to note that hearing costs are highly variable, especially if they are contested. A one-day, uncontested hearing can range from \$12,000 - \$32,000. Contested hearings can range from \$16,000 per day, however, it is very difficult to predict the actual costs due to the highly variable nature of contested hearings.

Variables impacting costs of hearings:

- Whether it is contested or uncontested
- Whether or not the registrant has legal counsel
- Who drafts the panel's decision (e.g. staff, ILC or panel)
- Number of witnesses and expert witnesses
- Whether interpreters are required (e.g. if the hearing is in French or if a witness requires an interpreter)
- Time needed for panel deliberations

The following chart itemizes the costs for joining the HPDT. With CDO's current hearing numbers (i.e. average of one hearing or less per year over the past five years), a reduced monthly fee for months when there are no active hearings would apply. If our hearing volumes increase, the monthly fee will also increase.

Costs – HPDT	
Monthly base fee (months with no hearings)	\$150
<ul style="list-style-type: none"> • Reduced fee for colleges with one hearing or less per year 	

<i>Standard fee: \$1,000/month</i>	
<i>Fee for colleges with two hearings or less per year: \$750/month</i>	
Monthly fee (months with hearings)	\$750
Case management fee	\$350/hour
Virtual hearing facilitation support	\$2,400/day

Experience

Joining the HPDT would allow CDO to remove the burden of case processing, scheduling, training and other administrative duties. Given the infrequency of discipline matters, considerable additional effort and training is required for the committee and staff whenever a matter is referred to a panel. The tribunal secretariat is full service and provides panel training.

The panel chair is an experienced adjudicator on the tribunal roster, and they would guide the other panel members through the hearing while still ensuring that RD and public appointee committee members contribute subject matter expertise.

Additionally, it is best practice to separate investigations case management and hearings administration. Once allegations are referred to the Discipline Committee, CDO is the prosecutor, and the Registrar instructs prosecution counsel. Staff supporting the Discipline Committee and the hearings process should be removed to eliminate any apprehension of bias.

If CDO joins the HPDT, the HPDT would provide the training.

Other Colleges have decided to administer hearings through the tribunal, including the Colleges of:

- Massage Therapists
- Audiologists & Speech Language Pathologists
- Occupational Therapists
- Chiropractors
- Physicians and Surgeons
- Psychotherapists

Efficiency

Experienced adjudicators and tribunal staff would make the hearings process more efficient. At the pre-hearing conference, the experienced chairs can help the parties work towards a

settlement more efficiently. This may result in cases moving forward on an uncontested basis, which could result in significant time and cost savings.

Experienced adjudicators who serve as the chairs of the hearings panels would replace the role of independent legal counsel, which offsets costs. The chair would be able to navigate legal issues as they arise during the hearing and draft the panel's decision and reasons.

During the Pilot Project, the timeline for the issuing of the Discipline decision and reasons were much shorter than the benchmark while also being comprehensive, defensible, issue-based and written in plain language. Decisions and reasons are complex, legal documents that may be scrutinized by the courts and could serve as precedent in future hearings. Having experienced adjudicators to draft and review these important legal documents ensures all issues and arguments are thoroughly considered and the rationale is legally sound.

Increased independence

Separation between CDO, particularly hearings staff and prosecution, and the discipline tribunal is consistent with best practices for administrative tribunals. Independence and objective decision-making promotes public and registrant confidence in the hearing process.

A single, independent tribunal may be perceived by the public as more transparent and less biased than individual colleges (and panels of their peers) adjudicating their own registrants.

Risks of joining the HPDT

The primary risk is financial uncertainty. Currently, if we do not have an active hearing, we do not have any hearings costs. If CDO joins the HPDT there will be a monthly fee of \$150, provided we have one hearing or less per year. If there is a significant increase in the number of hearings per year (i.e. more than two per year), the monthly fee will increase to \$1,000. With such limited hearing history, it is difficult to predict the future and associated costs – whether or not CDO joins the HPDT.

Option 1: Maintain the current discipline hearing process

The College can maintain the status quo with its current discipline hearing process. If we do not join the HPDT and do not have any referrals to the Discipline Committee, there would be no additional costs. Historically, this approach has worked for CDO; however, our complaints and

reports have been steadily increasing in number and complexity, and we may be required to hold hearings in the near future.

If there is a referral to the Discipline Committee, the costs to cover the hearing would come from the hearings fund, which has a balance of \$200,000. The hearings fund may cover the entire cost of the hearing if it is not complicated and if there are not multiple hearings in one year.

This option does not allow CDO to leverage the existing expertise available and creates significant uncertainty in the event of a hearing, especially a contested hearing. Existing processes would need to be reviewed and updated, and staff and panel members would require extensive training. These steps would likely create delays and could impact budget and public perception.

While there may be initial cost savings if CDO continues to have no hearings, if there were a hearing, the costs would be unpredictable and may exceed the hearing fund balance.

Option 2: Join the HPDT on a Pilot Basis

The College can join the HPDT and benefit from the experienced adjudicators serving as panel chairs and presiding chairs at pre-hearing conferences, as well as tribunal staff to oversee all hearings administration.

There are calls for more independent and skills-based discipline tribunals/committees since they are required to hold quasi-judicial hearings in accordance with the principles of procedural fairness, write decisions and process cases effectively and efficiently. Given the authority of the Discipline Committee and its responsibility to the public, it is important that the Committee fulfill its mandate judiciously and in accordance with best practices in administrative law.

If CDO were to join the HPDT and not hold a single hearing, it would cost \$1,800/year. While this option would result in additional costs, these costs would be predictable and budgeted, and would be a risk-based investment. Colleges who participated in the Tribunal Pilot Project reported that participation in the HPDT has been mostly cost neutral, where costs have been offset rather than reduced or increased.

If CDO joins the HPDT, the Board can reevaluate the participation after one-year to determine whether it meets expectations and is achieving the intended goals.



Recommendation/Next Steps

If the Board approves CDO's participation in the HPDT, Bylaw 1 will require revisions and CDO will need to adopt the HPDT Rules of Procedure. The revised Bylaw 1 and HPDT Rules of Procedure will be considered by the Board at a future meeting.

It is recommended that the Board approve CDO's participation in the HPDT, in principle, for the purpose of bylaw revisions.

Attachments

- Appendix 1: HPDT Report and Proposal
- Appendix 2: Cost Analysis



Pilot Phase Report and Proposal

HPDT
Health Professions
Discipline Tribunals



TDPS
Tribunaux de discipline
des professions de la santé



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Glossary

The terminology used at different Health Colleges and at different times varies. For readability, we have used consistent terminology as follows.

Board	“Council” under the Code
CASLPO	College of Audiologists and Speech-Language Pathologists of Ontario
HPDT or OPSDT Chair	Chair of the Ontario Physicians and Surgeons Discipline Tribunal and Chair or Co-Chair of the Pilot Tribunals, currently David Wright
CMC	Case Management Conference
CMTO	College of Massage Therapists of Ontario
Code	Health Professions Procedural Code, Schedule 2 to the RHPA
CPSO	College of Physicians and Surgeons of Ontario
CRPO	College of Registered Psychotherapists of Ontario
Discipline Tribunal	A discipline committee or tribunal under the Code
Experienced Adjudicator	Individuals with at least five years of experience as an adjudicator, recruited through a competitive process and appointed to the OPSDT and Pilot Tribunals
HPDT	Health Professions Discipline Tribunals, currently the OPSDT, ORPDT, and the Discipline Committees of CMTO and CASLPO
OPSDT	Ontario Physicians and Surgeons Discipline Tribunal, which is the Discipline Committee of the CPSO
ORPDT	Ontario Registered Psychotherapists Discipline Tribunal, which is the Discipline Committee of the CRPO
Parties	The parties to a discipline proceedings are the College (the prosecutor) and the registrant (the defence)
Pilot Colleges	CASLPO, CMTO and CRPO
Pilot Tribunals	The Discipline Committees of CMTO and CASLPO and the ORPDT
Registrant	A “member” under the Code
RHPA	<i>Regulated Health Professions Act</i>
Tribunal Office	The department within CPSO that supports the OPSDT and HPDT
Tribunal Office Staff	Staff employed by CPSO who work on administration and case processing of HPDT matters, including the HPDT Chair and Tribunal Counsel.



Introduction

The OPSDT



Between 2021 and 2023, the College of Physicians and Surgeons of Ontario (CPSO) revamped its process for hearing and deciding allegations of professional misconduct and incompetence

referred for discipline hearings. The changes, reflecting best practices in administrative justice, have led to increased independence, higher participant and public confidence, dramatically shorter timelines and significant cost savings. Physician and public members hearing discipline cases have provided extremely positive feedback.

The significant components of the changes include:

- renaming the CPSO Discipline Committee the Ontario Physicians and Surgeons Discipline Tribunal (OPSDT) to signal independence and promote understanding of its work;
- appointing an independent full-time Chair to lead the OPSDT and the Tribunal Office, along with a part-time physician Vice-Chair;
- recruiting individuals with significant experience as adjudicators in other contexts to chair hearing panels, eliminating the need for independent legal counsel;
- instituting intensive case management in the pre-hearing phase, with case management conferences (CMCs) chaired by an experienced adjudicator;
- implementing a more streamlined scheduling process;
- modernizing the OPSDT's Rules of Procedure and Practice Directions to make them more plain language, flexible and values based;
- developing a separate website for the OPSDT, including detailed, plain-language guides to various OPSDT processes and other easily accessible and user-friendly resources;
- adopting a more contemporary, accessible reason-writing style and implementing a comprehensive reasons preparation and review policy with tightened timelines for completion;
- establishing a practice advisory group to gather feedback from lawyers who represent both the College and registrants;
- designing and implementing new, more robust training when new members are appointed and continuing education for all OPSDT members;
- emphasizing equity, diversity and inclusion in all we do.



These changes produced notable successes, including:

Shortened timelines across all stages of the process, including:



- releasing all reasons within our 84-day standard, with most completed sooner
- developing a 2024 key performance indicator of one year from referral to final decision, 80 percent of the time

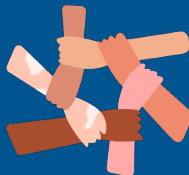


Feedback from professional and public OPSDT members that hearing management by experienced adjudicator chairs allows them to better focus on the issues the panel must decide



Significant cost savings

A more diverse discipline tribunal membership



Positive feedback from all participants in the process and favorable comments from the courts



Ability to schedule uncontested hearings within weeks of parties' agreement

Greater transparency





The HPDT Pilot



In 2023, the OPSDT embarked on a pilot project together with the Colleges of Audiologists and Speech-Language Pathologists (CASLPO), Massage Therapists (CMTO) and Registered Psychotherapists (CRPO) – the Health Professions Discipline Tribunals Pilot (HPDTP). The Pilot Colleges adopted core aspects of the model as implemented at the OPSDT. The Pilot Colleges appointed the experienced adjudicators that were initially recruited by the OPSDT to their Discipline Committees, and the HPDT Chair as the Chair or Co-Chair of their Discipline Committees. CPSO billed the Pilot Colleges for the work done on a non-profit basis.

The Pilot began in March 2023 at CMTO, April 2023 at CRPO and May 2023 at CASLPO. Initial agreements were for a one-year period. After the first year, the Pilot was extended until the end of December 2024 at all three Colleges.

There have been several differences between Pilot Colleges in implementation:

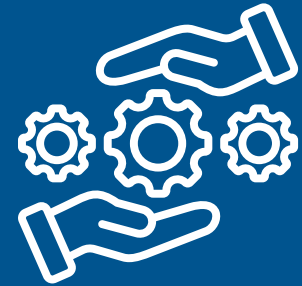
- At CMTO, only cases with allegations of sexual abuse were part of the Pilot stream; other cases continued under the existing system.
- At CASLPO, the Tribunal Office has handled case processing from the beginning of the Pilot. At CRPO, the Tribunal Office took over case processing in the spring of 2024. CMTO continues to do all its own case processing.
- CRPO, CASLPO and OPSDT harmonized their rules, forms, practice directions, guides, administrative processes and templates in the spring of 2024. CMTO continues to be distinct in these ways.



This Report

This report on the Pilot Phase is divided into three parts. The first provides the background to the Pilot and reports on what we did. The second presents participant feedback and some quantitative measures of our work. The third outlines the form of the proposed permanent organization, which is open to both existing participants and other Ontario Health Colleges to join in 2025.

We sought feedback from multiple individuals, including members of the Pilot Tribunals and OPSDT, Pilot College leadership, prosecution and defence counsel and staff supporting the Pilot Tribunals. We have also consulted with senior leadership of other Health Colleges not currently part of the Pilot. Unless attributed to others, the analysis in this report reflects the views and proposals of the Tribunal Office. Proposals on human resources, information technology and finances are on behalf of both the Tribunal Office and CPSO as the organization responsible for resources and contractual arrangements.



PART 1

The model and the pilot

The model and the pilot



BACKGROUND

Changing Expectations and New Challenges

Ontario's Health Professions Procedural Code¹ sets out regulatory processes that apply to all 26 of Ontario's Health Colleges, including establishing various committees. The Discipline and Fitness to Practise Committees are unique within the College structure, in that they are required to hold formal, quasi-judicial hearings to decide allegations referred to them by the Inquiries, Complaints and Reports Committee.

Despite their name, Discipline Committees are administrative tribunals, a part of the justice system that decides far more disputes than the courts. They are required to hold quasi-judicial hearings in accordance with the principles of procedural fairness, write decisions and process cases effectively and efficiently. These are just some of the types of claims that tribunals address: rental housing disputes (Landlord and Tenant Board); entitlement to automobile insurance benefits (Licence Appeal Tribunal); allegations of discrimination in employment or services (Human Rights Tribunal); refugee claims (Immigration and Refugee Board), involuntary detention in psychiatric facilities (Consent and Capacity Board); and entitlement to Employment Insurance Benefits (Social Security Tribunal).

Like other parts of the administrative justice system, professional discipline tribunals are facing several challenges that have become more pronounced in recent years. One is scrutiny from the courts. Discipline decisions can be appealed by either party to the Divisional Court. Since the Supreme Court of Canada's 2019 decision in *Vavilov*,² discipline decisions no longer receive deference from the courts on questions of law; they must be correct. There is also greater scrutiny of tribunals' written reasons.

The court said in *Vavilov* that tribunals must adopt a "culture of justification" and demonstrate through reasons that their exercise of public power can be justified.³

The legal issues in discipline cases are becoming increasingly complex. Supreme Court decisions have clarified that parties may raise issues under the *Canadian Charter of Rights and Freedoms*⁴ and the *Ontario Human Rights Code*⁵ before tribunals. Recent discipline cases have involved decisions on *Charter* claims of freedom of expression, unreasonable search and seizure and patient privacy.

There is also a marked increase, in both tribunals and courts, in the number of self-represented litigants. Tribunals have a duty to provide appropriate support and information to self-represented litigants in published materials, communications with tribunal staff and case management/pre-hearing conferences. Some litigants' and counsel's approach to litigation can lead to hearing management challenges.

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¹ Schedule 2 to the *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18.

² *Canada (Minister of Citizenship and Immigration) v. Vavilov*, 2019 SCC 65.

³ Para. 14.

⁴ *Nova Scotia (Workers' Compensation Board) v. Martin; Nova Scotia (Workers' Compensation Board) v. Laseur*, 2003 SCC 54.

⁵ *Tranchemontagne v. Ontario (Director, Disability Support Program)*, 2006 SCC 14.



Finally, there are increased legal and societal expectations of transparency and accessibility. Best practice is now to write decisions using a more plain-language, non-formulaic, less legalistic approach so they are more understandable to the parties and the public. Recent court decisions have also found that the “open courts principle” requires that documents filed in tribunal proceedings be available to the public in a timely way, with limited exceptions. The use of on-line hearings that began with the pandemic and has continued since then has allowed the public, complainants, other registrants and the media to view hearings without travelling to downtown Toronto and sitting in a hearing room all day.

Tribunal Best Practices

The following are among the best practices in contemporary tribunal design⁶:

- merit-based appointment and reappointment processes, based on recommendations from the tribunal leadership;⁷
- expert leadership that sets direction through policy, process and decision writing, promoting consistency while respecting panels’ independence;
- tribunal independence, including fixed terms for adjudicators, removal of adjudicators during terms only for cause and separation from the prosecution in discipline tribunals;⁸
- a robust education program for adjudicators, both at the time of appointment and on an ongoing basis;
- plain language, values-based, flexible rules of procedure that allow procedures to adapt to the needs of a particular case;
- plain-language guides and practice directions to assist parties, witnesses and the public;
- issues-based, plain language reasons;⁹
- “decision review and release” policies to ensure high quality and timeliness;
- supports for self-represented litigants;¹⁰
- establishment of committees or roundtables for feedback from those who appear before the Tribunal;
- the use of case management, alternative dispute resolution and active adjudication to promote settlement and streamline hearings;¹¹
- attention to trauma-informed approaches to adjudication.

⁶ For examples of tribunal policies in these and other areas see the Council of Canadian Administrative Tribunals Tribunal Policies Repository: <https://www.ccat-ctac.org/tribunal-policies-repository/>

⁷ See the *Adjudicative Tribunals Accountability, Governance and Appointments Act*, S.O. 2009, c. 33, Sched. 5 (ATAGAA), which does not apply to professional discipline tribunals but is based on best practice.

⁸ See 2747-3174 *Québec Inc. v. Québec (Régie des permis d'alcool)*, [1996] 3 SCR 919.

⁹ See Ed Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

¹⁰ See Canadian Judicial Council, *Statement of Principles on Self-represented Litigants and Accused Persons*, September 2006: <https://cjc-ccm.ca/sites/default/files/documents/2020/Final-Statement-of-Principles-SRL.pdf>; *Pintea v. Johns*, 2017 SCC 23; Michelle Flaherty and Morgan Teeple Hopkins, “Active Adjudication and Self-Represented Litigants: the Duties of Adjudicators” (2022) 35 *Canadian Journal of Administrative Law & Practice* 177.

¹¹ See Michelle Flaherty, “Best Practices in Active Adjudication” (2015) 28 *Canadian Journal of Administrative Law and Practice* 291.



Expertise in Adjudication and Tribunal Administration

Greater professionalization of administrative tribunals has led more people to build careers in administrative justice, resulting in a significant cadre of professionals with extensive experience in the area. Adjudicators often serve on more than one tribunal at the same time or in succession, working part-time in multiple roles and/or applying their experience in different contexts.

With regards to tribunal administration, over the last 15 years, governments have developed umbrella organizations for tribunals, in which they share resources, leadership and policies. Tribunals Ontario is made up of 14 different adjudicative tribunals with a common Executive Chair and Executive Director. Several tribunals have now been combined into the Ontario Land Tribunal. Federally, the Adjudicative Tribunals Support Service of Canada provides support services to 11 tribunals.

Combining Legal and Health Expertise

The OPSDT and Pilot Tribunals hear discipline cases in five-member panels that include an experienced adjudicator chair, two public members of the College's Board (as required under the Code), one professional member of the College's Board (also required under the Code) and one professional non-Board member. Panels of decision-makers such as this, consisting of experts in adjudication, health care professionals and members of the public are common in Canadian administrative justice.

For example, the Consent and Capacity Board decides a variety of applications, including those related to involuntary status in a psychiatric facility, findings of incapacity to consent to treatment, reviews of community treatment orders, admission to long term care, end-of-life care, capacity to make financial decisions, access to health and youth records, and certain communicable diseases. Its members include lawyers, psychiatrists, other physicians, nurses in the extended class and members of the public. It sits in panels of one, three or five members and multi-member panels must include a mixture of lawyers, health care professionals and public members. The legal member presides and prepares the written decision and the reasons for decision.

The Ontario Review Board and its counterparts in other provinces and territories make decisions about the detention or restrictions on individuals who have been found by a court to be either unfit to stand trial or not criminally responsible on account of mental disorder. Its members include lawyers, judges, retired judges, psychiatrists, psychologists and members of the public. Panels of five are made up of two legally trained members, two health professionals and a member of the public.

The Health Services Appeal and Review Board, which holds appeals, hearings and reviews concerning publicly insured health services under the Health Insurance Act and other hearings, is required to have both lawyers and medical professionals as members, and they may sit together on panels. The lawyer generally presides.

None of these tribunals regularly use independent legal counsel.

Other Professional Regulators

There are also various professional regulators that have panels combining legal experts and others without using independent legal counsel.

The Colleges of Physicians and Surgeons of Saskatchewan, Nova Scotia and Quebec have legally trained members sit on all panels and chair their discipline hearings, as do the College of Immigration and Citizenship Consultants and the Electrical Safety Authority.

Beginning in 2013, the Law Society of Ontario implemented significant enhancements to its hearing process. This included establishing the Law Society Tribunal (LST) as a body with a separate identity from the Society. The LST has its own premises, website and logo along with an independent, full-time chair. Beginning in 2013, it recruited experienced adjudicators to serve on panels along with elected or appointed board members. Appointee lawyer members chair many but not all hearing panels and conduct most pre-hearing conferences. The panels include paralegal and public members sitting together with lawyers, without independent legal counsel.



The Goudge Report

In 2015, the Ministry of Health and Long-Term Care asked Stephen Goudge, a former justice of the Court of Appeal for Ontario, to make recommendations about the complaint and hearing processes at the CPSO. His report recommended, among other things:

- that non-physician members with advanced dispute resolution skills be appointed to the Discipline Committee to deal with cases where a physician pre-hearing conference chair is not required, or where a non-physician pre-hearing conference chair might be more effective; and
- that legally trained persons, experienced in running hearings, be appointed to the Discipline Committee to chair hearing panels in non-clinical standards cases. He noted that would eliminate the need for independent legal counsel at those hearings.

THE NEW MODEL: CORE COMPONENTS

Leadership

OPSDT

The CPSO Board appointed David Wright as the Chair of the then Discipline Committee for a three-year term beginning in November 2020. He was renewed for a further five-year term beginning in November 2023.

A physician serves as Vice-Chair of the OPSDT: James Watters from 2020-2023 and Joanne Nicholson since 2023. The Vice-Chair's primary role has been to provide the Chair advice and feedback and to sit as a panel member on significant or difficult cases.



David Wright has been a full-time adjudicator for over 15 years, serving in senior leadership positions at adjudicative tribunals since 2009. Prior to his appointment at CPSO, he was the Chair of the Law Society Tribunal for over seven years, during which time he led the implementation of the reforms discussed above. Before that he was a Vice-Chair, Interim Chair

and Associate Chair at the Human Rights Tribunal of Ontario as that tribunal implemented the reform of the human rights system and a new adjudicative model. David is bilingual, has been the Chair of the Council of Canadian Administrative Tribunals and is frequently asked to speak at conferences and to other tribunals. He has published several articles on administrative law and practice in peer-reviewed journals.

The OPSDT Chair is responsible for both adjudicative and administrative leadership. His appointment agreement protects his independence, under a structure that has been found by the Divisional Court to be appropriate:¹²

- He is appointed for a fixed term of three years and cannot be removed except for just cause. He must be provided with written reasons and an opportunity to make submissions to the Board if it is proposed that he be removed for cause. Similar provisions are included in the CPSO's agreements with the Pilot Colleges.
- He reports to the Registrar and Chief Executive Officer on operational or managerial issues and with respect to the Tribunal's goals, policies and processes.
- The agreement specifies that nothing in it is intended to prevent the OPSDT Chair from "making any decisions and expressing any opinions in the course of conducting proceedings and writing reasons as an adjudicator."

The OPSDT Chair assigns panels and sits as an adjudicator on CMCs and hearings. Since 2020, he has been case management chair for most files, and has sat regularly as a panel chair or as a single adjudicator deciding preliminary issues. He coordinates the educational programming for adjudicators and often delivers training himself. He and his team have proposed and implemented all aspects of the new model, including recruitment, preparation of policies, guides and practice directions, and the project to update the Rules of Procedure.

The OPSDT Chair has the administrative responsibilities of a director on operational matters like finance, information technology and human resources. The Tribunal Office staff report to him, and he is the final decision maker on matters of case processing. He attends CPSO Senior Leadership Team meetings occasionally, but only when there are operational matters that affect the Tribunal Office.

¹² *College of Physicians and Surgeons of Ontario v. Khan*, 2022 ONPSDT 23; *Kopyto v. The Law Society of Upper Canada*, 2016 ONSC 7545.



Pilot

The leadership model differed at each of the Pilot Colleges. As CMTO had a Pilot and a non-Pilot stream, two co-chairs were appointed. The HPDT Chair fulfills the Chair responsibilities for Pilot cases and a massage therapist – first Kim Westfall-Connor and then Bobbie Flint – exercised the responsibilities for the non-Pilot cases.

At CRPO, the HPDT Chair was appointed as Chair of the Discipline Committee when the Pilot started. In 2024, Shelley Briscoe-Dimock was appointed as Vice-Chair, reflecting the model at OPSDT.

At CASLPO, the HPDT Chair was appointed as Co-Chair of the Discipline Committee. The CASLPO Co-Chair, elected by the members of the Committee, appoints the two professional and two public members to each panel. This position has been held since the Pilot started by Kim Eskritt.

Recruitment of Adjudicators

We engaged in a rigorous process to select the five experienced adjudicators over the summer of 2021. At least five years of experience as an adjudicator was required, although those selected had considerably more experience.

Out of nearly 100 applicants, we selected 20 for interviews. The interview panel was made up of one public member and one professional member of the Discipline Committee, Tribunal Counsel and the OPSDT Chair. In addition to a structured, scenario-based interview, each interviewee was required to watch a video of a mock hearing and write a decision. The written decisions were subject to a blind evaluation, ensuring that the evaluators did not know who had written which decision. Another important consideration was diversity. Four of those selected are women, two are racialized, one is Franco-Ontarian and two can conduct hearings in French. Three live in Toronto, one in Niagara Region and one in the Ottawa Valley. Four have previous adjudicative experience in human rights and three have previous experience in professional discipline for other regulators.

A brief summary of some of their previous and current experience shows the cross-pollination in the tribunal sector. These adjudicators were appointed to the Pilot Tribunals for the Pilot period.



Raj Anand: Multiple adjudicative and public service roles including Chief Commissioner of the Ontario Human Rights Commission and member of the Law Society Tribunal (current). Raj led the working group that proposed the reform of adjudication at the Law Society and the creation of the Law Society Tribunal.



Shayne Kert: Alternate Chair of the Ontario Review Board (current); Alternate Chair of the Nunavut Review Board (current); member of the Law Society Tribunal; member of the Consent and Capacity Board.



Sherry Liang: Assistant Commissioner with the Office of the Information and Privacy Commissioner of Ontario; Vice-Chair of the Ontario Labour Relations Board, the Human Rights Tribunal of Ontario, and the Grievance Settlement Board.



Sophie Martel: Vice Chair of the Workplace Safety and Insurance Appeals Tribunal and the Human Rights Tribunal of Ontario; workplace investigator; member of the Law Society Tribunal (current).



Jennifer Scott: Presiding Officer with the Office of the Chief Coroner; Associate Chair of the Child and Family Services Review Board, Custody Review Board and the Ontario Special Education Tribunals; Vice-Chair of the Human Rights Tribunal of Ontario.

For their complete biographies, see <https://opsdt.ca/adjudicators>.



Building an Independent Identity

Renaming the Discipline Committee

The CPSO's Board renamed the Discipline Committee of the College of Physicians and Surgeons of Ontario the Ontario Physicians and Surgeons Discipline Tribunal through a by-law amendment. The OPSDT established its own web site (opsdt.ca) and logo.

The use of "Tribunal" identifies more accurately that we conduct open, formal hearings, rather than the type of work done and paper-based process typically used by committees. Given that the College as prosecutor is a party to every case before the Tribunal, the new identity underscores its independence from the College.

The CPSO received an outside legal opinion confirming that the renaming was not contrary to the Code. In accordance with that advice, key documents like

notices of hearing include the note that the OPSDT is the discipline committee established under the Health Professions Procedural Code. There have been no legal challenges to the change of name.

The only other Pilot College to change the name of its discipline committee thus far has been CRPO, in May 2024. It is now known as the Ontario Registered Psychotherapists Discipline Tribunal, pursuant to a by-law similar to that of CPSO.

HPDT Identity

We have begun the process of developing an identity for HPDT. It has its own logo, and we have obtained the internet domain hpdt.ca.

Mission and Core Values

The OPSDT developed the mission and core values set out below to help define its new identity.

MISSION

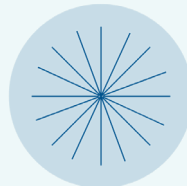
To hear and decide allegations of physician misconduct and incompetence with independence and fairness, making just decisions in the public interest.

CORE VALUES



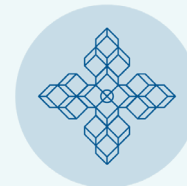
Fairness

We are neutral and ensure all parties are heard. Our decisions and processes are accessible and clearly explained.



Excellence

We aim for high quality decision-making and service.



Respect

We actively listen with humility and empathy. We strive to understand the diverse identities and experiences of parties, witnesses and those affected by our decisions.



Openness

Our decisions, hearings and processes are transparent, balancing openness and privacy.



Timeliness

We recognize the importance to participants and the public of promptly resolving cases. We act and require parties to act in a responsive and timely way.



Panel Composition and Roles

Composition

Panels hearing the merits and penalty are made up of five individuals: two public members of the Board, two professional members, at least one of whom is a member of the Board and one experienced adjudicator who chairs the panel. One-member panels consisting of only an experienced adjudicator sometimes hear pre-hearing motions on issues like adjournments, evidentiary or procedural issues.

As mentioned above, panel composition flows from the Code. There are no restrictions in the Code on who the Board may appoint as a member of a discipline tribunal. Each panel must consist of 3-5 members of the discipline tribunal, two of whom must be public members of the Board and one of whom must be a professional member of the Board. The other two spots may be filled by any member of the discipline tribunal, and our practice is to always appoint another professional, either a member of the Board or not, and an experienced adjudicator.

Roles

While the panel chair is responsible for managing the hearing and writing the first draft of the reasons, all panel members are equal in decision making. Skills in leading inclusive discussions and encouraging participation were one of the core criteria in selecting the experienced adjudicators. A key part of our training focuses on the role of all panel members in deliberations and reason writing.

Here are some quotations from experienced adjudicators about how they promote participation:

- “During deliberations I may start by framing the questions for discussion but ask the panel for their thoughts before offering my own. I will canvass each

panel member for their thoughts on each decision point, if they have not already jumped into the discussion... At the beginning of a hearing (especially with panel members I haven’t worked with before), I discuss our mutual expectations around asking questions during the hearing, dealing with objections on the fly (whether it is necessary to consult with the entire panel and how they may signify if they wish to go into breakout.)”

- “At nearly every break, I check in with the other panel members to see if they are comfortable with how I am chairing and whether they have questions or comments. In deliberations, I ask the panel members about how the reasons should be written, often seeking input about specific choices on things like tone and how much detail should be included on certain issues. Where there is a reprimand, it is almost always drafted and always delivered by a professional or public member of the panel.”
- “I have been very deferential to the other panel members, essentially trying to intervene mostly to frame discussions/issues. I have also ensured all panel members are heard by specifically asking for comments from those who have yet to participate in any discussion. For hearings, it has also been important to join hearings well ahead of the scheduled start time to introduce myself and answer any questions or concerns panel members may have. During hearings, it has been important to take breaks and ensure that questions are first discussed among the panel members before being raised with the parties.”

As set out in more detail in the survey results in Part II, nearly all Tribunal members felt they were contributing, with some saying it was easier to do so than in the previous system. Many noted that the experienced adjudicators made sure all voices were heard.

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Legality of the Model

Some lawyers in the regulatory legal community have expressed concerns, including in their feedback on the Pilot for this report, that the presence of a lawyer on a panel is improper on the basis that the lawyer is giving “legal advice” to the other members of the panel that is not being shared with the College and the defence and that the process is therefore less transparent. Section 44 of the Code, similar provisions in other legislation and the common law require that if a panel in any administrative tribunal obtains formal legal advice, it must disclose that advice to the parties and give them a chance to make submissions on it. The concern raises both legal and transparency grounds.

An example of the concerns is the following response to our survey:

“Transparency may be lacking as legal advice provided by the Experienced Adjudicator to the panel is not made available to the parties (as compared to ILC who provided their advice on the record).”

In light of concerns such as this, we obtained a legal opinion in May 2023 from Nadia Effendi, a partner at Borden Ladner Gervais LLP. Ms. Effendi is recognized as one of the leading administrative and public lawyers in Canada. Her detailed opinion, which can be provided on request, concludes that a lawyer serving as a panel member is not providing legal advice and the panel composition is not improper.

There are other factors that give us confidence that the model is appropriate:

- The model was recommended by Justice Goudge, also recognized as an expert on administrative law.
- As discussed above, panels that combine lawyers and non-lawyers without using independent legal counsel are common in Canadian administrative tribunals, and to our knowledge the model has not been challenged or overturned in the courts.¹³

- The panel is required to raise with the parties any analysis, factual or legal, that the parties did not raise. The parties then have the opportunity to make submissions about it. Indeed, panels have done so in OPSDT and Pilot cases.¹⁴
- Under the previous model, discussions or communications with lawyers that are not known to the parties and are not formal “legal advice” take place, including through review and assistance with decisions by independent legal counsel or the drafting of decisions on behalf of the panel by legally trained decision writers.¹⁵

Adopting Adjudication Best Practices

Active Adjudication and Case Management

Under the new model, the Tribunal takes a more active role in moving cases forward by promoting early settlement or partial agreement where possible, identifying pre-hearing issues and deciding them sooner with less formality. Panel chairs also take a more active role in hearings. This stems directly from the HPDT Chair and the experienced adjudicators’ expertise in alternative dispute resolution.

The first case management conference is scheduled immediately upon filing of the Notice of Hearing. Depending on the nature of the case, more CMCs are often held before the hearing is scheduled. Given the HPDT Chair’s availability, a CMC can be scheduled on short notice to quickly deal with issues.

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¹³ The principles set out in s. 44 are a codification of common law principles of fairness, so the same principles apply whether or not there is an explicit provision to this effect. Some statutes under which tribunals use this model have a similar section to s. 44. *Health Insurance Act*, R.S.O. 1990, c. H.6, s. 23 (2) (Health Services Appeal and Review Board); *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A, s. 77 (2) (Consent and Capacity Board).

¹⁴ *R. v. N.C.*, 2024 ONCA 239. This occurred, for example, in *College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario v. Becker*, 2024 ONRPDT 7 (legal issue) and *College of Physicians and Surgeons of Ontario v. Fagbemigun*, 2022 ONPSDT 11 (factual issue).

¹⁵ *Khan v. College of Physicians and Surgeons of Ontario*, 1992 CanLII 2784 (ON CA).



Some examples of the use of the case management process are:

- A matter that had been referred to a discipline committee in 2019 began case management when the Pilot began in spring 2023. After several case management conferences, the parties reached a joint submission. An uncontested hearing took place in October and the decision was released in early November 2023.
- A self-represented registrant advised at a CMC in early October 2023 that they would bring a motion to disqualify College counsel from acting on the case. The case management chair set a schedule under which the motion would be heard in writing, with submissions to be made in November and early December 2023. The decision on the motion was released two days after the written submissions were complete, allowing the matter to move forward.
- Several hearings where the registrant was not participating were heard in writing, avoiding scheduling challenges and reducing hearing costs.
- Through changes to scheduling practices and the use of case management, payments to OPSDT members for late cancellation of hearing dates decreased by 81% between 2021 and 2023.

There may be cases in which it would be helpful for the registrant to hear the perspective of another member of the profession. If this is identified by either of the parties or the case management chair, a CMC can be conducted jointly with a professional member.

Issues-Based Reason Writing

Best practices for writing of court and tribunal reasons have undergone a revolution in recent years. Led by Justice John Laskin, formerly of the Court of Appeal for Ontario, and Ed Berry, an English professor at the University of Toronto, most legal decision makers now write very differently from the way that the courts and tribunals did previously. This approach rejects legal formality and templated decisions in favour of an audience-focused approach that emphasizes the organization of the decision based on the issues in the case, plain language and conciseness.¹⁶

Our approach to decision writing reflects this. The experienced adjudicators have all written many decisions using this approach, and indeed, their ability to do so was an important criterion when evaluating decisions during the recruitment process. Reasons look quite different than they used to and, we believe, better capture the expectations of the courts. We also promote quality decisions through a formal decision review process.

New Rules of Procedure

OPSDT implemented new Rules of Procedure to replace the previous OPSDT Rules, which were similar to those of most other health professions' discipline committees.¹⁷ They took effect on January 1, 2023, and were developed following an extensive process of research, consultation and drafting.

The approach to the revisions was centered around several principles (see Rule 1.1.1):

- the overarching importance of fairness;
- accessibility and understandability, using plain language and simplified processes;
- flexible processes, allowing for adaptation to the circumstances of each case;
- adopting successful practices used at other regulators and tribunals; and
- ensuring that matters move forward expeditiously.

¹⁶ See Edward Berry, *Writing Reasons: A Handbook for Judges*, 5th Edition, 2020.

¹⁷ <https://opsdt.ca/hpdt/rules-of-procedure>



Here are some of the most significant changes:



Rule 2 – Openness

Under most Colleges' current rules, a member of the public who wishes to obtain copies of documents in the discipline tribunal's record must file a motion to do so. This can take some time. Pursuant to a 2018 decision of the Superior Court of Justice, the "open courts principle" applies to administrative tribunals. Among other things, the public must have timely access to hearing materials.

Rule 2 adapts to these changes. It establishes an automatic publication ban on the names of patients and anything that could identify them. If a party asks for additional information to be subject to a publication ban or made not public, it sets out the test to be applied, which comes from Supreme Court of Canada caselaw.

Materials in the record are public, and if there is personal health information or other personal information, it must be redacted by the party filing the document. This can be done by filing two versions: one public and one not public. A process like the old process applies to documents filed before the rules came into effect, to protect reasonable expectations of the parties.



Rule 3 – Accommodation and Language

The rule codifies the rights of participants to accommodation in accordance with the Human Rights Code, to communicate with the discipline tribunal in English or French and to an interpreter. It also sets out the right of the registrant to choose the language of the proceeding, subject to reasonable limits.



Rule 8 – Statement of Particulars

The tribunal may direct either party to provide more information (particulars) about their position.



Rule 9 – Case Management

This rule sets out the discipline tribunal's case management approach and the values that underly it. It sets out the following four goals of case management:

- a. hearings progress in a fair and timely way, in the public interest;
- b. hearing time is used efficiently and effectively;
- c. procedural and legal issues are identified early; and
- d. adjournments are only necessary in exceptional circumstances.

This rule requires a case management conference in every proceeding, and describes what the case management chair may do, including exploring and applying alternatives to traditional adjudicative or adversarial processes.



Rule 12 – Hearing Preparation

Rule 12.3 – This rule is used mostly when the registrant is not participating. If one party sends a request to admit and the other party does not respond, the other party is deemed to have admitted the facts contained in the request to admit. This avoids the need to call evidence if the registrant isn't participating, since the hearing can proceed based on the deemed admissions. A similar rule at the Law Society Tribunal was recently upheld and applied by the Divisional Court.¹⁸

Rule 12.4 – This rule requires each side to provide the other with a list of witnesses and a summary of their anticipated evidence. It also requires the parties to file the documents they may rely upon, including any agreed statement of facts or joint submission on penalty, one week in advance so that the panel may prepare.



Rule 13 – Registrant Applications to the Tribunal

Rule 13.3 – The Divisional Court decided, in *Li v. College of Physicians and Surgeons of Ontario*,¹⁹ that the Health Professions Procedural Code implicitly allows a discipline committee to remove or vary an indefinite term, condition or limitation on a certificate of registration. The CPSO Discipline Committee had previously concluded it had no power to do so. The court found that it was "not for us [the court] to determine the circumstances in which a member may seek a variation of a term as that issue is not before us on this application." (para. 30) This rule sets out these conditions.

¹⁸ *Khan v. Law Society of Ontario*, 2024 ONSC 3092.

¹⁹ 2008 CanLII 37613.



Rule 14 – Hearings

Rule 14.1 – This rule sets out a set of factors to be considered when determining a request that a hearing be held all or partially in person.



Rule 17 – Costs

Rules 17.1.1 and 17.1.2 – The *Statutory Powers Procedure Act* allows a tribunal to make rules to order costs in circumstances other than those set out in the Health Professions Procedural Code if a party has

acted in a way that is unreasonable, frivolous, vexatious or in bad faith, and this rule does so. Examples of new situations in which this rule would allow costs include before the end of the hearing (for example, after a frivolous motion) or in favour of a third party who had to respond to a third-party records motion. Rule 17.2.1 allows for costs because of an adjournment less than two weeks before the hearing.

There are also several provisions of the Rules that, while not new to OPSDT in 2023, would be changes from some other Colleges' discipline committee rules.

Rule 9.4.1 – Both parties, rather than only the College are required to prepare a case management conference memo.

Rule 10 – Adjournments are granted only where it is necessary for a fair hearing, even if both parties consent.

Rule 12.4 – Both the College and the registrant are required to provide the other, in advance, a list of witnesses, a summary of what each witness will say and a copy of all documents the party may rely upon. This is sometimes called “reciprocal disclosure.”

Rule 14.3 – This rule allows the parties to agree that the registrant will plead “no contest.” This means that the registrant does not admit the allegations. The registrant accepts that the discipline tribunal can rely on the facts set out in a Statement of Uncontested Facts provided by the College, but only for the purposes of the College proceeding.

Rule 14.5.1 – This rule mirrors a similar provision in the Criminal Code that prevents the use of a complainant's sexual history except in certain circumstances.

Companion Resources and Adoption

The Tribunal has prepared practice directions, forms, frequently asked questions, and guides to provide plain language information for registrants, witnesses and members of the public about the process as a whole and specific issues. These work together with the rules to promote understanding of the process and transparency. They also assist in meeting our responsibilities to self-represented registrants.

All three Pilot Colleges kept their existing Rules of Procedure for the first year, with the addition of a modified version of the OPSDT's case management rules for their Pilot cases. When the Pilot was extended in spring 2024, both the CASLPO Discipline Committee and the ORPDT adopted the new rules, forms and guidelines. They were all amended to remove any OPSDT or CPSO-specific references and are now on a separate portion of the website (opsdt.ca/hpdt). CASLPO, CRPO and OPSDT all link to this webpage from their own websites. Each retained their previous approach to costs, reflected in Tariff A.

Education

Orientation

We have designed a four half-day orientation program, delivered mostly virtually, for new public or professional discipline tribunal members. Its topics include: the RHPA, the Code and its discipline provisions, procedural fairness, the burden of proof, rules of evidence, reason writing, deliberations, myths and stereotypes in sexual abuse cases, joint submissions, penalty principles and making credibility determinations. It is interactive and uses a variety of teaching techniques to support different styles of adult learning. It has been coordinated and delivered by Dionne Woodward, Tribunal Counsel and David Wright.

We have tailored the orientation to the new model. For example, we emphasize the role of panel members in deliberating, reviewing and commenting on reasons in a way that will strengthen the final product and ensure their voices are heard. In relation to hearing management, while they must have an understanding of the role of the panel chair and the principles applied, they do not need to be trained to chair themselves.

In each Pilot College, there has been an orientation to the profession for the experienced adjudicators delivered by professional members of the discipline tribunal, as well as an introduction to the Pilot for the other members provided by the HPDT Chair and counsel.

In the spring of 2024, a joint orientation was conducted for new members of the OPSDT and the CASLPO Discipline Committee. When orientation is urgent, for example when a new member is needed to sit on hearings shortly after their appointment, they have watched a recording of the most recent training.



Ongoing Professional Development

The OPSDT has had semi-annual business/education meetings, with sessions facilitated by both Tribunal Office staff and guests. These have included:

- reason writing and deliberations;
- discussions with judges;
- lessons for our work from cognitive science;
- reprimands;
- trauma-informed adjudication;
- the law of evidence;
- deliberation scenarios; and
- the role of counsel cross-examining complainants where there is a self-represented registrant.



Annual Conference

A one-day conference was held in November 2023, in person with an on-line option, for the members of all four discipline tribunals. It provided an opportunity both for learning and for the decision makers from different Pilot Colleges to network with each other and discuss their work. Sessions included:

- a panel of lawyers who prosecute and defend health discipline cases providing insight on hearings from their perspective and that of their clients;
- a deliberation exercise with breakout “discipline panels” made up of public and professional members from each College;
- equity in adjudication;
- mandatory revocation and sexual abuse: a legislative history;
- freedom of expression and professional discipline; and
- a networking reception.

Sessions were organized and delivered by Angela Peco, Manager and Tribunal Counsel at CMTO, Dionne Woodward and David Wright. Guests included Superior Court Justice Andrew Pinto, Palma Paccioco, a professor at Osgoode Hall Law School and Grace Vaccarelli, a mediator and investigator with over 20 years of experience in human rights.

Our second annual conference is scheduled for November 2024.

Feedback on the sessions was very positive. The overall rating for the conference by the participants who completed the evaluation was 4.72 out of 5. Here are some comments we received on the evaluation:

“Great conference, well organized, education sessions were really good. The deliberation exercise was excellent and allowed networking as well as education.”

“I hope this will become a yearly event!”

“...[A]ll of the sessions seemed short, but I think that was because they were so interesting and time went by fast.”

“Great day of learning. The deliberation exercise and comparison of decisions from each group was very interesting.”

“I liked the varied style of presentations. Fireside chat was excellent.”

“Breakout session was great! Really liked the design of the exercise. Seemed daunting at first but we rolled into it quickly. Really liked hearing thought process of other professionals from different backgrounds and Colleges.”



The Pilot has also led to benefits for individual Colleges' education. For example, Angela Peco presented to the OPSDT about the CMTD Discipline Committee's experience with appointing counsel to cross-examine complainants in contested sexual assault cases where the registrant is self-represented. This situation is common at CMTD, but recently arose at OPSDT for the first time. Similarly, David Wright made presentations at CMTD business meetings on topics such as evidence, reason writing, and updates on caselaw. Tribunal Office staff will coordinate a business/education meeting for the ORPDT in the spring of 2025.

Newsletter

We send all members of the Pilot Tribunals and OPSDT a monthly newsletter, containing updates on decisions released in the Pilot, as well as other decisions of significance for health discipline. The newsletter, which began with the OPSDT before the Pilot and then expanded, is largely written and edited by Dionne Woodward. David Wright also writes a monthly column, usually about practical issues that arise in adjudication. All members also have access to an archive of all previous issues.



Timeliness



Deadlines are set so that decisions are released within 84 days of the last hearing day or final submissions. This standard has been met in every case under the new model, both at OPSDT and in the Pilot, with most decisions being released more quickly. We have prepared a policy on reason preparation, review and release that establishes deadlines for each step in the process, from the first draft being provided to the panel to legal and peer review. It also establishes a process and expectations for these reviews, consistent with the requirements set out by the Court of Appeal.²⁰

The average number of days to complete a discipline file at OPSDT decreased from 429 to 285 between 2020 and 2023. In 2023, the OPSDT's key performance indicator was 15 months from referral to the completion of the discipline process (80th percentile). As of December 2023, the 80th percentile was 11 months. In 2024, the KPI has been reduced to 12 months, with tighter criteria for exclusion from the measure. Considering that before the new model, the CPSO Discipline Committee was struggling to meet a target of starting hearings within one year, this is a dramatic change.

Data on timeliness at Pilot Colleges follows later in this report.

Financial Implications for CPSO



While the primary motivation for change was not financial, the new model has resulted in significant cost savings for CPSO. Given other changes in recent years, in particular a lower volume of referrals and the shift to virtual hearings, it is difficult to separate how much of the savings are due to each of these factors.

Significant savings have resulted from the following:

- elimination of fees for independent legal counsel to attend hearings, provide advice and support to staff in the Tribunal Office and review decisions;

²⁰ *Shuttleworth v. Ontario (Safety, Licensing Appeals and Standards Tribunals)*, 2019 ONCA 518.



- reduced hearing time;
- reduced reason writing time;
- reduced cancellation fees;
- reduced time for decision review and editing;
- CMCs and hearings conducted by the OPSDT Chair; and
- education organized and delivered by the OPSDT Chair and Tribunal Counsel rather than ILC.

Electronic Hearings and Hearing Support



The new model coincided with the general adoption of electronic hearings by professional regulators and other tribunals throughout Canada because of the pandemic. All OPSDT hearings have been conducted by videoconference. The OPSDT has established a Rule and Practice Direction that sets out the factors to be considered when there is a request that all or part of the hearing be held in person.

The move to electronic hearings has had various advantages. In particular, it has assisted with the challenges of scheduling five-member panel hearings with a small pool of members who meet the statutory requirements for public and physician board members and live across Ontario. Largely eliminating the need for travel means that an out-of-Toronto panelist with a commitment one evening during the week in their home city can still sit, or a panel can sit on Monday, Tuesday and Friday to accommodate schedules without wasted costs. The same advantages apply to witnesses, registrants and lawyers from outside Toronto.

Electronic hearings have also had significant benefits for transparency. Anyone, such as complainants, the registrant's family, media or members of the public can watch a hearing without travelling to downtown Toronto.

OPSDT piloted various methods of supporting electronic hearings before reaching an agreement with First Class Conferencing Facilitation (FCCF). FCCF specializes in supporting electronic legal hearings and also supports coroners' inquests and arbitrations, among other hearings.

FCCF, among other functions:

- sets up the Zoom hearing and the livestream accessible only through a private link;
- sets up and manages a webpage that automatically sends users who provide their name and email address the link to watch a hearing, together with relevant information;
- moves panel members, counsel, witnesses and other participants in and out of the breakout rooms;
- has expertise in troubleshooting technical issues, resolving them quickly;
- displays documents as requested by the parties or the panel, which, if appropriate, can be blocked from being viewed by the public;
- displays information on the livestream if the hearing is delayed or on a break;
- marks exhibits and other documents;
- prepares a report for the Tribunal Office staff summarizing what occurred at the hearing, including a witness list and exhibit list;
- provides a video recording from which a transcript can be generated by a court reporter, making it unnecessary to have a court reporter present during the hearing.

Among other advantages, we have found that using FCCF rather than staff allows for flexible scheduling, since FCCF can support multiple hearings on the same day. It has led to less delay due to participants' technical issues and allows staff to focus on case processing, with other work less disrupted by hearing days.

In the Pilot, CMT0 and CRPO staff have continued to support virtual hearings, while CASLPO has used FCCF.



Ongoing Consultation

The OPSDT established the Practice Advisory Group for feedback from those who regularly represent the College and defence before the Tribunal. A similar roundtable was established under the Pilot.

Appeals

There have been two appeals from OPSDT decisions under the new model. Both were dismissed, with positive comments from the court. There have not yet been any appeals from Pilot decisions in the other Colleges.

In *Fagbemigan v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 2642, the registrant argued that the Tribunal had not fulfilled its duties to him as a self-represented litigant. The court said, at para. 47, “The transcripts clearly demonstrate that the Tribunal patiently and carefully assisted the Appellant throughout the process.” Among the issues in this case was a *Charter* challenge to the College investigators’ having viewed and removed documents during a site visit to the registrant’s clinic. The court fully upheld the Tribunal’s constitutional and professional misconduct analyses.

In *Aboujamra v. College of Physicians and Surgeons of Ontario*, 2023 ONSC 3344, the court spoke of the Tribunal’s “detailed and nuanced credibility findings” (para. 77) in rejecting the multiple challenges to the decision in a highly contested sexual abuse case. An application for leave to the Court of Appeal for Ontario was dismissed.

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IMPLEMENTING THE PILOT

Differences Between Colleges

During the Pilot phase, the division of responsibilities between the OPSDT and each participating College varied. Each College brought unique backgrounds and experiences in discipline matters, leading to different approaches. This diversity assisted us in evaluating the pros and cons of different options, and allowed the Pilot Colleges to adopt the arrangement that best suited their needs.



CMTO has the highest volume among the Pilot Colleges: 20 new referrals and 46 cases closed in 2022. It has a high volume of sexual abuse cases relative to its size; 56% of the cases before the CMTO Discipline Committee in 2022 were sexual abuse matters. The CMTO has a Hearings Office with several full-time staff, well-established processes and

experience in many different types of cases. Its staff and Discipline Committee members, because of this volume, have extensive experience and involvement in all aspects of discipline work under the existing model.

CMTO established two tracks. Any case in which sexual abuse was alleged and there was no activity prior to the start of the Pilot was assigned to the Pilot track. Cases with sexual abuse allegations in which there had been activity under the existing model, and cases where sexual abuse was not alleged, were assigned to the standard track. As a result of its higher case volume and experience, CMTO staff did all administration and hearing support for all cases, including those assigned to the Pilot. CMTO adapted some of the OPSDT’s policies, practices and precedents for its Pilot cases. Other cases continued as before. The two tracks were important to CMTO, among other reasons, so that it had the option to easily return to the previous system after the Pilot if either it or OPSDT decided not to continue, and so that it could make comparisons as part of evaluating the success of the new model.



CRPO’s Discipline Committee received five referrals in 2022. For the first year of the Pilot, CRPO staff continued to do all case processing and hearing support,

under the primary direction of the HPDT Chair. It adopted the policies, practices and procedures of the OPSDT, with modifications to reflect the fact that the Rules were not the same. In the spring of 2024, when the Pilot was renewed and the Rules of Procedure were harmonized, the Tribunal Office took over case processing, using the same templates and processes as for OPSDT cases.



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario

CASLPO's Discipline Committee received four referrals in 2022. At CASLPO, the OPSDT staff did case processing from the beginning of the Pilot. Tribunal Office staff prepared modified versions of the guides

and practice directions (where possible), to reflect the differences between the OPSDT and CASLPO Discipline Committee Rules of Procedure. The CASLPO-specific versions were no longer needed when the Discipline Committee adopted the HPDT Rules of Procedure.



Memorandum of Agreement

The Pilot was implemented through a memorandum of agreement between the CPSO and each College. The significant provisions were:

- The College would make changes to its by-laws, where needed, to allow for the experienced adjudicators to be appointed to its Discipline Committee and for the appointment of the HPDT Chair.
- Staff would recommend to the Board the appointment of the Pilot Chair and the five experienced adjudicators to the Discipline Committee for a term parallel to the term of the Pilot. The agreement would be null and void if the Board did not make the appointments.
- The independence of the HPDT Chair and adjudicators would be protected.
- A participants' committee consisting of representatives from all four Colleges would meet bimonthly.
- A dispute resolution process.



Cost Sharing and Billing Structure

The financial arrangements were designed to reflect the following:

- CPSO is not making any profits.
- The financial approach should be clear and simple, with as little time as possible spent on administration.
- Rates should compensate CPSO for its expenses on the Pilot and for a share of salaries and administrative costs based on the time spent by its staff (including the HPDT Chair) on Pilot matters.
- Common costs should be shared equitably between the Pilot Colleges.

For the first year, the Pilot Colleges were billed only based on the time spent by the experienced adjudicators and HPDT Chair on cases and their attendance at College-specific educational programs. The OPSDT has a remuneration policy that sets out the activities for which adjudicators are compensated, including preparation, hearing and CMC time, deliberations and reason writing. There are also limits on the number of hours that can be claimed based on the nature and length of the case, which can be increased where appropriate based on the circumstances of a case with authorization of the HPDT Chair. The Pilot Colleges also reimburse CPSO for the disbursements on their behalf.

The hourly rate compensates for the adjudicator time and the time spent on administration, education, set-up and other costs. There are no separate charges to the Pilot Colleges for matters like education, administration, decision review or meetings attended by Tribunal Office staff and the HPDT Chair.

The first year's hourly rate was \$275 per hour for Colleges where their staff did case processing and hearing support and \$325 per hour where OPSDT staff were doing that work. These amounts were increased for inflation in 2024 to \$282 and \$334. The OPSDT staff recorded the amount of time they spent so that calculations could be done to determine whether the gross-up from the amounts paid to the adjudicators was over or under compensating CPSO for its staff's



time. The agreements provided that if CPSO was over compensated, it would use the surplus for future HPDT activities or return it to the Pilot Colleges. If the CPSO was under compensated, it could use future revenues to compensate for the deficit but there would be no extra charges to the Pilot Colleges.

During the first year, CPSO was under compensated. We concluded that was for three main reasons: the large amount of time and expenses associated with start-up, that the rates had been set too low and a higher-than-expected amount of time spent in meetings with and adjustments to policies and practices for individual Colleges.

In addition, the costs paid by some Colleges were disproportionate to the amount of time spent on their matters. This was because, first, there were differential amounts of time spent adapting to the needs of individual Colleges. Second, case processing and pre-hearing work often did not correspond with the amount of remunerable time on a particular file, particularly if a lot of work was put into case management that successfully reduced hearing time. Third, there was a base amount of non-remunerable time that did not vary with caseload, for example preparing the newsletter, offering educational programming or preparing invoices.

Accordingly, when the Pilot was extended, participants agreed that rather than raising the hourly rate, each Pilot College would pay a base fee of \$1,000 per month. While it is too early to reach any conclusions, it appears that with this change the compensation is more accurately reflecting CPSO's costs and equitable sharing of expenses.



Information Technology

IT proved to be a challenge. Initially, CPSO IT was not used for any case-related matters in the other Pilot Colleges. This required experienced adjudicators to juggle multiple laptops, email addresses and other systems. Additionally, Tribunal Office staff had to monitor multiple email boxes and learn different systems. This proved to be unwieldy, time consuming and prone to error. Accordingly, in

2024 the IT arrangement was changed so that the adjudicators use their CPSO equipment and email addresses, and staff use CPSO systems. An internal CPSO protocol has been established so that Pilot Colleges' data cannot be accessed by anyone other than Tribunal Office and CPSO IT staff without the authorization of the Chair or the Registrar of the College concerned. Once a discipline file has been closed, the file is returned to the College concerned for retention and the CPSO does not retain the data. A common email box is used for the three discipline tribunals whose cases are administered by the Tribunal Office.

Scheduling

The requirements of the Health Professions Procedural Code for panels that include three Board members -- two public and one professional -- created challenges for scheduling at all Colleges, given the numbers of public members and the limitation on theirs and professional members' schedules. This often increased the amount of time and back-and-forth needed to set hearing dates.

Fitness to Practise Committee

At CPSO and CRPO, the HPDT Chair is also Chair of the Fitness to Practise Committee and the membership is the same as the discipline tribunal. There has not yet been a hearing of a Fitness to Practise case at either College since the new model was implemented.

Summary of Current State

- OPSDT, ORPDT and the CASLPO Discipline Committee have common rules, guides, practice directions and forms, and a common "resources" website that contains them. The Tribunal Office does case processing, decision review and decision preparation and release throughout the life of a discipline file, using common processes, templates and forms. With some exceptions, the Tribunal Office is responsible for all aspects of the file from referral to final reasons.



- CMTO has two streams: a Pilot stream for cases that allege sexual abuse and a regular stream for other cases. It maintains its own Hearings Office, which does the case processing and decision review and release for Pilot and non-Pilot cases, using materials for the Pilot cases adapted from but not the same as those used elsewhere. CMTO has separate rules, policies and procedures, and has adapted the Pilot templates as appropriate.
- Each Pilot College pays a base fee plus an hourly rate for adjudicator time. The hourly rate varies depending on the level of service provided by the Tribunal Office.
- The experienced adjudicators and the HPDT Chair are cross-appointed to each Pilot Tribunal.
- The Tribunal Office offers, without additional charge, educational programming including a full day or two half days of College-specific business/educational programs, a monthly newsletter and a full-day conference. There is a registration fee per attendee to cover the costs of outside speakers, food, the venue, IT support and related matters.



Part 2

Feedback and Data

Feedback and Data



QUALITATIVE FEEDBACK

We sought feedback through a Microsoft Forms survey, which asked open-ended questions. We sent separate, tailored surveys to lawyers on the HPDT Counsel Roundtable, to discipline tribunal members (including at OPSDT) and to the experienced adjudicators. We received 12 responses from counsel, 51 from discipline tribunal members and five from experienced adjudicators. Participants were free to reply anonymously or provide their name as they wished.

Overall, the responses were extremely positive, although some discipline tribunal members were limited in their ability to comment because they had not yet sat on a case in the new model. Most respondents believed the Pilot had met its objectives, that the changes were positive and that it should continue. The discipline tribunal members were generally more positive than counsel. As discussed below, a theme among counsel respondents was a concern that there was a lack of transparency because independent legal counsel was not present.

Discipline tribunal members reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.

Panel Composition

Leveraging diverse skill sets

The discipline tribunal members who had participated in Pilot hearings were nearly universally supportive of the change to panel composition. They reported a greater ability to focus on the substance of the case rather than legal procedure and an improved deliberation process.

"The difference is that with the experience our discussion time has reduced and the adjudicator makes sure that all the panel members' concerns are heard."

"My concerns as we made the change between the outside legal advisors and the experienced adjudicators was gone working with individuals with strong interpersonal skills in addition to a wealth of legal knowledge."

"I was surprised and very pleased with this new approach. Initially I was concerned with the reduction in physician members of the panel but the new arrangement works very well..."

"[T]he experience and skill sets that the Chair brings to the hearings allow us to be more effective while providing us with an educational component that would have been lost if they were not part of the process. They lead us through support and collaboration."



Every perspective counts

We asked the discipline tribunal members whether they felt their perspectives were heard and considered. There was nearly unanimous agreement.

"Absolutely. The adjudicator/chair of the hearings I participated in made a point of including all members in the discussion, circulated written drafts in a timely manner, incorporated suggestions/edits and opened further discussion on items as required."

"Fantastic job ensuring that everyone is heard, their questions are answered and reinforcing that there are no stupid questions."

"Deliberations have been handled well. It's definitely easier to review and comment on shorter, more plain-language documents that are provided in reasonable time following a hearing."

"During deliberations all voices are encouraged and heard better than ever."

Other Comments

A small number of discipline tribunal members expressed concerns. One was concerned that an adjudicator did not have sufficient skills and knowledge. Another expressed concern that the non-lawyer discipline tribunal members' legal knowledge was not being developed. A third explained as follows:

"Compared to a traditional deliberation I do not feel as involved. It felt more like the experienced adjudicator gathering a small amount of input from the panel to satisfy the requirement. I do not necessarily see this as a negative."

Several lawyers expressed concern that without independent legal counsel providing legal advice on the record, the process was less transparent. They expressed concern that the panel chair was improperly providing "legal advice" in deliberations. One expressed concern that the panel chair was improperly dominating:

"My other concern is that the Chairs dominate the proceedings, which has happened in every hearing to date."

Other counsel expressed the opposite view, for example:

"I think it makes eminent sense to hire experienced lawyer adjudicators in lieu of ILC. As much as the ILC work is excellent for lawyers such as myself, it does not make sense from a resource perspective."



Perspectives of the Experienced Adjudicators

Most respondents commented that the Pilot was effectively achieving its objectives. Many commented on the collegiality and discussions among the experienced adjudicators, who meet once a month to discuss issues and approaches. All appreciated the relationships they had built with professional and public discipline tribunal members, although some found it challenging given the number of members of the different Pilot Tribunals and often small volume. The HPDT Chair has been informally assigning a subset of adjudicators to each Pilot Tribunal where possible, and in general the adjudicators supported this approach.

Experienced adjudicators expressed concern about differences in technology and process, between the Colleges, but were pleased with changes that had been made in that regard in 2024. Generally, they were pleased with administrative support.

Case Management

There was strong support among both discipline tribunal members and counsel for the more intensive case management. Respondents felt that it improved the efficiency of the process. One respondent noted that the ability of the CMC chair to provide information to self-represented litigants from a neutral perspective was helpful. Examples of the comments are:

“The robust case management, in my experience has been extremely effective. Parties are able to schedule a case management conference with very little notice. The CMC directions are usually issued within 24 hours, and the directions I have received have been clear and fair.”

“Also, the CMC Chair has the power to make procedural orders, which is helpful and brings more certainty in the process. We also appreciate that the CMC Chair adopts flexible approaches and is open to waive certain procedural requirements to be efficient.”

Several discipline tribunal members mentioned that the case management process had reduced surprises and cancellations.

Two lawyer respondents emphasized that the CMC chair should not be heavy-handed in promoting settlement. One suggested that the CMC process should better take into account different policy approaches to resolution at different Colleges and better coordinate ADR techniques with College counsel. One suggested that pre-hearing hearing conferences were less effective than they were with a member of the profession serving as chair. As set out below in the description of the new model, we can include members of the profession in CMCs along with the case management chair as appropriate.



Quality of Hearings and Reasons

The strong view among the discipline tribunal members was that hearings were smoother and the process more efficient. Many commented on the quality of the reasons and the benefits of receiving them more quickly after the hearing.

There was near unanimous support among discipline tribunal members for obtaining the parties' materials in advance, with several respondents noting that the amount of preparation could be heavy.

Most counsel commented positively on the quality of hearings and reasons. Two respondents suggested there was little difference from the previous model and two suggested that some reasons were difficult to understand. One respondent commented that reasons in joint submission cases were sometimes too short.

"I have always found that having an experienced Chair that is able to navigate the system allows for a more effective and efficient process, allows for more genuine conversations, and provides the panel a solid foundation of experience and application."

"The Pilot has been extremely effective. The quality of hearings has increased drastically with experienced chairs and removing ILC. As a public member, I feel a lot more confident in the proceedings under the Pilot than previous Discipline Panels. Decisions have been released a lot faster and more well written. Overall this has benefited our College and the public interest and we should continue this process."

"I've noticed a significant quality improvement of deliberation discussions under the Pilot."

"Increased efficiency, increased clarity of writing, and in my view increased accuracy on important points of law."

"In my opinion, the Pilot project is such an asset to the CMTD discipline system. Hearings progress so much more efficiently with expert tribunal and panel leadership. The experienced lawyer is able to keep panel members from straying into the weeds while deliberating. Detailed reasons for decisions are received in a timely manner. The efficiency of this whole process is astonishing. Love it."

"Although it takes time pre-hearing, time is saved during the hearing/deliberation phase, making it a worthwhile activity."

"[Receiving materials in advance] is the best part of the Pilot project for me. It is such a benefit to be able to review and absorb this information prior to the hearing."

"Very significant impact – allows opportunity to review the material which enhances the panel discussion and makes for an efficient use of time."

Education

Comments on the educational offerings were nearly universally positive.

"I have found the education to be the most beneficial part for me so far. Being a member of the CMTD we have two discipline streams and the education from the HPDTP has been an immense benefit to my work on the non HPDTP stream as well as the HPDTP stream."

"Joint educational conference enabled me to see the road block or ways others have overcome. The complexity of the different Colleges and the relationship with their clientele impacts the type of hearings."

"I find that David's presentations are always educational and engages all the members. He brings scenarios and case examples from other institutions and his personal experiences as well. The newsletter keeps us informed about the current cases and outcome of the tribunals."

"Education has struck the right balance with business meetings, complemented by other learning opportunities, presentations and the newsletter which I thoroughly enjoy and learn from. Keep up the great work."

"My orientation session to discipline hearings was very elaborate and informative. I use this as my reference point for any hearing meetings. The monthly newsletter is a valuable tool and helps me understand the jargon used in the process."

"The joint educational conference was outstanding. The newsletter is well done and very informative."





A Selection of General Comments

"Very impressive conceptualization and work by many. Very positive impact."

"I think this has been a successful experiment."

"Not having to Chair hearings and write D and Rs has eliminated the significant anxiety associated with those tasks."

"I believe the Pilot has been effective. The proceedings are more focused, the Case Management and decision writing much better. I support adopting this model going forward."

"It is an exciting initiative that has done a great job with our committee so far. Thank you for everything you've done to date."

"My peers seem pleased, and I have heard only good things from those who have sat on panels. It is great to hear the experienced adjudicators refer to their experience with other Colleges and their processes, as it gives insight into what we do at ours."

"In the matter of fairness and credibility the Pilot model is essential, but I on occasion feel we are relinquishing our own College's responsibility to regulate our own."

"I believe that this initiative should definitely continue to become our 'new normal.'"

"The Pilot has been a huge success thanks to David's leadership. It is also a great example of cross sectoral collaboration."

"Turn the Pilot into a full tribunal."

"It is exciting to be a part of a program that is growing in the right direction, for the right reasons. Thank you!"

"At this time, all I have to share is, 'Keep doing what you are doing.'"

"I would recommend this Pilot to all Colleges."

Feedback from Non-Pilot Colleges

We reached out to RHPA colleges not currently in the Pilot to canvass interest in the Pilot and their needs and held multiple meetings with senior staff. There is considerable interest in the possibility of joining, and the most common preference is to have the HPDT take on the administration and case processing as well as sharing adjudicative resources.

Some Colleges have a very low volume of discipline proceedings, which can be as infrequent as one case every two or three years. These Colleges have a different set of needs from larger ones. Rather than orienting all committee members and providing them regular education, their preference would be to have an infrastructure in place to take on the processing and management of cases, as well as the training of adjudicators when a referral is made and the need arises.



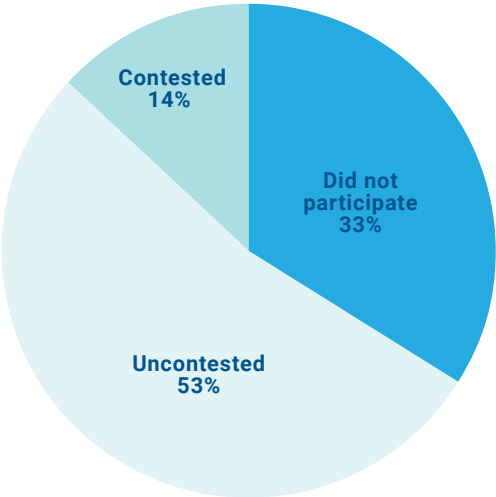
QUANTITATIVE MEASURES

Total of 30 hearings have been held

Contested hearings made up less than one sixth of Pilot hearings but accounted for just over 40% of total hearing days.

General

From the start of the HPDT Pilot to the end of June 2024, a total of 30 hearings have been held. Of these, 16 hearings, 53% were uncontested, where the merits, penalty, and costs were agreed to by the parties. In 10 (33%) of the cases, the registrant did not participate. In contrast, four hearings (14%) were contested, with the parties disagreeing on some or all issues, typically resulting in longer hearings.



Fifteen cases involving allegations of sexual abuse were completed: 11 at CMTO and four at CRPO.

Breakdown of Hearings by College

Agreement level	CASLPO	CRPO	CMTO	Total
Contested	0	2	2	4
Uncontested	2	9	5	16
Not participating	3	2	5	10
Total	5	13	12	30

All four contested cases involved sexual abuse allegations

Hearing Length

Six multi-day hearings have been held, four of which were contested. In the other two, the registrant did not participate in the hearing. The lengthiest contested hearing, in a CMTO case, was scheduled for five days but was completed in four-and-a-half days, covering both merits and penalty hearing days.

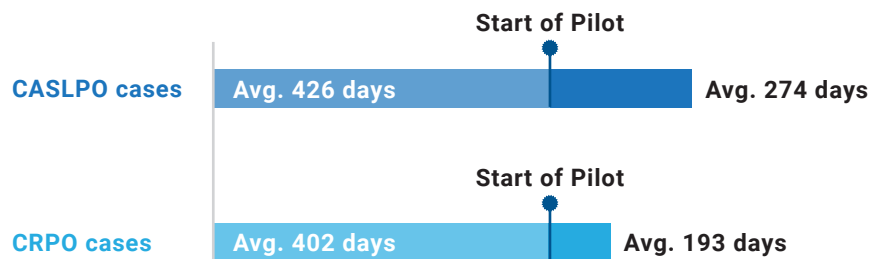
Nineteen cases were heard over a single or half day, all of which were uncontested or the registrant did not participate. There were five written hearings; in four of these, the registrant did not participate, and one involved an uncontested motion to withdraw allegations.



Timeliness

Cases Referred Before the Start of the Pilot

At CRPO, seven cases had been pending for an average of 402 days at the time the Pilot began. They were subsequently completed within an average of 193 days from the start of the Pilot.



At CASLPO, four cases had been pending for an average of 426 days. These cases were completed within an average of 274 days from the start of the Pilot. Two of these cases were case managed together with one other case involving the same registrant referred after the Pilot.

Cases Referred During the Pilot

Cases that were both opened and completed after the start of the Pilot were completed on average 201 days from the date of the notice of hearing.

At CRPO, six cases that were opened after the Pilot began were completed in an average of 200 days.

At CMT0, four cases that were opened after the start of the Pilot were completed in an average of 204 days.

At CASLPO, we have yet to complete a case that was opened after the start of the Pilot.



On average, Pilot cases have closed within 201 days.

Decision Release

Overall, there have been 40 decisions released during the Pilot: 16 for CMT0, 9 for CASLPO and 15 for CRPO .

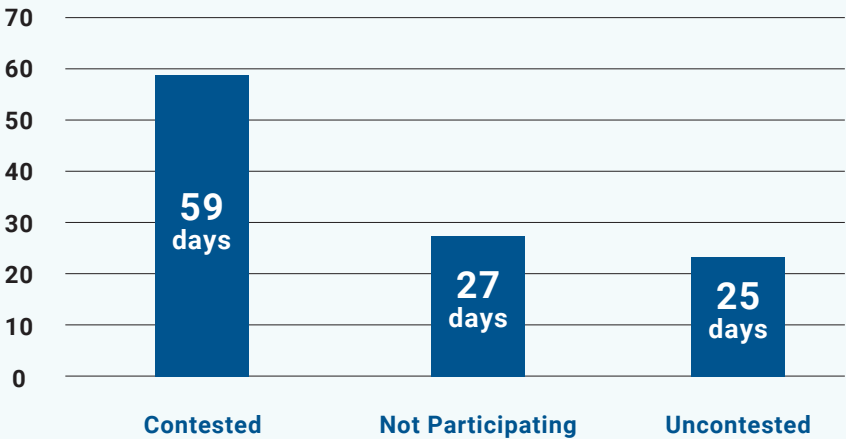
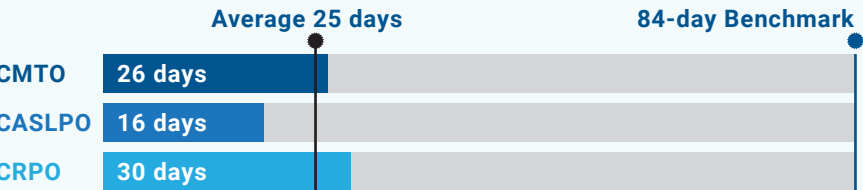
40 decisions released during the Pilot



In the Pilot, decisions have been released within an average of 25 days following the conclusion of a hearing, significantly outperforming the 84-day benchmark.

Average Days to Decision Release

There were four merits reasons released for cases that were contested. These reasons were released in an average of 59 days. There were ten reasons released in cases where the registrant did not participate. These reasons were released in an average of 27 days. There were 19 reasons released in uncontested cases. They were released in an average of 25 days.



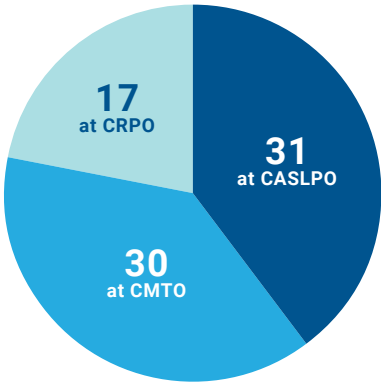
There were seven motion reasons released during the Pilot and their average time to release was six days. Of these there were five uncontested motion reasons released within an average of five days. The remaining two were contested motions and their reasons were released within an average of nine days.

Case Management

The Pilot incorporates a comprehensive case management rule designed to streamline the hearing process in a manner that is fair, timely, and aligned with the public interest. This approach ensures that hearing time is utilized efficiently and effectively, procedural and legal issues are identified early and adjournments are reserved for exceptional circumstances only.

Throughout the Pilot, 78 CMCs have been conducted across all Pilot Colleges: 31 at CASLPO, 30 at CMTO, and 17 at CRPO. On average, there were 2.43 CMCs per contested case and 1.78 CMCs per uncontested case. The higher number of CMCs per contested case reflects the greater complexity often associated with these matters, requiring more preliminary management to ensure efficient proceedings.

78 CMCs have been conducted across all Pilot Colleges



The higher number of CMCs per contested case reflects the greater complexity often associated with these matters.



Financial Impact

The impact of the new model on each College will be different, so it is difficult to generalize. Factors that will affect cost and cost comparisons with the previous model include:

- caseload;
- types of cases;
- settlement rates;
- discipline committee size;
- remuneration rates paid to professional members;
- staff resources devoted to discipline;
- current ILC hourly rates;
- current approach to reason writing;
- frequency and nature of education.

To give a sense of HPDT costs, we have summarized the number of adjudicator hours spent for various Pilot cases with a description of the nature of the case.

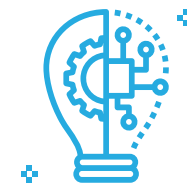
Hours Spent by Case Type		CMC Hours	Hearing Hours (including preparation and deliberation)	Reason Writing Hours	Total
Joint submission through CMC process	Example 1	5.7	2.50	1.50	9.70
	Example 2	4.00	2.75	3.50	10.25
Written hearing; registrant not participating; complex legal issues		1.00	11.20	15.70	27.90
Contested sexual abuse; registrant represented	Example 1	2.00	27.20	23.70	52.90
	Example 2	1.50	37.00	40.00	28.50
Contested sexual abuse; registrant self-represented		3.00	30.50	14.70	48.20
Consent withdrawal; single adjudicator; in writing		0.00	0.00	1.50	1.50
Indefinite Adjournment after CMCs; single adjudicator		1.00	1.25	0.75	3.00



Part 3

New Model

New Model



PRINCIPLES

This part sets out the model we are proposing be adopted should Pilot Colleges decide to continue or other Colleges choose to join.

The following principles were applied in the design:

- The model has been very well-received and few changes are needed to the overall structure.
- The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.
- It is important for each profession's tribunal to maintain its separate identity and jurisprudence and provide opportunities for separate interactions and education.
- Consistency in processes, rules, templates and IT is important for many reasons, including:
 - smoother hearings and reasons through consistent approaches, in particular if the number of Colleges participating grows;
 - consistent approaches and reduced costs for representatives who appear before multiple tribunals;
 - the ability to prepare extensive documentation and support for self-represented and represented litigants that apply to all the participating tribunals;
 - reduced administrative and adjudicative costs and time;
 - changes to ensure continuous improvement are more easily made;
 - consistent fees and fair cost sharing.
- In limited circumstances there may be differences between Colleges in processes, rules and templates including:
 - on costs tariffs, which are a policy question, and do not require changes to adjudicative processes;
 - to respond to differences that relate to the nature of the profession;
 - during transition and to allow a trial period.
- Independence, and therefore the confidence of the public and registrants, is promoted by separation between the College, in particular the professional conduct staff and prosecution counsel, and the discipline tribunal.

The success of the model has come from the combination of all its elements, most importantly case management, the change in panel composition, enhanced education and modernized adjudicative and administrative processes.



PROPOSAL FOR THE HPDT

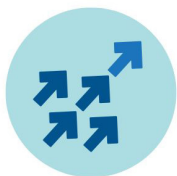


Identity

The Discipline Committee of each participating College is renamed the Ontario [name of profession] Discipline Tribunal by Board By-Law. The group of tribunals together is known as the Health Professions Discipline Tribunals. Decisions and orders have the HPDT logo at the top, followed by the name of the discipline tribunal. Each discipline tribunal has a separate section on the Canadian Legal Information Institute (CanLII) and other legal reporting services.

Correspondence and emails to and from HPDT Tribunals use a central email address and HPDT branding.

The HPDT website contains an “About Us” section with general information about the HPDT, a “Scheduled Hearings” section with all scheduled dates, which can be sorted by College, a “resources” section similar to that already built and a “contact” section. Discipline tribunals or Colleges will likely wish to maintain their own web pages for information such as cases currently referred, outcomes and a list and/or biographies of discipline tribunal members.



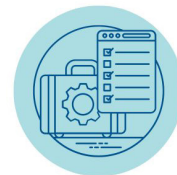
Tribunal Membership and Leadership

Pursuant to the Code, each College’s Board appoints the members and leaders of its discipline tribunal. Unless there is a conflict of interest, all experienced adjudicators are appointed to all HPDT Tribunals. The HPDT Chair is appointed Chair of each HPDT Tribunal and a professional or public member of the discipline tribunal is selected as Vice-Chair. The Chair meets with each Vice-Chair as needed and there are regular meetings of all Vice-Chairs. Particularly with smaller Colleges, the Chair will make efforts to have a smaller group of the experienced adjudicators chair hearings in each HPDT Tribunal.



Rules of Procedure, Practice Directions and Guides

Each HPDT Tribunal adopts the HPDT Rules of Procedure, Practice Directions and Guides. Where agreed by HPDT and the relevant College, Appendix A to the Rules of Procedure allows for rules that apply to one tribunal and a Practice Direction specific to that College can be prepared. Each College determines whether there will be a costs tariff and the amounts.



Case Processing and Administration

Participating Colleges have the option to decide whether they wish to have Tribunal Office staff conduct case processing using common templates and procedures or whether they will continue to do so themselves. Both of the options presented require individual Colleges to provide staffing support, the amount of which will depend on their volumes. There is much less College staff time required with the first option.

Tribunal Office Processes Cases

Where the Tribunal Office does case processing, it is responsible for all file administration from the filing of the Notice of Hearing until the file is closed, including all correspondence, scheduling, canvassing panel members for their availability, maintaining the file, tracking, editing and releasing reasons and preparing the file for storage. Further, the Chair and Tribunal Counsel leverage their legal expertise to advise Tribunal Office staff on file management issues that arise throughout the duration of a case file.



The College remains responsible for:

- advising the Tribunal Office of conflicts of interest of tribunal members;
- all updates to the public register;
- all updates to the College's website;
- all reports, including statistical updates, reports to the Board and the College's annual report;
- supporting business or education meetings of the individual tribunal;
- file retention;
- remuneration and reimbursement of professional members and administration of public members' remuneration claims with the Health Boards Secretariat.

The College appoints a staff member or members outside the professional conduct department as the liaison with the Tribunal Office. The liaison advises the Tribunal Office of all changes to tribunal membership.

Tribunal Office staff and experienced adjudicators use CPSO systems, and members of the other tribunals are given access to documents using SharePoint. Data access and sharing with discipline tribunal members is conducted in accordance with the agreed-upon data protocol.

College Processes Cases

Where the College processes its own cases, it uses the same templates and processes, email address and databases as the Tribunal Office. Tribunal Office staff provide training to the College's staff on the processes. The HPDT Chair has ultimate responsibility and decision making in relation to case processing and may be consulted by College leadership on the performance of staff working on discipline cases.



Hearing Support

HPDT tribunals are encouraged to use FCCF to support hearings. Where the Tribunal Office is doing administration and file processing, the Tribunal Office makes all relevant arrangements, pays FCCF invoices and invoices the College.

When using FCCF, hearings are recorded and there is no need for a court reporter to attend the hearing; the recording is sent if the transcript is ordered.



Education

The HPDT organizes an annual education conference. There is a registration fee to cover the expenses. In consultation with the Vice-Chair, the HPDT organizes up to one full-day or two half-day virtual business/education meetings.

The HPDT provides a combined orientation (four half days) for new discipline tribunal members in all HPDT Colleges. In general, the orientation takes place twice annually. If a member is needed to sit on a hearing before the next orientation, they watch the video of the last training and are invited to an individual question and answer session with the HPDT Chair or Tribunal Counsel.

The HPDT continues to produce the monthly newsletter.

Colleges provide an orientation to the profession for the experienced adjudicators when joining the HPDT and for new experienced adjudicators. The HPDT provides up to a one-day orientation to the HPDT for discipline tribunal members when the College joins the HPDT.



Finances

The financial arrangements continue as in the Pilot. Colleges are only billed for adjudicator time (including time attending College-specific meetings), base fee, reimbursement of expenses incurred on their behalf (such as hearing support) and expense sharing for the conference. Colleges are not charged separately for preparation of education, organizing the conference, the newsletter, case processing, reasons review and editing, etc. The Tribunal Office continues to track the time spent on all other activities to ensure that the program is cost neutral for CPSO.

The 2025 base fee will remain unchanged at \$1,000 per month per College, except that for Colleges with an average of two hearings or less per year over the past five years, it will be \$750. The hourly rates will be \$350 per hour if the Tribunal Office staff are doing case processing and \$300 per hour if the College is doing its own case processing. If more Colleges participate, that will allow for steady or perhaps reduced base fees as base costs can be spread between all participating Colleges. While in the future it may be appropriate to set fees for a longer period, at the outset fees should be reviewed and agreements should be signed on an annual basis.

Smaller Colleges

Colleges that have had an average of less than one hearing per year over the past five years, and that do not wish to regularly participate in education will pay a base fee of \$150 per month (billed on an annual basis) during any period in which they have no active cases. If there is a referral, the HPDT will provide focused training tied to the nature of the case and regular fees will apply during the period the case is active.

Reporting, Feedback and Evaluation

There will continue to be regular meetings of all the participating Colleges and the HPDT. The HPDT-Counsel Roundtable will continue and be expanded as appropriate to include new members.

There are various issues and decisions that may need to be considered in coming years. How these are approached will depend on various factors, including the number of Colleges that join, volume of cases, our experiences under the new model and changes in the sector. These may include:

- the process for selecting the HPDT Chair;
- whether full-time experienced adjudicators in addition to the HPDT Chair should be recruited;
- the possibility of statutory and/or regulatory changes to promote effectiveness and efficiency, including to the requirement for Board members on discipline panels, methods for appointing public members and the size of panels;
- HPDT office location and financial structure;
- the duration of agreements and appointments;
- mechanisms for determining future structure and independence; and
- continuous improvement and strategic planning.

Commencing in 2026 for the year 2025, the HPDT will prepare an annual report of its activities. The HPDT will establish annual performance metrics in consultation with all participating Colleges to be reported on in the next year's annual report.

In the first half of 2028, we will consult participants from the regulatory community and prepare a report on the first three years of the HPDT and possible improvements to all aspects of the model, including the structure and the Rules of Procedure.

Timing of New Participants and Transition

We are open to new Colleges participating at any time after January 2025. Transition, and any special arrangements during a trial period, can be discussed individually.

Fitness to Practise

The HPDT is able to take on fitness to practise cases. Rules and processes for fitness to practise cases will be developed as needed.



tribunal@opsdt.ca

Board Briefing Note

Topic:	Professional Billing Standards and Practice Guidelines
Purpose:	Decision Required
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value Promote Quality Care and Professionalism
From:	Professional Practice Program

Issue

To approve the final Professional Billing Standards and Practice Guidelines (Billing Standards), for publication and dissemination as presented, or with amendments.

Public Interest Rationale

The Billing Standards support the College's mandate to protect the public and promote professional accountability, transparency and equity. They will:

- Clarify billing expectations for dietitians.
- Inform the public, employers, and health professionals about billing requirements.
- Provide tools for practice assessment and quality assurance.
- Guide decision-making for the Inquiries, Complaints, and Reports Committee (ICRC) in professional conduct matters.

Background

The Billing Standards set clear expectations primarily for dietitians in private practice. Supporting resources include a Frequently Asked Questions (FAQ) for dietitians and a public infographic. Policy development included:

- Environmental scans
- Preliminary consultation with registrants and system partners, legal counsel, and the Professional Practice Committee (PPC).

- Provisional Board approval in June 2025 for broad system partner consultation (from June 24-July 24, 2025).
- A survey with the Citizen Advisory Group (CAG) to review the infographic.

A final draft of the documents, informed by minor revisions obtained through these broad consultative processes, are attached in Appendix 1-5.

Consultation Feedback

- 45 participants completed surveys or sent feedback (n=112; 45 completed, 68 in progress with partial responses). Respondents were dietitians (n=101; 90%) and regulators (n=9; 8%).
- 91% agreed that the draft Billing Standards and FAQs are clear and comprehensive.
- 94% agreed the performance expectations for dietitians are reasonable.
- Qualitative feedback suggested plain language revisions and linking the Standards and FAQs clearly.
- Public feedback via the CAG (n=9) was positive. 89% agreed the purpose was clear, 78% found the infographic easy to understand and suggested some minor edits, including modifications to the font size and colour scheme for readability.

Considerations

Consultative feedback informed minor revisions to the final drafts. These resources will also guide an educational webinar to help registrants apply the Standard and FAQs.

Equity, Diversity, Inclusion and Belonging (EDI-B)

EDI-B principles guided development from issue analysis through final drafting. The Billing Standards aim to build public trust by promoting transparency, accuracy, honesty, and accountability, while avoiding unnecessary burden on dietitians. For example, while refund policies remain at the dietitian's discretion, practice guidelines aligning them with professional, ethical and client-centred care.

Recommendation

That the Board approve (or approve with amendments) the final Billing Standards for publication and communication to the public and registrants.



Attachments

- Appendix 1: Professional Billing Standards and Practice Guidelines (Clean)
- Appendix 2: Professional Billing Standards and Practice Guidelines (Tracked Changes)
- Appendix 3: FAQ Professional Billing Standards and Practice Guidelines (Clean)
- Appendix 4: FAQ Professional Billing Standards and Practice Guidelines (Tracked Changes)
- Appendix 5: Infographic for the public: Billing: What to expect from your dietitian



Professional Billing Standards and Practice Guidelines

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Introduction and Purpose

The Billing Standards and Practice Guidelines (“the Standards”) provide practice standard expectations and suggested guidelines for dietitians who provide billing or invoicing to their clients. Standards outline the minimum expectations for dietitians for safe, competent, and ethical practice. Complementary practice guidelines offer suggestions and recommendations, recognizing that dietitians may achieve safe, competent, and ethical practice in several ways.

The Standards guide dietitians, the College and its committees when considering dietitian practice or conduct and inform the public (“[clients](#)”), who seek fee-for-service dietetic care. Dietitians should also consider their organizational and/or any employer billing policies. These Standards are meant to be used with relevant legislation, the [Code of Ethics](#), and other College [standards and guidelines](#), such as Record Keeping. Relevant legislation would include the [Professional Misconduct Regulation](#) of the [Dietetics Act](#), which applies to business practices in dietetic practice.

Standard Statements

STANDARD 1: Dietitians must ensure their billing is transparent, accurate and truthful.

A registered dietitian demonstrates the standard by:

- a. Accurately recording dietetic services and products provided and maintaining accurate financial records (e.g., invoices, receipts) in either the client’s health record, the dietitian’s accounting records or both for the secure retention period¹ as noted in the Record Keeping Standard.
- b. Charging reasonable fees of an amount that is appropriate and relates to the dietetic service(s) provided and is not excessive in relation to the service(s).
- c. Obtaining client-informed consent for fees and payments prior to service provision.
- d. Never issuing misleading invoices or receipts (e.g., backdating invoices).
- e. Clearly communicating fee schedules for all dietetic visits or services before services are provided. This includes informing clients of all available payment options, any administrative fees, [bundles, packages](#), or [block fees](#), co-payment/deductible for direct billing, and external fees outside of usual visits (e.g., analysis of laboratory tests or other dietetic services like meal planning).
- f. Clearly providing payment due date expectations and setting reasonable fees for prepayment, overdue payment or missed or cancelled appointments, if applicable.
- g. Providing itemized accounts for services and/or products, if a client or payer requests it, and notification of balances due in a timely manner, including

¹ A system is in place for the secure retention of client health records for: i. At least 10 years after the date of the client’s last visit; or ii. If the client was younger than 18 at the date of the last visit, at least 10 years after the date that the client turns or would have turned 18 years of age.

responding to client billing inquiries in a reasonable amount of time (e.g., itemized account requests, refund requests, etc.).

- h. Legibly recording invoices and receipts with the following:
 - i. Name of the dietitian as per the CDO Public Register, clinic/business name (or professional corporation), address (including official business email address for virtual practice), telephone number.
 - ii. College registration number.
 - iii. Name of the client who received the service and their contact information.
 - i. If providing family-based care, dietitians identify the recipient of services on the invoice and only bill for service in a child's name or the parent/guardian's name, not both.
 - iv. Date of service.
 - v. Services provided.
 - vi. Payments received.
 - vii. Balance owing, as applicable.
 - viii. HST number, if applicable.
 - ix. Any other information required by a third-party funder or insurer.
- i. Not suggesting a reduction of fees or other incentives to receive prompt payment.
- j. Clearly describe dietetic and non-dietetic services on invoices, receipts, and records, if providing services as another professional (outside of the dietetic scope of practice). This includes indicating services which are not practising dietetics (e.g., yoga, walking groups, psychotherapy).
- k. Providing clear written terms to clients if offering bundles, packages or block fees. Clear written terms include, if relevant:
 - i. volume discounts, including any option for purchasing individual appointments.
 - ii. policies for refunds, if any.
 - iii. conditions for the bundles, packages and block fees if the relationship is terminated before all services are provided.

Practice Guidelines

Dietitians are encouraged to:

- I. Develop written policies on fees, including policies on bundled and package services, refunds, billing practices, billing inaccuracies, errors, and associated documentation. Consider, if warranted to obtain client written confirmation that they have reviewed and understood billing/refund policies.
- II. Be mindful of clients' expectations for discontinuation of dietetic services, especially in the context of refunds for services that are bundles, packages, or block fees.
 - a. While managing service refunds and expiration dates for bundles, packages, and blocks is at a dietitian's discretion, dietitians should align their policies with professional, ethical and client-centred care.

- III. Take reasonable steps to inform clients of remaining services if a client has purchased dietetic services in a bundle, package or block but has not used the full service. This may include providing reminders of expiration dates for sessions, or of upcoming auto-renewals of subscriptions, if applicable.
- IV. Seek fee guideline resources for dietetic services and/or products (e.g., fee guidance from professional associations) and be aware of the market/standard rates of dietetic services/products in their area to set fees that are reasonable and appropriate.
- V. Clearly state services provided, charges and payments made, and outstanding balance on invoices and receipts.
- VI. Legibly record on invoices and receipts how the dietetic service was provided (e.g., via telephone or video conferencing).
- VII. When communicating fee increases to clients:
 - a. Provide a reasonable notice period to clients for any fee increase.
 - b. Arrange alternative services for clients who require dietetic services but are unable to pay a fee increase or give the client reasonable notice to arrange alternative services themselves consistent with the *Professional Misconduct Regulation*.

STANDARD 2: Dietitians must ensure accountability for billing.

A registered dietitian demonstrates the standard by:

- a. Being accountable for billing practices, even when others manage administrative tasks.
- b. If working in private practice with a [fee-sharing](#) model:
 - i. Avoid providing and/or receiving financial benefits or other incentives for client referrals to persons, services or programs as noted in the [Conflict of Interest Standard](#). This includes but is not limited to fee-sharing arrangements tied to [referrals](#) (e.g., ensure any business agreements (including leases) or fee-sharing arrangements are not associated with client referrals).
 - ii. Informing clients about fee divisions amongst other practitioners and ensure transparency in fee-sharing models before the provision of services.

Practice Guidelines:

Dietitians are encouraged to:

- I. Determine how frequently to review billing policies and practices (e.g., written policies and audits for routinely reviewing fees, accounts, and/or billing to ensure accuracy). Audits of billing receipts issued under their name should be done at a minimum annually, to ensure they are appropriate and accurate.
- II. Suggest clients check their healthcare insurance coverage for reimbursements with their insurance provider prior to entering into service agreements.
- III. Consider circumstances under which client information can be disclosed to another party (e.g., insurer, caregiver) who is paying for or seeking refunds for a client's dietetic service but is not the recipient of the service. Dietitians may need

to additionally consider if obtaining client-informed consent for disclosure of billing information is necessary.

- IV. Consider ways to avoid conflict of interest related to billing (for RDs in dual roles providing funded services and fee for service):
 - a. Describe the difference between funded and fee for service options to client in a clear and unbiased manner related to which services are associated with a fee and which are not, and what options are available to the client.
 - b. Be aware of any employer policies when practising in dual roles providing both funded services and fee-based services.
- V. Consider policies on how to inform and obtain consent from clients about division of fees, if working in private practice with a fee-sharing model:
 - a. Fees should only be divided or split if the following requirements are met:
 - i. Fees are divided in proportion to the work done and responsibilities assumed.
 - ii. The client is informed about and consents to the division of fees.

Glossary

Block fees: Block fees are agreed upon fees covering multiple services over a set period (e.g., ten visits over a period). It is charged for the provision of services, and it may not be possible to know how many, if any, services are needed at the time of setting a block fee.

Bundles and packages: Bundles and packages are a set of services provided during a predetermined period (e.g., an initial assessment and two follow-up sessions over an x-month period). Bundles and packages may include other components of dietetic care not provided during a counselling session (e.g., individualized meal planning or comprehensive vitamin and mineral assessment). Typically, the fee charged for bundles, packages and block services are less than if services were paid for individually, and they are often paid for by the client in advance of the service.

Client: the recipient of dietetic service regardless of setting (e.g., an individual, population, employee, business, employer, or agency).

Itemized account: a statement which lists a client's record of services/products including fees, payments, and any outstanding balances.

Itemized invoice: a statement which provides details on the dietetic service(s) and/or product(s) provided, with specific information about the service(s) or item(s) for which payment has not yet been made.

Itemized receipt: a statement which confirms payment has been received.

Fee schedule: A list of services and/or products and their proposed charges to clients.

Fee-sharing: refers to the division of client fees, or fee splitting, when a dietitian shares the fee paid by the client for dietetic services provided with another person.

Referral fee: a sum of money paid for a client referral. It may be such that a provider receiving the referral pays the fee, or another professional making the referral is paid a fee. Referral fees are not permitted as per the Conflict of Interest Standard.

Resources

College Standards, Guidelines, and other articles

- [Code of Ethics](#)
- [Advertising and Marketing Standards and Guidelines](#)
- [Conflict of Interest Standard](#)
- [Record Keeping Standard](#)
- [Practice Question: Accepting referrals in practice](#)
- [Practice Question: Is backdating an invoice, ok?](#)
- [Practice Question: Can I discount my services?](#)
- [Article: Professional Billing Practices](#)

Legislation

- *Health Care Consent Act, 1996*. Available from: <http://www.ontario.ca/laws/statute/96h02>
- *Professional Misconduct Regulation, 1991*. Available from: <https://www.ontario.ca/laws/regulation/930680>
- *Personal Health Information Protection Act, 2004*. Available from: <https://www.ontario.ca/laws/statute/04p03>



Professional Billing Standards and Practice Guidelines

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Introduction and Purpose

The Billing Standards and Practice Guidelines (“the Standards”) provide practice standard expectations and suggested guidelines for dietitians who provide billing or invoicing to their clients. Standards outline the minimum expectations for dietitians for safe, competent, and ethical practice. Complementary practice guidelines offer suggestions and recommendations, recognizing that dietitians may achieve safe, competent, and ethical practice in several ways.

The Standards guide dietitians, the College and its committees when considering dietitian practice or conduct and inform the public (“[clients](#)”), who seek fee-for-service dietetic care. Dietitians should also consider their organizational and/or any employer billing policies. These Standards are meant to be used with relevant legislation, the [Code of Ethics](#), and other College [standards and guidelines](#), such as Record Keeping. Relevant legislation would include the [Professional Misconduct Regulation](#) of the [Dietetics Act](#), which applies to business practices in dietetic practice.

Standard Statements

STANDARD 1: Dietitians must ensure their billing is transparent, accurate and truthful.

A registered dietitian demonstrates the standard by:

- a. Accurately recording dietetic services and products provided and maintaining accurate financial records (e.g., invoices, receipts) in either the client’s health record, the dietitian’s accounting records or both for the secure retention period¹ as noted in the Record Keeping Standard.
- b. Charging reasonable fees of an amount that is appropriate and relates to the dietetic service(s) provided and is not excessive in relation to the service(s).
- c. Obtaining client-informed consent for fees and payments prior to service provision.
- d. Never issuing misleading invoices or receipts (e.g., backdating invoices).
- e. Clearly communicating fee schedules for all dietetic visits or services before services are provided. This includes informing clients of all available payment options, any administrative fees, [bundles, packages](#), or [block fees](#), ~~if direct billing~~ [that there could be a co-payment/deductible for direct billing, if relevant](#), and external fees outside of usual visits (e.g., analysis of laboratory tests or other dietetic services like meal planning).
- f. Clearly ~~specifying~~ [providing](#) payment due date expectations and setting reasonable fees for prepayment, overdue payment or missed or cancelled appointments, if applicable.

¹ A system is in place for the secure retention of client health records for: i. At least 10 years after the date of the client’s last visit; or ii. If the client was younger than 18 at the date of the last visit, at least 10 years after the date that the client turns or would have turned 18 years of age.

- g. Providing itemized accounts for services and/or products, if a client or payer requests it, and notification of balances due in a timely manner, including responding to client billing inquiries in a reasonable amount of time (e.g., itemized account requests, refund requests, etc.).
- h. Legibly recording invoices and receipts with the following:
 - i. Name of the dietitian as per the CDO Public Register, clinic/business name (or professional corporation), address (including official business email address for virtual practice), telephone number.
 - ii. College registration number.
 - iii. Name of the client who received the service and their contact information.
 - i. If providing family-based care, dietitians identify the recipient of services on the invoice and only bill for service in either a child's name or the parent/guardian's name, not both.
 - iv. Date of service.
 - v. Services provided.
 - vi. Payments received.
 - vii. Balance owing, as applicable.
 - viii. HST number, if applicable.
 - ix. Any other information required by a third-party funder or insurer.
- i. Not suggesting a reduction of fees or other incentives to receive prompt payment.
- j. ~~Providing a clear delineation~~ Clearly describe of dietetic and non-dietetic services on invoices, receipts, and records, if ~~practising and delivering services~~ providing services outside of the dietetic scope of practice or while registered in other as another professional (outside of the dietetic scope of practice)s. This includes indicating services ~~within dietitian's scope of practice and services~~ which are not practising dietetics (e.g., yoga, walking groups, psychotherapy).
- k. Providing clear written terms to clients if offering bundles, packages or block fees. Clear written terms include, if relevant:
 - i. volume discounts, including any option for purchasing individual appointments.
 - ii. policies for refunds, if any.
 - ~~i.iii.~~ conditions for the bundles, packages and block fees if the relationship is terminated before all services are provided. the same billing requirements apply such as:
 - ii. ~~Issuing itemized invoices and receipts after each service or product.~~
 - iii. ~~Clear policies are available regarding volume discounts, including options for purchasing individual appointments and the policies for refunds, if any. The rights of the client are identified if the relationship is terminated before all services are provided.~~
 - iv. ~~Single sessions cannot be set unreasonably high such that the dietitian may reasonably be seen as encouraging clients to purchase bundles, packages, or blocks.~~

Practice Guidelines

Dietitians are encouraged to:

- I. Develop written policies on fees, including policies on bundled and package services, refunds, billing practices, billing inaccuracies, errors, and associated documentation. Consider, ~~when warranted,~~[if warranted to](#) obtaining client written ~~attestation confirmation that they have reviewed and understood~~ billing/refund policies.
- II. Be mindful of clients' expectations for discontinuation of dietetic services, especially in the context of refunds for services that are bundles, packages, or block fees.
 - a. While managing service refunds and expiration dates for bundles, packages, and blocks is at a dietitian's discretion, dietitians should align their policies with professional, ethical and client-centred care.
- III. Take reasonable steps to inform clients of remaining services if a client has purchased dietetic services in a bundle, package or block but has not used the full service. This may include providing reminders of expiration dates for sessions, or of upcoming auto-renewals of subscriptions, if applicable.
- IV. Seek fee guideline resources for dietetic services and/or products (e.g., fee guidance from professional associations) and be aware of the market/standard rates of dietetic services/products in their area to set fees that are reasonable and appropriate.
- V. Clearly ~~delineate between~~[state](#) services ~~rendered~~[provided](#), charges and payments made, and outstanding balance on invoices and receipts.
- VI. Legibly record on invoices and receipts how the dietetic service was provided (e.g., via telephone or video conferencing).
- VII. When communicating fee increases to clients:
 - a. Provide a reasonable notice period to clients for any fee increase.
 - b. Arrange alternative services for clients who require dietetic services but are unable to pay a fee increase or give the client reasonable notice to arrange alternative services themselves consistent with the *Professional Misconduct Regulation*.

STANDARD 2: Dietitians must ensure accountability for billing.

A registered dietitian demonstrates the standard by:

- a. Being accountable for billing practices, even when others manage administrative tasks.
- b. If working in private practice with a [fee-sharing](#) model:
 - i. Avoid providing and/or receiving financial benefits or other incentives for client referrals to persons, services or programs as noted in the [Conflict of Interest Standard](#). This includes but is not limited to fee-sharing arrangements tied to [referrals](#) (e.g., ensure any business agreements (including leases) or fee-sharing arrangements are not associated with client referrals).

- ii. Informing clients about fee divisions amongst other practitioners and ensure transparency in fee-sharing models before the provision of services.

Practice Guidelines:

Dietitians are encouraged to:

- I. Determine how frequently to review billing policies and practices (e.g., written policies and audits for routinely reviewing fees, accounts, and/or billing to ensure accuracy). Audits of billing receipts issued under their name should be done at a minimum annually, to ensure they are appropriate and accurate.
- II. Suggest clients check their healthcare insurance coverage for reimbursements with their insurance provider prior to entering into service agreements.
- III. Consider circumstances under which client information can be disclosed to another party (e.g., insurer, caregiver) who is paying for or seeking refunds for a client's dietetic service but is not the recipient of the service. Dietitians may need to additionally consider if obtaining client-informed consent for disclosure of billing information is necessary.
- IV. Consider ways to avoid conflict of interest related to billing (for RDs in dual roles providing funded services and fee for service):
 - a. Describe the difference between funded and fee for service options to client in a clear and unbiased manner related to which services are associated with a fee, and which are not, and what options are available to the client.
 - b. Be aware of any employer policies when practising in dual roles providing both funded services and fee-based services.
- V. Consider policies on how to inform and obtain consent from clients about division of fees, if working in private practice with a fee-sharing model:
 - a. Fees should only be divided or split ~~with other dietitians who are not at the same practice~~ if the following requirements are met:
 - i. Fees are divided in proportion to the work done and responsibilities assumed.
 - ii. The client is informed about and consents to the division of fees.

Glossary

Block fees: Block fees are agreed upon fees covering multiple services over a set period (e.g., ten visits over a period). It is charged for the provision of services, and it may not be possible to know how many, if any, services are needed at the time of setting a block fee.

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Resources

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Frequently Asked Questions (FAQ) Professional Billing Standards and Practice Guidelines

This resource complements the Billing Standards' minimum performance expectations and includes advice on common billing questions. The examples are intended solely to provide a general guide to the subject matter.

Fees & Refunds

Can I charge fees in advance of providing dietetic services?

Dietitians have the discretion to charge fees in advance of providing services, so long as it relates to the services or products they intend to provide to a client (e.g., an assessment, intervention/treatment plan) and the fee is for the planned service or product.

Dietitians can issue a receipt for advanced payment for a client but should indicate that the service has not been rendered. Once the service is rendered, dietitians should issue an itemized receipt. Be transparent with the client about:

- what is being charged
- when and how the charge will occur
- refund or cancellation conditions

Invoices and receipts should demonstrate a distinction between services rendered, charges, payments made, and any outstanding balance. CDO recommends that any advanced payment charges are clearly outlined in policy shared with clients in advance.

Can I charge fees for missed or cancelled appointments?

Yes, however, dietitians are encouraged to create a policy on missed or cancelled appointments and communicate the policy clearly to clients in advance. The fee should reflect reasonable cost recovery. Consider the financial burden for clients and whether there are instances to reduce, waive or allow flexibility on compassionate grounds, including granting exceptions when reasonable to do so (e.g., first incident, intervening circumstances).

Can I provide an estimate of dietetic services?

Yes. Clearly communicate fee schedules before providing services. Estimates can be:

- discussed verbally
- shared in writing (e.g., email, printed material).
- posted online or in your office

Ensure estimates are clearly distinguishable from billing invoices.

What does setting “reasonable fees” mean?

The Standard highlights that dietitians must charge reasonable fees. Reasonable fees are not defined in the legislation, so it is expected that dietitians use professional judgment and consider:

- Guidance from professional associations on dietitian fee suggestions (e.g., [Dietitians of Canada, Dietitians in Private Practice: A Guide for the Consultant](#)).
- An environmental scan to determine fees for dietitian services in their geographic area (or comparable jurisdictions/areas), area of practice, and experience level.
- What the dietetic service entails when setting fees (e.g., nature and complexity of the service, the time spent, cost of materials, any travel time, etc.).
- Consulting with other dietitians on fee guidance.
- Information from a third party (e.g., insurance company) to verify the range of fees.
- Documenting the process on how fees are calculated and justified, providing clear explanation of any fee changes.
- Regularly reviewing and updating the fee structure. This may be done in conjunction with an annual audit of billing practices and policies for currency.

The College does not set remuneration systems, billing models or fee guidance for dietetic services, nor does the College determine or approve fees.

What is “reasonable notice” for a fee increase?

There is no specific period of notice for a fee change set out in any regulations or in the Standard as this is a matter of professional judgment. Consider what time frame would be adequate to notify clients ahead of any fee increases so they have time to make alternate arrangements if they are no longer able to continue service.

How should I manage digital security for personal information like credit card numbers?

Obtain consent for collection, use and disclosure of personal information, including credit card details. Implement safeguards to protect personal information, including secure disposal. The [Privacy Toolkit](#) may be helpful to review.

Dietitians are encouraged to research digital security requirements and agreements, especially when client personal information is shared with third-party payment processors. Agreements should outline how personal health information will be handled, including transfers and disclosures. Dietitians must comply with the [Personal Information Protection and Electronic Documents Act](#) to ensure their practice handles personal information in a safe and secure manner.

Should I have a refund policy?

Yes, a written refund policy is recommended. It should be:

- clear and accessible
- aligned with ethical and client centred care (e.g., to reduce confusion for clients about conditions for refunds)
- provided in advance, especially for packages and bundles

Consider obtaining written acknowledgement from clients, if needed.

The practice guidelines suggest that dietitians should be mindful of clients' expectations for discontinuation of dietetic services, especially in the context of refunds for services that are bundles, packages, or block fees.

Can I charge clients a credit card processing fee?

Yes, charging a credit card processing fee is at the discretion of a dietitian but consider the following guiding questions:

Does a credit card processing fee unduly restrict payment or create inequity?

If a client pays by credit card, passing on the credit card processing fee to the client may create inequitable payments for clients paying with a credit card versus clients who pay using another method (e.g., cash, e-transfer). Depending on the significance of the fee, does this increase the charge of service for certain clients (those with credit cards versus those without)?

Are there potential impacts to client satisfaction?

An additional charge may create dissatisfaction, especially for clients who have already paid by credit card in the past and were not charged a processing fee.

Could this be considered “offering or giving a reduction for prompt payment” for cash/e-transfer payments vs. credit card?

Dietitians need to consider whether this practice falls under an act of professional misconduct regarding “offering or giving a reduction for prompt payment of an account,” such that other forms of payment that are more promptly paid (e.g., cash, e-transfer) do not incur additional fees.

Offering a reduction for prompt payment of dietetic services is not permitted by law. This provision in the [Professional Misconduct Regulation](#) suggests that those with financial means will be able to take advantage of the reduction, while those with modest means may end up paying more for the same service. This does not prevent an RD from charging interest on overdue accounts.

Are there other alternatives to processing fees?

If processing fees are unsustainable as a business expense, are there ways to manage it, such as only accepting cards that have lower processing fees? Adjusting your fees to cover additional business costs? What are the pros and cons of accepting credit cards as a payment option altogether?

Other considerations:

- How will it be communicated/displayed (e.g., advance written notice, oral communication to clients).
- Are there any consumer protection laws and payment card network operators’ rules (e.g., on certain prepaid cards surcharges may not be permitted)?
- Additional details can be found (but not limited to) [here](#).

Can I provide discounted, “pro bono” or “sliding scale” services?

Yes. Dietitians may provide discounted, free, or sliding scale services at their discretion. Sliding scale payments refer to an agreement made between a dietitian and client to pay a reduced rate for dietetic services.

Dietitians use their professional judgment and ensure fee changes:

- do not compromise care
- reflect client need
- are discussed and agreed upon in advance

As with all services, dietitians should come to an agreement on the services to be provided to the client, including the fees charged, and billing arrangements. Discuss any changes with clients in advance.

If a client requests a discount and a dietitian is unable to provide a discount (e.g., do not provide sliding scale payments), discuss this with the client and give options on how they could find another dietitian to continue their dietetic treatment. This [article](#) provides guidance on several practice scenarios including discounted services and reduced rates for bundled services.

Business Practice

Do I need to charge tax on my invoices?

Charging tax for dietetic services may depend on the type of service being provided. Most dietetic services fall within basic healthcare and are typically tax exempt. The decision as to whether dietetic service is taxable or not lies with the Canada Revenue Agency (CRA) and as such, CDO cannot provide this type of guidance.

Dietitians are advised to check with an accountant, the CRA or review the [Excise Tax Act](#), to ensure most dietetic services are still exempt from the sales taxes. However, services that are provided solely for non-healthcare purposes, even if supplied by healthcare professionals, may not be eligible for tax exemption. Dietitians are responsible for researching this and complying with the requirements of the CRA as tax laws can change.

I provide only virtual care. What address should I include on client invoices?

If dietitians are only offering virtual services, and no in-person dietetic services (and do not have a physical business location), then they can request to display a business email address only by emailing the Registration Program at registration@collegeofdietitians.org.

Dietitians are required to post their name, business address and business telephone number on the public register. Section 13 of [Bylaw 1: General](#) states a business address is the primary business where the dietitian practices in Ontario including any other business and location at which a dietitian regularly practises in Ontario (including their position at those businesses or locations).

(Standard 1, h, ix. states what dietitians must include on their invoices/receipts. Dietitians must include any other information that insurers require on their invoice. If an insurer requires a physical address, the dietitian must provide it. Dietitians must also indicate how the virtual dietetic service was provided on their invoices (e.g., via telephone or video conferencing) as per the [Virtual Care Standards and Guidelines](#).

I may be joining an interdisciplinary practice with other healthcare professionals. What should I consider regarding billing and fee-sharing/splitting?

Before signing a contract, dietitians may wish to consider a partnership agreement which clearly describes the conditions for fee-sharing (or profit sharing) and billing responsibilities among members of the practice. Consider ways to avoid conflict of interest related to billing and fee-sharing/splitting as noted in the Conflict of Interest Standard (e.g., avoid accepting financial incentives for referring a client to any other person, service or program and avoid offering or giving a financial incentive for receiving a client referral).

I provide family-based treatment. What should I consider when preparing client invoices?

A dietitian should consider principles such as accuracy and truthfulness when deciding what information to put on an invoice or receipt. It is important to ensure that an invoice or receipt cannot reasonably be seen as, *25. Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement, and/or 27. Submitting an account or charge for services that the member knows is false or misleading.*

Identifying the recipient of dietetic service (e.g., client vs parent/caregiver)

In cases where multiple members of a family are treated at different times and in different situations, it would be reasonable to identify the recipient of the dietetic service on the invoice, regardless of the wishes of the client or what their insurance coverage allows.

For example, if an intervention is intended to impart parenting skills to the parent, it might be reasonable to assume that *parenting work* is intended to help the parents change their behaviour and consider that the services were provided to the parents. This would be different than meeting with the parents to provide them with information that supports the work being done individually with their child (who is the principal client). It may be helpful to determine who the client is at the focus of the intervention and should be identified on any invoice.

Wherever possible, ensure an invoice provides clear information about the nature of the service and identifies to whom the service was provided. If a person to whom the service was provided is different than the person who is the focus of the treatment, it may be appropriate to note on the invoice something like *dietetic services provided to Mr. and Ms. Singh re: the treatment of their child Javeed Singh.*

Preventing Fraud

How can I help prevent insurance fraud?

- Be aware of the conditions and dollar amounts being billed for your professional services, if the billing is done on your behalf.
- Never sign blank treatment plans or forms.
- Be cautious when asked to provide an electronic signature to someone else (e.g., clinic, client). Understand how it will be used and who will have access to it.
- When you leave a practice, ensure you [update](#) the employment and/or contact information for the College's public register as soon as possible (within 30 days).
- Before signing a new contract, discuss your professional obligations to understand the business's billing practices. Be clear that your name and registration number should not be used for care or services you do not provide.
- Be selective about the jobs you accept in case of inappropriate or questionable business practices by clinic owners.

I have had my name and registration number used by others for fraudulent billing. What should I do?

If a client made a fraudulent claim, dietitians should comply with the insurer's investigation. Document the information received from the insurer. First, seek guidance from the insurer. Dietitians may discuss the matter with their employer if the issue happened at work and consider if calling their professional liability insurance provider for guidance on fraud and/or associated legal advice.

It can be distressing if a dietitian's name and CDO registration number is misused, but dietitians can contact the Practice Advisory Service at the College for advice. You may need assistance with filing a complaint if it is a dietitian or another regulated professional using your credentials fraudulently.

Lastly, dietitians may want to consider if local police and/or the Insurance Bureau of Canada or others need to be notified. The Équité Association, is a national, independent group that aims to reduce insurance fraud. Visit www.equiteassociation.com or call their hotline at 1-877-422-TIPS (8477).

Adapted from the College of Physiotherapists of Ontario (2025). Your name and registration number have been misused. Retrieved from <https://collegept.org/resource/inappropriate-business-practices/misused-registration-number/> and College of Speech Language Pathologists and Audiologists

(2025). Protecting your credentials when billing. <https://caslpo.com/about-caslpo/media-and-publications/express/current-issue/the-wave-july-2025#article2>

Can I change the service date on a client's invoice?

No, dietitians should not change service dates on invoices, however, mistakes can happen, and dietitians can amend an invoice if a date was written in error and give the reason for the revision. Dietitians should never issue misleading invoices, including backdating invoices intentionally. This [article](#) provides more details.

While clients may ask for help to maximize their insurance coverage, insurers could deny benefits to the client and potentially contact the dietitian or the College. Dietitians must be careful not to issue an invoice that could be seen as misleading. It should be left to the client(s) and their insurers to work out issues about insurance coverage limits. This may be best discussed before any treatment sessions for transparency and clarity.

What should I consider when auditing billing practices?

Dietitians, in a shared clinic setting, should regularly audit any billing/claim forms that have been submitted on their behalf (i.e., using their name and registration number). Some considerations for an audit:

- Determine sample billing to be reviewed based on the volume of clients seen and billing risks.
- Check that the fees that have been charged are correct, accurate and reasonable.
- Check that billing and accounts are accurate (e.g., invoice matches information in patient's file, RD name and registration number, the date of service provision, the costs for services or products).

Adapted from the College of Physiotherapists of Ontario (2025). Written Process for Auditing Billing. Retrieved from <https://collegept.org/standard/fees-billing-and-accounts-standard/resources/written-process-for-auditing-billing/>



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- what is being charged
- when and how the charge will occur
- refund or cancellation conditions

Invoices and receipts should demonstrate a distinction between services rendered, charges, payments made, and any outstanding balance. CDO recommends that any advanced payment charges are clearly outlined in policy shared with clients in advance.

Can I charge fees for missed or cancelled appointments?

Yes, however, dietitians are encouraged to create a policy on missed or cancelled appointments and communicate the policy clearly to clients in advance. The fee should reflect reasonable cost recovery. Consider the financial burden for clients and whether there are instances to reduce, waive or allow flexibility on compassionate grounds, including granting exceptions when reasonable to do so (e.g., first incident, intervening circumstances).



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Yes. Clearly communicate fee schedules before providing services. Estimates can be:

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- shared in writing (e.g., email, printed material).
- posted online or in your office

Ensure estimates are clearly distinguishable from billing invoices.

What does setting “reasonable fees” mean?

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- Consulting with other dietitians on fee guidance.
- Information from a third party (e.g., insurance company) to verify the range of fees.
- Documenting the process on how fees are calculated and justified, providing clear explanation of any fee changes.
- Regularly reviewing and updating the fee structure. This may be done in conjunction with an annual audit of billing practices and policies for currency.

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What is “reasonable notice” for a fee increase?

There is no specific period of notice for a fee change set out in any regulations or in the Standard as this is a matter of professional judgment. Consider what time frame would be adequate to notify clients ahead of any fee increases so they have time to make alternate arrangements if they are no longer able to continue service.

How should I manage digital security for personal information like credit card numbers?

Obtain consent for collection, use and disclosure of personal information, including credit card details. Implement safeguards to protect personal information, including secure disposal. The [Privacy Toolkit](#) may be helpful to review.

Dietitians are encouraged to research digital security requirements and agreements, especially when client personal information is shared with third-party payment processors. Agreements should outline how personal health information will be handled, including transfers and disclosures. Dietitians must comply with the [Personal Information Protection and Electronic Documents Act](#) to ensure their practice handles personal information in a safe and secure manner.

Should I have a refund policy?

Yes, a written refund policy is recommended. It should be:

- clear and accessible
- aligned with ethical and client centred care (e.g., to reduce confusion for clients about conditions for refunds)
- provided in advance, especially for packages and bundles

Consider obtaining written acknowledgement from clients, if needed.

The practice guidelines suggest that dietitians should be mindful of clients' expectations for discontinuation of dietetic services, especially in the context of refunds for services that are bundles, packages, or block fees.

Can I charge clients a credit card processing fee?

Yes, charging a credit card processing fee is at the discretion of a dietitian but consider the following guiding questions:

Does a credit card processing fee unduly restrict payment or create inequity?

If a client pays by credit card, passing on the credit card processing fee to the client may create inequitable payments for clients paying with a credit card versus clients who pay using another method (e.g., cash, e-transfer). Depending on the significance of the fee, does this increase the charge of service for certain clients (those with credit cards versus those without)?

Are there potential impacts to client satisfaction?

An additional charge may create dissatisfaction, especially for clients who have already paid by credit card in the past and were not charged a processing fee.

Could this be considered “offering or giving a reduction for prompt payment” for cash/e-transfer payments vs. credit card?

Dietitians need to consider whether this practice falls under an act of professional misconduct regarding “offering or giving a reduction for prompt payment of an account,” such that other forms of payment that are more promptly paid (e.g., cash, e-transfer) do not incur additional fees.

Offering a reduction for prompt payment of dietetic services is not permitted by law. This provision in the [Professional Misconduct Regulation](#) suggests that those with financial means will be able to take advantage of the reduction, while those with modest means may end up paying more for the same service. This does not prevent an RD from charging interest on overdue accounts.

Are there other alternatives to processing fees?

If processing fees are unsustainable as a business expense, are there ways to manage it, such as only accepting cards that have lower processing fees? Adjusting your fees to cover additional business costs? What are the pros and cons of accepting credit cards as a payment option altogether?

Other considerations:

- How will it be communicated/displayed (e.g., advance written notice, oral communication to clients).
- Are there any consumer protection laws and payment card network operators’ rules (e.g., on certain prepaid cards surcharges may not be permitted)?
- Additional details can be found (but not limited to) [here](#).

Can I provide discounted, “pro bono” or “sliding scale” services?

Yes. Dietitians may provide discounted, free, or sliding scale services at their discretion. Sliding scale payments refer to an agreement made between a dietitian and client to pay a reduced rate for dietetic services.

Dietitians use their professional judgment and ensure fee changes:

- do not compromise care
- reflect client need
- are discussed and agreed upon in advance

As with all services, dietitians should come to an agreement on the services to be provided to the client, including the fees charged, and billing arrangements. Discuss any changes with clients in advance.

If a client requests a discount and a dietitian is unable to provide a discount (e.g., do not provide sliding scale payments), discuss this with the client and give options on how they could find another dietitian to continue their dietetic treatment. This [article](#) provides guidance on several practice scenarios including discounted services and reduced rates for bundled services.

Business Practice

Do I need to charge tax on my invoices?

Charging tax for dietetic services may depend on the type of service being provided. Most dietetic services fall within basic healthcare and are typically tax exempt. The decision as to whether dietetic service is taxable or not lies with the Canada Revenue Agency (CRA) and as such, CDO cannot provide this type of guidance.

Dietitians are advised to check with an accountant, the CRA or review the [Excise Tax Act](#), to ensure most dietetic services are still exempt from the sales taxes. However, services that are provided solely for non-healthcare purposes, even if supplied by healthcare professionals, may not be eligible for tax exemption. Dietitians are responsible for researching this and complying with the requirements of the CRA as tax laws can change.

I provide only virtual care. What address should I include on client invoices?

If dietitians are only offering virtual services, and no in-person dietetic services (and do not have a physical business location), then they can request to display a business email address only by emailing the Registration Program at registration@collegeofdietitians.org.

Dietitians are required to post their name, business address and business telephone number on the public register. Section 13 of [Bylaw 1: General](#) states a business address is the primary business where the dietitian practices in Ontario including any other business and location at which a dietitian regularly practises in Ontario (including their position at those businesses or locations).

(Standard 1, h, ix. states what dietitians must include on their invoices/receipts. Dietitians must include any other information that insurers require on their invoice. If an insurer requires a physical address, the dietitian must provide it. Dietitians must also indicate how the virtual dietetic service was provided on their invoices (e.g., via telephone or video conferencing) as per the [Virtual Care Standards and Guidelines](#).

I may be joining an interdisciplinary practice with other healthcare professionals. What should I consider regarding billing and fee-sharing/splitting?

Before signing a contract, dietitians may wish to consider a partnership agreement which clearly describes the conditions for fee-sharing (or profit sharing) and billing responsibilities among members of the practice. Consider ways to avoid conflict of interest related to billing and fee-sharing/splitting as noted in the Conflict of Interest Standard (e.g., avoid accepting financial incentives for referring a client to any other person, service or program and avoid offering or giving a financial incentive for receiving a client referral).

I provide family-based treatment. What should I consider when preparing client invoices?

A dietitian should consider principles such as accuracy and truthfulness when deciding what information to put on an invoice or receipt. It is important to ensure that an invoice or receipt cannot reasonably be seen as, 25. *Signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement, and/or* 27. *Submitting an account or charge for services that the member knows is false or misleading.*

Identifying the recipient of dietetic service (e.g., client vs parent/caregiver)

In cases where multiple members of a family are treated at different times and in different situations, it would be reasonable to identify the recipient of the dietetic service on the invoice, regardless of the wishes of the client or what their insurance coverage allows.

For example, if an intervention is intended to impart parenting skills to the parent, it might be reasonable to assume that *parenting work* is intended to help the parents change their behaviour and consider that the services were provided to the parents. This would be different than meeting with the parents to provide them with information that supports the work being done individually with their child (who is the principal client). It may be helpful to determine who the client is at the focus of the intervention and should be identified on any invoice.

Wherever possible, ensure an invoice provides clear information about the nature of the service and identifies to whom the service was provided. If a person to whom the service was provided is different than the person who is the focus of the treatment, it may be appropriate to note on the invoice something like *dietetic services provided to Mr. and Ms. Singh re: the treatment of their child Javeed Singh.*

Preventing Fraud

How can I help prevent insurance fraud?

- Be aware of the conditions and dollar amounts being billed for your professional services, if the billing is done on your behalf.
- Never sign blank treatment plans or forms.
- Be cautious when asked to provide an electronic signature to someone else (e.g., clinic, client). Understand how it will be used and who will have access to it.
- When you leave a practice, ensure you [update](#) the employment and/or contact information for the College's public register as soon as possible (within 30 days).
- Before signing a new contract, discuss your professional obligations to understand the business's billing practices. Be clear that your name and registration number should not be used for care or services you do not provide.
- Be selective about the jobs you accept in case of inappropriate or questionable business practices by clinic owners.

I have had my name and registration number used by others for fraudulent billing. What should I do?

If a client made a fraudulent claim, dietitians should comply with the insurer's investigation. Document the information received from the insurer. First, seek guidance from the insurer. Dietitians may [want to consider discuss the matter with their employer if the issue happened at work and consider if calling their professional liability insurance provider if they for provide](#) guidance on fraud and/or associated legal advice.

It can be distressing if a dietitian's name and CDO registration number is misused, but dietitians can contact the Practice Advisory Service at the College for advice. You may need assistance with filing a complaint [if it is a dietitian or another regulated professional using your credentials fraudulently](#).

Lastly, dietitians may want to consider if ~~it is~~ local police and/or the Insurance Bureau of Canada [or others](#) need to be notified. [The Équité Association, is a national, independent group that aims to reduce insurance fraud. Visit www.equiteassociation.com or call their hotline at 1-877-422-TIPS \(8477\).](#)

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Adapted from the College of Physiotherapists of Ontario (2025). Your name and registration number have been misused. Retrieved from <https://collegept.org/resource/inappropriate-business->

[practices/misused-registration-number/](#) and College of Speech Language Pathologists and Audiologists (2025). Protecting your credentials when billing. <https://caslpo.com/about-caslpo/media-and-publications/express/current-issue/the-wave-july-2025#article2>

Can I change the service date on a client's invoice?

No, dietitians should not change service dates on invoices, however, mistakes can happen, and dietitians can amend an invoice if a date was written in error and give the reason for the revision. Dietitians should never issue misleading invoices, including backdating invoices intentionally. This [article](#) provides more details.

While clients may ask for help to maximize their insurance coverage, insurers could deny benefits to the client and potentially contact the dietitian or the College. Dietitians must be careful not to issue an invoice that could be seen as misleading. It should be left to the client(s) and their insurers to work out issues about insurance coverage limits. This may be best discussed before any treatment sessions for transparency and clarity.

What should I consider when auditing billing practices?

Dietitians, in a shared clinic setting, should regularly audit any billing/claim forms that have been submitted on their behalf (i.e., using their name and registration number). Some considerations for an audit:

- Determine sample billing to be reviewed based on the volume of clients seen and billing risks.
- Check that the fees that have been charged are correct, accurate and reasonable.
- Check that billing and accounts are accurate (e.g., invoice matches information in patient's file, RD name and registration number, the date of service provision, the costs for services or products).

Adapted from the College of Physiotherapists of Ontario (2025). Written Process for Auditing Billing. Retrieved from <https://collegept.org/standard/fees-billing-and-accounts-standard/resources/written-process-for-auditing-billing/>

BILLING: WHAT TO EXPECT FROM YOUR DIETITIAN

ARE YOU PAYING FOR DIETITIAN SERVICES?

This document summarizes expectations for dietitians who bill or invoice clients or caregivers found in the Professional Billing Standard for dietitians in Ontario.

BEFORE SIGNING UP WITH A DIETITIAN

All fees and payment options, including how and when to make payments have been explained to you.



WHAT MUST DIETITIANS DO?

- Obtain your consent for services.
- Provide a clear explanation of the services or products you receive and their fees.
- Tell you what the payment options are, including payment methods accepted and due dates.
- Accurately record services and products provided to you.
- Keep your financial and health records secure.
- Give you an itemized receipt.
- Charge reasonable fees that are not excessive in relation to the services provided.
- Provide clear policies about payments and refunds, particularly if they are offering bundles, packages or block fees.
- If they are splitting fees with another dietitian, you should be informed about fee splitting before they provide services to you.

WHO CAN I CONTACT WITH MY QUESTIONS OR CONCERNS?

The College of Dietitians of Ontario regulates dietitians for public protection, and does not set fee schedules for dietitians.

Questions? Email a Practice Advisor
Contact practice.advisor@collegeofdietitians.org

Concerns or complaints about billing in dietetic care?
Contact complaints@collegeofdietitians.org

collegeofdietitians.org



College of Dietitians
of Ontario

Board Briefing Note

Topic:	Overview of the Standards and Guidelines Policy Cycle and the Equity Policy Development Tool (EPDT)
Purpose:	For Information and Discussion
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value Promote Quality Care and Professionalism
From:	Carole Chatalalsingh, Director of Professional Practice

Issue

To provide Board with a high-level overview of the College's Standards and Guidelines Policy Cycle, and how the Equity Policy Development Tool (EPDT) supports equity-informed policy development and review.

Public Interest Rationale

Understanding the policy cycle strengthens the Board's ability to provide effective oversight, ensure standards remain relevant, and uphold the College's public protection mandate. The EPDT ensures equity, diversity, inclusion, belonging (EDI-B), and accessibility are embedded at every stage.

Background

The College applies the policy cycle to ensure standards and guidelines are:

- Current and evidence-informed
- Aligned with legislation and regulatory obligations
- Reviewed through equity and accessibility lens

The EPDT is a practical checklist that helps staff and committees identify potential barriers, consider accommodations, and increase transparency in decision-making.

Key elements of the presentation will include:

- Introduction to the policy cycle, from issue identification to evaluation and revision
- How the process adapts to new data, regulatory changes, and system partner input
- How the EPDT integrates equity considerations at each stage
- Examples of recent enhancements that improve responsiveness and inclusivity

Considerations

The policy cycle is iterative, adaptable, and designed to respond to:

- Emerging risks and trends
- Regulatory and legislative changes
- Feedback from registrants, the public, and system partners

Equity Impact Assessment

The EPDT:

- Flags potential barriers for equity-deserving groups early in the process
- Documents key decisions for accountability and transparency

Outcomes

Board members will:

- Understand how the policy cycle and EPDT work together to ensure equity-informed, evidence-based policy development
- Recognize their role in oversight and strategic decision-making
- Have an opportunity to ask questions and reflect on how these processes align with the College's public interest mandate

Attachments

- Appendix 1: EPDT Checklist for CDO staff

EPDT Checklist for CDO staff

This internal checklist is a tool for staff that complements the broader EPDT framework. Not every question may apply to every policy; use your judgment to prioritize based on context, complexity, and potential equity impacts. Document your rationale, decisions, and any actions taken. Treat this checklist as a living tool that can be used throughout the policy cycle—revisit it regularly as new information, data, or feedback becomes available.

1. Initial Assessment

- ☐ Have I clearly defined the policy's purpose, scope, and who it impacts?
- ☐ Have I considered whether the policy addresses or might reinforce existing inequities?
- ☐ Does the policy respond to a known equity concern (via data or system partners' feedback)?
- ☐ Have I reflected on how this aligns with CDO's public interest mandate?

2. Engage

- ☐ Have I identified equity-deserving groups or communities affected by this policy?
- ☐ Have I planned engagement methods that are culturally safe and accessible?
- ☐ Are engagement activities scheduled early enough to shape the policy?
- ☐ Am I documenting how feedback influenced the policy?
- ☐ Have I considered the need for ongoing feedback loops, not just one-time consultation?

3. Explore Data

- ☐ Have I reviewed existing data (quantitative and qualitative) related to equity impacts?
- ☐ Have I considered intersectionality (e.g., race and disability, gender and rurality)?
- ☐ Are there data gaps, and have I supplemented with external research or lived experience?
- ☐ Am I mindful of privacy, consent, and the ethical use of data?

4. Analyze Access and Barriers

- ☐ Have I identified potential barriers this policy may create or maintain?
- ☐ Are barriers justified and minimized (least restrictive means)?
- ☐ Does the policy risk violating protected human rights grounds?
- ☐ Have I identified reasonable accommodations or alternatives to reduce barriers?

5. Monitor, Measure, and Adapt

- ☐ Have I defined metrics to measure the policy's equity impact?
- ☐ Is there a plan to track outcomes (e.g., improved access, reduced complaints)?
- ☐ Have I built in a regular review cycle for this policy?
- ☐ Are we prepared to adjust the policy based on new data or feedback?

Final Checks

- ☐ Have I documented key rationale and decisions?
- ☐ Are relevant system partners informed about the policy's development and revisions?
- ☐ Have I accessed and integrated internal/external equity resources (e.g., frameworks, legal advice)?
- ☐ Am I treating this policy as a living document, open to iteration?

Board Briefing Note

Topic:	Registration Policy Revisions
Purpose:	Decision Required
Strategic Plan Relevance:	Expand Access and Reduce Barriers to Practice
From:	Registration Committee

Issue

That, in light of the changes to the [Registration section of the *Dietetics Act*](#) approved in May, the Board approve revisions to:

1. Policy 2-30: Competency Standards and Accrediting Bodies
2. Policy 4-20: Applications from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Programs
3. Policy 4-25: Applicants Currently Registered with full Accredited Practising Dietitians status with Dietitians Australia
4. Policy 6-10: Eligibility for PLAR

Public Interest Rationale

To ensure that the College's Registration policies appropriately assess entry to practice competencies, such that the CDO only registers applicants that can provide safe, ethical and competent care to the public.

Background

The registration regulations came into force on May 20th, 2025. The new regulations require applicants to have completed an accredited Canadian program in dietetics and accredited program of practical training or successfully complete the prior learning assessment. With the regulation changes, the Registration Committee is reviewing and updating a number of policies.

The Registration Committee met on August 20, 2025 and recommends that the Board approve the revisions to registration policies 2-30, 4-20, 4-25 and 6-10, to continue to recognize U.S and Australian educated applicants under specific circumstances.

Considerations

1. Policy 2-30: Competency Standards and Accrediting Bodies

In light of amendments to the registration regulations, the Board is being asked to approve revisions to Policy 2-30: Competency Standards and Accrediting Bodies (*Appendix 1*).

Under the new regulation (s. 6. (1)1)¹, the Board must approve any acceptable accrediting agencies for **Canadian** education and training. The draft policy removes the recognition of Accreditation Council for Education in Nutrition and Dietetics (ACEND) as an accepted accreditation body. US applicants will now be subject to the PLAR policy 6-10 and ACEND policy 2-40, below.

2. Policy 4-20: Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs

As part of the College's work to transition to the Canadian 2020 Integrated Competencies for Dietetic Education and Practice (ICDEP), a fulsome review between the 2020 ICDEP and ACEND's program competencies was conducted in 2023.

The assessment found:

- 1) evidence of substantial equivalence between the Canadian and U.S. entry-level competencies between the 2020 ICDEP and ACEND Future Education Model (FEM) program
- 2) a lack of evidence of substantial equivalence between the Canadian and U.S. entry-level competencies between the 2020 ICDEP and the other ACEND accredited credentials (DPD, DI, CP and FDE)

¹ <https://www.ontario.ca/laws/regulation/940593>

At the December 15, 2023², the Board approved revisions to continue to recognize ACEND accredited programs for a transition period ending August 31, 2025 (*Appendix 4*). After the transition period, only graduates from ACEND FEM programs will be recognized by the CDO. ACEND intends to have all programs accredited using the FEM competencies by 2027, however, currently only graduate programs are FEM accredited.

The amended policy 4-20 (*Appendix 3*) sets out the criteria for applicants who hold ACEND accredited credentials to be recognized under the prior learning assessment. There is also a provision on recognizing a combination of ACEND accredited credentials and Canadian accredited practical training programs.

3. Policy 4-25: Applicants Currently Registered with full Accredited Practising Dietitians status with Dietitians Australia

As part of CDO's work to transition to the 2020 Integrated Competencies for Dietetic Education and Practice (ICDEP), a comparison of the Dietitians Australia and Canadian entry-level competencies was conducted. The College's analysis demonstrated substantial equivalence between the Canadian and Australian entry-level competencies.

At the August 16, 2023, meeting, the Registration Committee approved the continued recognition of Dietitian Australia's Accredited Practising Dietitians (APD) status as equivalent to meeting the standards for entry-level practice in Canada (*Appendix 6*).

The amended policy 4-25 sets out the criteria how applicants currently registered with full APD status with Dietitians Australia for the board's approval (*Appendix 5*).

Policy 6-10: Eligibility for Prior Learning Assessment and Recognition (PLAR)

The new regulations require applicants to have completed an accredited Canadian program in dietetics and accredited program of practical training or successfully complete the prior learning assessment.

² December 15, 2023 Board meeting [materials](#) and [minutes](#)

Due to the changes to the registration regulations, in order to continue to recognize US and Australian training, the policy was amended at the June 20, 2025³ board meeting to reflect how applicants with U.S. ACEND accredited programs and applicants with full APD status with “Dietitians Australia” will be found to have successfully completed the (PLAR) process (see *Appendix 8*) for the current policy. The revised 6-10 policy (*Appendix 7*) will refer to the specific policies on how U.S dietitians (policy 4-20) and how Australian dietitians (policy 4-25) may be deemed to have completed the PLAR process.

Equity Impact Assessment

The revisions to policy 4-20, policy 4-25 and policy 6-10, will reduce barriers for certain applicants from Australia and the US. Handling all internationally educated applicants via a similar process provides equitable access to CDO registration and would not favour any one jurisdiction over another, where there is sufficient evidence that a program is equivalent to Canadian standards, balances fairness, access to registration, and CDO’s overarching mandate of public protection. The Registration Program will monitor the impact of any approved policy revisions to ensure that there are no unintended consequences for applicants, registrants and other system partners.

Recommendation

The Board approve (or approve with amendments) the revisions to *Policy 2-30: Competency Standards and Accrediting Bodies*, *Policy 4-20: Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs*, *Policy 4-25: Applicants Currently Registered with full Accredited Practising Dietitians status with Dietitians Australia* and *Policy 6-10: Prior Learning Assessment and Recognition (PLAR)*, as per attachments.

Attachments

Policy 2-30: Competency Standards and Accrediting Bodies

- **Appendix 1:** Proposed revisions to *Policy 2-30*
- **Appendix 2:** Current *Policy 2-30*

Policy 4-20: Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs

³ June 20, 2025 Board meeting [material](#) and minutes



- **Appendix 3:** Proposed revisions to *Policy 4-20*
- **Appendix 4:** Current *Policy 4-20*

Policy 4-25: Applicants Currently Registered with full Accredited Practising Dietitians status with Dietitians Australia

- **Appendix 5:** Proposed Revisions to *Policy 4-25*
- **Appendix 6:** Current *Policy 4-25*

Policy 6-10: Eligibility for Prior Learning Assessment and Recognition (PLAR)

- **Appendix 7:** Proposed Revisions to *Policy 6-10*
- **Appendix 8:** Current *Policy 6-10*



Proposed Revisions to Policy: 2-30 Competency Standards and Accrediting Bodies

Established: January 23, 1998

Reviewed: July 6, 2022

Revised¹: September XX, 2025

Policy Statement

Consistent with the [Registration Regulation](#), the competency standards recognized by the College are the [Integrated Competencies for Dietetic Education and Practice](#) (ICDEP).

For the purposes of section 6 of the Registration Regulation, the Board approves Education Quality Accreditation Canada (EQal) as the accreditation body for academic and practical training programs in Canada².

¹Revised previously: April 30, 2013, December 14, 2015, January 23, 2023, June 16, 2023, December 2023

²The College transitioned to Equal accreditation in March 31, 2024, due to the wind down of the previous accreditation body, PDEP.



Appendix 2 - CURRENT

CURRENT Policy: 2-30 Competency Standards and Accrediting Bodies

Established: January 23, 1998

Reviewed: July 6, 2022

Revised: April 30, 2013, December 14, 2015, January 23, 2023, June 16, 2023, December 15, 2023

Policy Statement

Consistent with the current [Registration Regulation](#), the competency standards recognized as “approved by the Council” (the Board) are the [Integrated Competencies for Dietetic Education and Practice](#) (ICDEP).

Council (the Board) recognizes the following accreditation bodies for academic and practical training programs in Canada:

- Education Quality Accreditation Canada (Equal)
- Partnership for Dietetic Education and Practice (PDEP), until March 31, 2024

The Board also recognizes the United States-based Accreditation Council for Education in Nutrition and Dietetics (ACEND), until August 31, 2025, where the accreditation award entitles the graduates of the program to sit the licensure examination in the United States. Following this two-year transition period, the College will only recognize ACEND accredited programs, as articulated in [Policy 4-20: Applicants from ACEND Accredited Programs](#).



Proposed Revisions to Policy: 4-20 Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs

Established: March 20, 1998

Reviewed: April 17, 2004

Revised¹: September XX, 2025

Policy Statement

This policy provides a pathway to registration for applicants who have completed specified training in the U.S. Applicants who don't meet the criteria will be required to successfully complete the PLAR assessments.

Completion of Education and Training in the U.S.

Applicants with the following academic and practical training, and who hold current RD licensure to practice through the U.S. Commission on Dietetic Registration (CDR), will be deemed to have successfully completed the prior learning assessment and recognition (PLAR)².

A. For degrees obtained before August 31, 2025:

- 1) ACEND accredited dietetics degree **and** ACEND accredited dietetic internship; **or**
- 2) ACEND accredited coordinated dietetics degree; **or**
- 3) ACEND accredited dietetics bachelor's degree **and** ACEND Future Education Model graduate program

B. For degrees obtained after August 31, 2025:

- 1) ACEND accredited dietetics bachelor's degree **and** ACEND Future Education Model graduate program³

¹ June 10, 2000, October 26, 2012, April 30, 2013, June 1, 2018, October 7, 2019, November 23, 2020, March 22, 2021, April 5, 2023, December 15, 2023

² As per section 6(1)2 of the [Registration Regulations](#)

³ Programs accredited under the Future Education Model are considered comparable to the 2020 ICDEPs



Combined Canadian and U.S. Education and Training

Applicants with the following combinations of U.S. academic training, coupled with Canadian practical training completed in the three years preceding the application, will be deemed to have successfully completed the (PLAR):

- 1) ACEND accredited dietetics degree **and** Canadian accredited practical training; or
- 2) Canadian accredited dietetics degree **and** ACEND accredited dietetic internship completed prior to August 31, 2025; or
- 3) Canadian accredited dietetics degree **and** ACEND accredited Future Education Model graduate program



CURRENT Policy: 4-20 Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs

Established: March 20, 1998

Reviewed: April 17, 2004

Revised: June 10, 2000, October 26, 2012, April 30, 2013, June 1, 2018, October 7, 2019, November 23, 2020, March 22, 2021, April 5, 2023, December 15, 2023

Policy Statement

As per Policy 2-30: Competency Standards and Accrediting Bodies, until August 31, 2025, the College recognizes programs accredited by the United States-based Accreditation Council for Education in Nutrition and Dietetics (ACEND*), as equivalent to programs in Canada, where the accreditation award entitles the graduates of the ACEND programs to sit the licensure examination in the United States (US).

Until August 31, 2025, the Registrar (or designate) shall make the decision regarding eligibility to write the Canadian Dietetic Registration Exam (CDRE) and for Temporary Registration of applicants from the following ACEND accredited dietetics academic and/or practical training programs:

- Mainland US;
- Puerto Rico; and
- International Dietetics Education (IDE) programs.

Beyond August 31, 2025, only the ACEND Future Education Model Program will be recognized as equivalent to a program in Canada. Applicants from other ACEND accredited programs will be required to undergo a College equivalence assessment.

If an applicant completed their ACEND accredited academic and/or practicum programs on or before August 31, 2025, the applicant will be deemed to meet the College's current academic and practical training requirements.



The Registrar will refer an applicant to the Registration Committee according to the provisions in the Health Professions Procedural Code, being Schedule 2 to the [Regulated Health Professions Act, 1991](#), if reasonable doubt exists as to any of the applicant's qualifications.

Applicants who did not complete a College-recognized ACEND accredited academic program but gained registration with the Commission on Dietetic Registration (CDR) via a reciprocity route (except Canadian trained) will be referred to the Registration Committee for a credential assessment or required to undergo the [Prior Learning Assessment and Recognition \(PLAR\) process](#), subject to Policy 2-10: Assessing Academic & Practical Training Requirements.

*Formerly the Commission on Accreditation for Dietetics Education.

Procedure

In addition to completing the application form, the applicant must ordinarily arrange for the College to receive (as applicable):**

1. Proof of current registration and a *Verification of Registration Form* from the Commission on Dietetic Registration;
2. Certification of Standing and a *Verification of Registration Form* from the state licensing body;
3. *Verification of Registration Form* from an international regulatory body;
4. Official university transcript(s);
5. Verification statement of successful completion of academic and/or practical training accredited by ACEND; and
6. If the applicant's education and training was completed more than three (3) years prior to their application, the applicant must demonstrate currency as per Policy 3-30: Assessing Currency for Applicants, and documentation as per Policy 3-10: Verification of Dietetic Practice.

**** Items 1-6 must be sent directly to the College from the institution either by mail or through secure electronic means.**



Proposed Revisions to Policy: 4-25 Recognition of “Dietitians Australia” Accredited Practising Dietitians

Established: April 3, 2024

Reviewed:

Revised: September XX, 2025

Policy Statement

This policy provides a pathway to registration for applicants who are currently registered with Dietitians Australia and hold full Accredited Practising Dietitians (APDs) status. Applicants who don't meet the criteria will be required to successfully complete the PLAR assessments.

Applicants who are currently registered with Dietitians Australia and hold full Accredited Practising Dietitians (APDs) status, are deemed to have successfully completed the College's prior learning assessment and recognition (PLAR) process¹.

¹ As per paragraph 6(1)2 of the [Registration Regulation](#).



CURRENT Policy: 4-25 Recognition of “Dietitians Australia” Accredited Practising Dietitians

Established: April 3, 2024

Reviewed:

Revised:

Policy Statement

The College of Dietitians of Ontario recognizes applicants currently registered with Dietitians Australia who have full Accredited Practising Dietitians (APDs) status. The Registrar (or designate) shall make the decision regarding eligibility to write the Canadian Dietetic Registration Exam (CDRE) and, upon request, for a Temporary Certificate of Registration, without additional equivalency assessment of the applicant’s academic and practical training.

Applicants from Australia that do not have APD status will be required to undergo a College equivalence assessment ([Prior Learning Assessment and Recognition \(PLAR\) process](#)). The Registrar will refer an applicant to the Registration Committee according to the provisions in the Health Professions Procedural Code, being Schedule 2 to the [Regulated Health Professions Act, 1991](#), if reasonable doubt exists as to any of the applicant’s qualifications.

Procedure

The applicant must submit and arrange* for the College to receive (as applicable) the following documentation:

1. Completed application form and supporting documentation.
2. Completed *Attestation Form for Reading Resources*.
3. Proof of current/prior APD status from Dietitians Australia,
4. Verification statement of successful completion of academic and/or practical training accredited from Dietitians Australia,
5. Official university transcript(s) for all completed post-secondary degrees – may come directly from Dietitians Australia (as applicable),



6. *Verification of Registration Form* from any other dietetic or professional regulatory body, and
7. If the applicant's APD status was obtained more than three (3) years prior to the date of application to the College, the applicant must demonstrate currency as per Policy 3-30: Assessing Currency for Applicants, and provide documentation as per Policy 3-10: Verification of Dietetic Practice.

*Documentation from Dietitians Australia, academic/practical training institutions, other dietetic/professional regulatory bodies, and/or employers must be sent by the institutions directly to the College at: registration@collegeofdietitians.org

Jurisprudence Knowledge and Assessment Tool (JKAT)

All APD applicants must successfully complete the [College's JKAT](#), prior to being issued a certificate of registration to practise dietetics in Ontario. The College will provide applicants with instructions to complete the JKAT, once eligible.



Proposed Revisions to Policy: 6-10 Prior Learning Assessment and Recognition (PLAR)

Established: September 2015

Reviewed:

Revised¹: September XX, 2025

Policy Statement

The Prior Learning Assessment and Recognition (PLAR) process is designed to assess whether internationally educated individuals (or individuals who graduated from unaccredited Canadian programs) possess the knowledge, skills, and competence to meet the College of Dietitians of Ontario's (CDO) current minimum entry to practice standards in order to practice dietetics safely.

The CDO PLAR process is not designed as a “challenge” process, where a person with no formal dietetic education could self-study and complete the assessment(s) to demonstrate that they have the required knowledge and skills.

The PLAR Process contains the following two main components:

Step 1: Knowledge and Competency Assessment Tool (KCAT): The KCAT assesses a candidate's knowledge based on the foundational knowledge and academic performance indicators in the national dietetic competencies.

Step 2: Performance Based-Assessment (PBA): The PBA, which includes completion of the Dietitians of Canada Critical Care Nutrition course (CCCN), assesses the competence of internationally educated candidates based on the practicum-related performance indicators in the national competencies.

¹Revised previously: May 2016, August 26, 2016, January 2017, March 17, 2017, October 23, 2017, November 9, 2018, March 8, 2019, May 6, 2019; October 7, 2019, March 16, 2020, November 23, 2020, January 25, 2021, April 16, 2021, May 17, 2021, August 24, 2021, April 4, 2022, November 28, 2022, May 29, 2023, April 3, 2024, May 29, 2024, June 20, 2025



Eligibility for KCAT

To be eligible to attempt the KCAT, a candidate must demonstrate completion of:

1. Language Proficiency:

- All PLAR candidates must demonstrate sufficient English or French language proficiency, in compliance with *Policy 4-50 Language Proficiency*.

2. Dietetic Academic Training:

- A Bachelor degree reasonably related to dietetics, with completed courses in nutrition care, population health promotion, and food provision; or
- A Bachelor degree in sciences, followed by a completed university-level program of at least two years in duration reasonably related to dietetics, with completed courses in nutrition care, population health promotion, and food provision.

KCAT Results and Outcomes

Candidate KCAT results are scored and a rating is given between Levels 1 - 3, which will determine next steps in the PLAR process. Candidates must receive a Level 1 (or 2 with additional requirements) to be eligible to complete the PBA. Candidates may write the KCAT a maximum of three times. If a candidate fails to successfully write the KCAT within three attempts, they are deemed to have not successfully completed the PLAR and are not eligible for registration.

- Level 1 KCAT Result:** The candidate has demonstrated sufficient knowledge and competence to move to the next step in the PLAR process. Following a Level 1 result, the candidate may complete:
 - a. the Performance-Based Assessment (PBA); or
 - b. a Canadian accredited dietetics practicum program instead of the PBA.
- Level 2 KCAT Result:** The candidate has demonstrated partial knowledge and competence but gaps are identified in their knowledge and competence compared to Canadian national standards. Following a Level 2 result, the candidate may:
 - a. Re-write the KCAT until they receive a Level 1 result (up to a maximum of three attempts); or
 - b. Successfully complete a CDO-approved bridging/additional academic training program to address their knowledge and competence gaps.



3. **Level 3 KCAT Result:** The candidate did not demonstrate sufficient knowledge and competence. Following a Level 3 result, the candidate may:
 - a. Re-write the KCAT until they receive a Level 1 or 2 result (up to a maximum of three attempts); or
 - b. Complete a Canadian accredited degree in dietetics and a Canadian accredited practical training program.

PBA Eligibility

To be eligible to attempt the PBA, a candidate must have demonstrated:

1. (a) Completion of practical training in dietetics that was part of a program that led to a degree reasonably related to dietetics or nutrition OR completion of the required education and training that qualified them to practise dietetics or be officially recognized as a dietitian in a jurisdiction outside of Canada;

AND

(b) A Level 1 KCAT result within the three years preceding the date of the PBA administration that they attempt, or a Level 2 KCAT result and successful completion of a CDO-approved bridging/additional academic training program to address their knowledge and competence gaps.

PBA Results and Outcomes

A candidate may attempt the PBA a maximum of three times, provided they continue to meet the eligibility requirements. Candidate results are scored as either successful or unsuccessful, which will determine the next steps.

- **Successful PBA Result:** If the candidate obtained a successful PBA result and completed the (CCCN²), the candidate has demonstrated sufficient practicum-related performance indicators in the national competencies to move to the next step in the PLAR process.

² Critical Care Nutrition course offered by Dietitians Canada: <https://www.dietitians.ca/Learn/Online-Courses?Page=1>



- **Unsuccessful PBA Result:** The candidate has not demonstrated sufficient practicum-related competencies. Following an unsuccessful result, the candidate may:
 - a. Re-attempt the PBA (up to a maximum of three attempts); or
 - b. Complete a Canadian accredited practicum program.

Successful completion of the PLAR

A candidate will be found to have successfully completed the PLAR process if they have completed one of the following pathways:

1. A level 1 KCAT result and passed the PBA including completion of the CCCN course;
2. A level 1 KCAT result, followed by successful completion of a Canadian accredited practical practicum program;
3. A level 2 KCAT result, followed by successful completion of a CDO-approved bridging/additional academic training program, and a Canadian accredited practical practicum program;
4. A level 2 KCAT result, followed by successful completion of a CDO-approved bridging/additional academic training program and passed the PBA including completion of the CCCN;
5. In compliance with *policy 4-20 Applicants from Accreditation Council for Education in Nutrition and Dietetics (ACEND) Accredited Programs*; or
6. In compliance with *policy 4-25: Applicants Currently Registered with full Accredited Practising Dietitians status with Dietitians Australia*.

Canadian Dietetic Registration Exam (CDRE)

A candidate who successfully completes the PLAR process is eligible to write the Canadian Dietetic Registration Examination (CDRE). Successful completion of the CDRE is a non-exemptible registration requirement. The candidate may apply for a Temporary Certificate of Registration while waiting to write or receive the results of the CDRE.



Appendix 8 – CURRENT

CURRENT Policy: 6-10 Prior Learning Assessment and Recognition (PLAR)

Established: September 2015

Reviewed:

Revised¹: June 20, 2025

Policy Statement

The Prior Learning Assessment and Recognition (PLAR) process is designed to assess whether internationally educated individuals (or individuals who graduated from unaccredited Canadian programs) possess the knowledge, skills, and competence to meet the College of Dietitians of Ontario's (CDO) current minimum entry to practice standards in order to practice dietetics safely.

The CDO PLAR process is not designed as a “challenge” process, where a person with no formal dietetic education could self-study and complete the assessment(s) to demonstrate that they have the required knowledge and skills.

The PLAR Process contains the following two main components:

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Step 2: Performance Based-Assessment (PBA): The PBA, which includes completion of the Dietitians of Canada Critical Care Nutrition course (CCCN), assesses the competence of internationally educated candidates based on the practicum-related performance indicators in the national competencies.

¹Revised previously: May 2016, August 26, 2016, January 2017, March 17, 2017, October 23, 2017, November 9, 2018, March 8, 2019, May 6, 2019; October 7, 2019, March 16, 2020, November 23, 2020, January 25, 2021, April 16, 2021, May 17, 2021, August 24, 2021, April 4, 2022, November 28, 2022, May 29, 2023, April 3, 2024, May 29, 2024



Eligibility for KCAT

To be eligible to attempt the KCAT, a candidate must demonstrate completion of:

1. Language Proficiency:

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2. Dietetic Academic Training:

- A Bachelor degree reasonably related to dietetics, with completed courses in nutrition care, population health promotion, and food provision; or
- A Bachelor degree in sciences, followed by a completed university-level program of at least two years in duration reasonably related to dietetics, with completed courses in nutrition care, population health promotion, and food provision.

KCAT Results and Outcomes

Candidate KCAT results are scored and a rating is given between Levels 1 - 3, which will determine next steps in the PLAR process. Candidates must receive a Level 1 (or 2 with additional requirements) to be eligible to complete the PBA. Candidates may write the KCAT a maximum of three times. If a candidate fails to successfully write the KCAT within three attempts, they are deemed to have not successfully completed the PLAR and are not eligible for registration.

1. **Level 1 KCAT Result:** The candidate has demonstrated sufficient knowledge and competence to move to the next step in the PLAR process. Following a Level 1 result, the candidate may complete:
 - a. the Performance-Based Assessment (PBA); or
 - b. a Canadian accredited dietetics practicum program instead of the PBA.
2. **Level 2 KCAT Result:** The candidate has demonstrated partial knowledge and competence but gaps are identified in their knowledge and competence compared to Canadian national standards. Following a Level 2 result, the candidate may:
 - a. Re-write the KCAT until they receive a Level 1 result (up to a maximum of three attempts); or



- b. Successfully complete a CDO-approved bridging/additional academic training program to address their knowledge and competence gaps.
3. **Level 3 KCAT Result:** The candidate did not demonstrate sufficient knowledge and competence. Following a Level 3 result, the candidate may:
 - a. Re-write the KCAT until they receive a Level 1 or 2 result (up to a maximum of three attempts); or
 - b. Complete a Canadian accredited degree in dietetics and a Canadian accredited practical training program.

PBA Eligibility

To be eligible to attempt the PBA, a candidate must have demonstrated:

1. (a) Completion of practical training in dietetics that was part of a program that led to a degree reasonably related to dietetics or nutrition OR completion of the required education and training that qualified them to practise dietetics or be officially recognized as a dietitian in a jurisdiction outside of Canada;

AND

- (b) A Level 1 KCAT result within the three years preceding the date of the PBA administration that they attempt, or a Level 2 KCAT result and successful completion of a CDO-approved bridging/additional academic training program to address their knowledge and competence gaps.

PBA Results and Outcomes

A candidate may attempt the PBA a maximum of three times, provided they continue to meet the eligibility requirements. Candidate results are scored as either successful or unsuccessful, which will determine the next steps.



- **Successful PBA Result:** If the candidate obtained a successful PBA result and completed the (CCCN²), the candidate has demonstrated sufficient practicum-related performance indicators in the national competencies to move to the next step in the PLAR process.
- **Unsuccessful PBA Result:** The candidate has not demonstrated sufficient practicum-related competencies. Following an unsuccessful result, the candidate may:
 - a. Re-attempt the PBA (up to a maximum of three attempts); or
 - b. Complete a Canadian accredited practicum program.

Successful completion of the PLAR

A candidate will be found to have successfully completed the PLAR process if they have completed one of the following pathways:

1. A level 1 KCAT result and passed the PBA including completion of the CCCN course;
2. A level 1 KCAT result, followed by successful completion of a Canadian accredited practical practicum program;
3. A level 2 KCAT result, followed by successful completion of a CDO-approved bridging/additional academic training program, and a Canadian accredited practical practicum program;
4. A level 2 KCAT result, followed by successful completion of a CDO-approved bridging/additional academic training program and passed the PBA including completion of the CCCN;
5. Possesses a recognized U.S. accredited dietetics degree pursuant to *policy 4-20* and passed the PBA, including completion of the CCCN;
6. Demonstrate proof of full credentialing with RD status with the Commission on Dietetic Registration (CDR); or
7. Demonstrate proof of full accredited Practising Dietitians (APD) status with “Dietitians Australia” pursuant to *policy 4-25*.

² Critical Care Nutrition course offered by Dietitians Canada: <https://www.dietitians.ca/Learn/Online-Courses?Page=1>



Canadian Dietetic Registration Exam (CDRE)

A candidate who successfully completes the PLAR process is eligible to write the Canadian Dietetic Registration Examination (CDRE). Successful completion of the CDRE is a non-exemptible registration requirement. The candidate may apply for a Temporary Certificate of Registration while waiting to write or receive the results of the CDRE.

Board Briefing Note

Topic:	Governance Review
Purpose:	For Information
Strategic Plan Relevance:	Enhance Trust and Demonstrate Regulatory Value
From:	Melanie Woodbeck, Registrar & Executive Director Lisa Dalicandro, Director of Governance and Regulatory Policy

Issue

Update on the 2025 third-party governance review, as set out in the board's policy and the College Performance Measurement Framework (CPMF).

Public Interest Rationale

Good governance practices lead to better decision-making and provide assurance to the public and system partners that CDO is operating in a fair, transparent and accountable manner. A targeted governance review will provide an objective evaluation of CDO's governance practices and identify ways to further enhance CDO's effectiveness at achieving its public interest mandate.

Background

The College Performance Measurement Framework (CPMF) requires colleges to engage in a third-party governance review every three years. The scope of the governance review is determined by the colleges based on their needs.

In 2022, CDO engaged with a third-party consultant, a recognized expert in modern board governance, to conduct a review of its governance practices. The governance review provided CDO with a set of recommendations for governance modernization, which were presented to the Board in June 2022, along with a comprehensive training session.

In 2022, the Board's [evaluation and education policy](#) was updated to include the requirement for a third-party consultant to evaluate the Board's governance every three years.

At its February 24 meeting, the Governance Committee considered options for the scope of the governance review. The Committee agreed that evaluating the effectiveness of CDO's ability to meet its public interest mandate would be a reasonable scope for the review. Acknowledging the Executive Committee's involvement in reviewing board and committee meeting evaluations since the last review was conducted, the Governance Committee requested feedback from the Executive Committee on the scope of the review prior to being presented to the Board.

At its March meeting, the Board was updated on the scope of the 2025 governance review.

In August, CDO retained Brian O'Riordan and Maia MacNiven (*Appendix 1*) of TBG MacNiven to undertake the governance review.

Considerations

The governance review will be overseen by the Governance Committee and will require participation from all board members. A final report with findings and recommendations will be presented to the Board at its November meeting.

Brian and Maia will observe the September board meeting as part of their assessment of the board's governance activities and will provide the Board with a brief overview of the project plan (*Appendix 2*).

Next Steps

In September, individual interviews will be scheduled with board members to provide Brian and Maia with input and perspectives regarding CDO's governance framework. Interviews will take place virtually and comments will be confidential and anonymous.

Attachments

- Appendix 1: TBG MacNiven Biographies
- Appendix 2: Governance Review Slides



OVERVIEW & TEAM BIOGRAPHIES

AUGUST 2025

ABOUT US

TBG MacNiven is a partnership between TBG Strategic Services and MC MacNiven Consulting. The partnership was formed in 2012. The firms' areas of focus and expertise include organizational governance, strategic planning, strategy development, policy analysis, and support for start-ups (government funded and NFP). We have expertise in the following areas: health policy, regulatory policy, regulated health professions, health data policy, and high performing computing.

TBG MacNiven provides a range of services to support boards of directors of not-for-profit organizations and the clientele which they serve.

Services provided to clients in the governance area include work in the following areas:

- Strategic advice to Boards and Board Chairs
- Third party governance reviews -- including review and development of governance and membership models; creation of corporate structures and frameworks (i.e. Ontario or Canadian not-for-profit, charitable status); committee structure and board size and composition
- Board self-assessment frameworks including recommendations regarding leading practices, consideration of board size and composition, development of competency matrices, self-assessment surveys, related policies, implementation and coaching
- Governance manuals and core governance policies, committee mandates and workplans
- Policies, procedures and standards of practice documents, including work on development and review of scope of practice submissions to Government

Client satisfaction is high and TBG MacNiven is often sought out for subsequent assignments. TBG MacNiven is qualified as a Vendor of Record with the Ontario government for General Consultant, Organizational Transformational Consultant and Strategic Advisor.

CDO GOVERNANCE REVIEW TEAM

The consultants for the CDO external review are Maia MacNiven and Brian O'Riordan.

Maia MacNiven, President of MC MacNiven Consulting, specializes in governance, strategy development, policy analysis, and professional report writing services. She has been serving clients for over 20 years.

TBG MacNiven is now partnering with **Brian O'Riordan**. Brian recently completed 15 years as CEO of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and brings extensive experience in the regulatory world to the TBG MacNiven team.

BIOGRAPHIES

BRIAN O'RIORDAN

Brian has assisted many organizations in developing strong and relevant Vision and Mission Statements, sound governance principles and approaches and effective and meaningful Strategic Plans. His skills and abilities have been honed by his lengthy career as a CEO in health regulation and as a political strategist, government relations consultant and media expert. He has led many strategic plan processes for both advocacy and regulatory bodies over the course of his career.

Brian recently completed fifteen years as CEO of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO). As well, for four years he was Vice-Chair of the Health Profession Regulators of Ontario (HPRO). He has also chaired national organizations focused on improving interprofessional labour mobility across Canada. He has held senior positions in the university and hospital association sectors. He was a Chief of Staff and political advisor for several provincial ministers, including Finance, Labour and Citizenship. He is also an accomplished writer and presenter, including authoring two books and many magazine articles. He has twice served as a Senior Transition Manager for two incoming provincial governments, responsible for creating and staffing over a half-dozen ministerial executive offices.

Brian has extensive experience serving on, and chairing boards and committees at the University of Toronto, the Metro Toronto Reference Library, the Kidney Foundation of Canada and the Hospital for Sick Children Foundation.

MAIA MACNIVEN

Maia MacNiven has been president of MC MacNiven Consulting since she founded the company in 1998. She is an accomplished policy advisor, analyst and report writer. Maia brings a valuable combination of senior executive government relations experience in the financial services industry and public sector policy-related experience in government to her work. She is experienced in leading consulting teams to deliver results within tight timelines. She has many repeat clients.

Most recently Maia was involved in the successful start-up of Health Workforce Canada (HWC). The TBG MacNiven team was retained by the Canadian Institute for Health Information (CIHI) to lead the start-up. Maia also recently assisted Compute Ontario with the preparation of their funding renewal submission.

Other recent projects include assisting CommunitiCare Health by developing a consolidated governance manual and operational policies for the organization and development and implementation of a governance self-assessment framework for the Council of the College of Audiologists and Speech-Language Pathologists of Ontario. Maia and the TBG MacNiven team developed a research use case prepared for Compute Ontario and submitted to the Ministry of Health to assist the Ministry to develop a data driven and digitally interconnected health system in Ontario.

Maia also developed a report for the University of Waterloo Health Initiatives Task Force considering opportunities in the areas of health and health technology. Maia's policy development work has included development of governance policies for the Digital Research Alliance of Canada and for Vector Institute. She has developed standards of practice documents for the College of Registered Psychotherapists of Ontario and for the Ontario Association of Osteopathic Manual Practitioners. She was part of a broader OptimusSBR consulting team reviewing the Ontario Provincial Chief Nursing Office and participated in a review of professional practice (nursing) at Ontario Shores Centre for Mental Health Sciences.

Through the Institute of Public Administration of Canada, Maia was project manager for a three-year health transformation project which focused on the development of balanced governance scorecards, strategy maps and accountability agreements. She was one of four authors of the project's main publication *From Innovation to Transformation: Moving up the Curve in Ontario Healthcare*, McGill-Queen's University Press, 2011.

Earlier in her consulting career, Maia was the lead writer for key reports prepared by the Health Professions Regulatory Advisory Council (HPRAC), including *Critical Links, Transforming and Supporting Patient Care, 2009* and *New Directions, Regulation of Health Professions in Ontario, 2006*. She was a policy advisor to the Hon. Elinor Caplan during the demerger of Sunnybrook and Women's College hospitals and the writer for the final report of the Review of the Procurement Process for Home Care in Ontario, *Realizing the Potential of Homecare, 2005*.

Before starting her consulting career, Maia gained experience in public policy and government relations within the financial services area as Assistant Vice President, Government & Industry Relations, National Trust Company, now part of Scotiabank. Prior to this, Maia worked as a Senior Policy Advisor and Economist within the Ontario government, for the Ministries of Finance and Economic Development. She was a member of the Province's Investor Relations Team for the Ontario Financing Authority.

Maia holds a Master of Arts degree in Economics and an Honours Bachelor of Arts in Economics, both from the University of Toronto. She has served as a Director of VON, Toronto-York Branch and as a Director of Opera in Concert. Maia is a Certified Management Consultant (CMC), and she has completed the ICD NFP Governance Essentials Program. She has recently joined the Strategic Planning Committee at Surrey Place.

College of Dietitians of Ontario (CDO) Board Meeting

External Governance Review TBG MacNiven

September 5, 2025

Why Undertake a Governance Review?

- An external review of the College's governance framework is required every three years to meet expectations set out in the College Performance Measurement Framework (CPMF).
- External governance reviews provide health regulatory boards with the opportunity to gauge how effectively they are meeting their primary mandate to serve the public interest.
- This review will highlight strengths and areas of leadership and point out areas where improvement can be made.
- It will allow CDO to build on its success in governance modernization and allow it to continue as a leader in governance excellence.

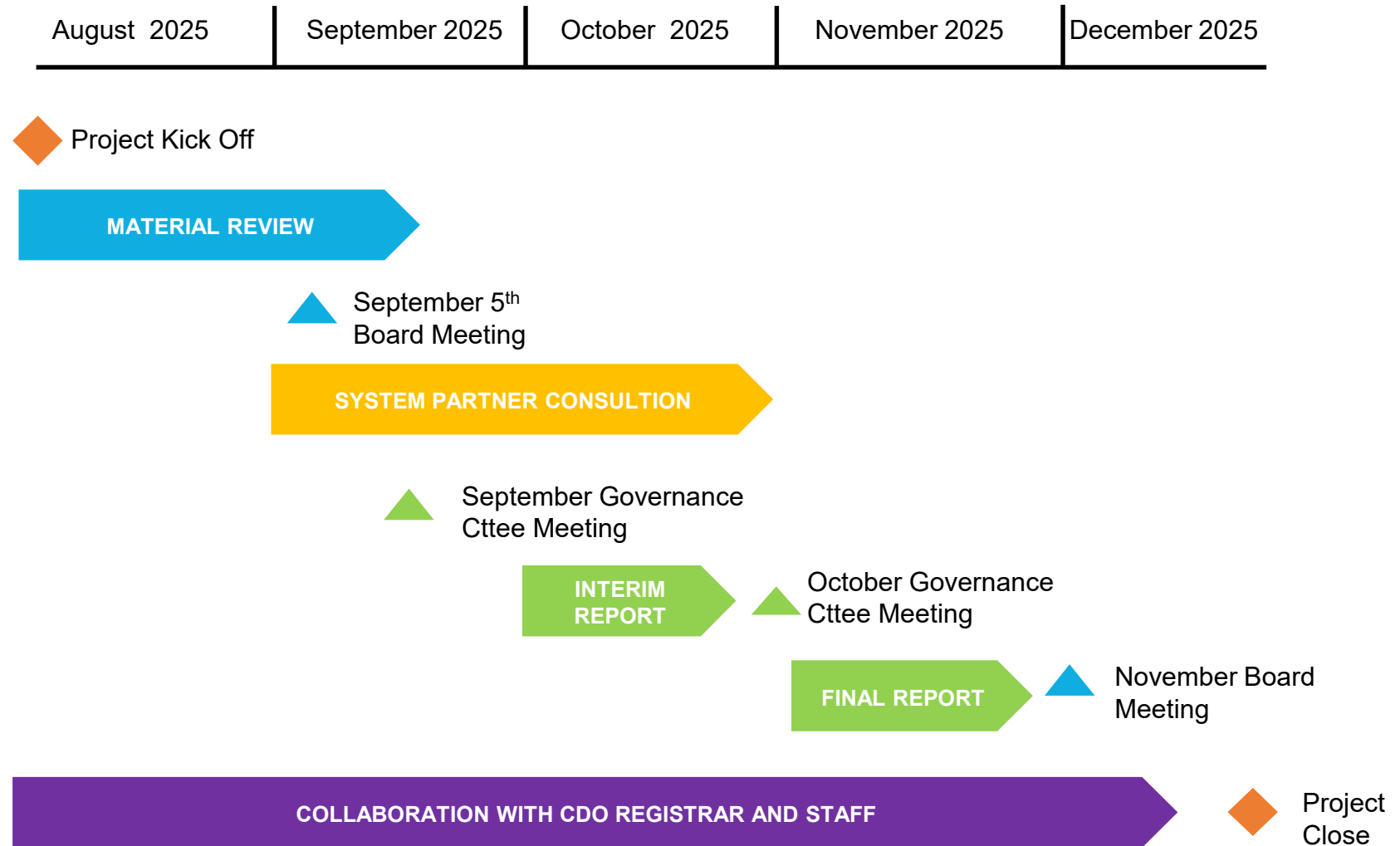
Our Approach

- Consultative and collaborate approach informed by Board, senior staff, system partner and Committee member input
- Best practice lens applied – drawing on both Canadian and international regulatory best practices, including the Professional Standards Authority (UK)

Key components

- Key components of the review:
 - Review of key documents including by-laws, governance manual, policies, strategic plan, Board and Committee meeting materials and minutes, prior reviews and consultations
 - Observation of Board meeting September 5, 2025
 - Involvement of Governance Committee including input into interim report (meetings September and October)
 - System partner consultations including interviews with Registrar and senior staff, individual interviews with all Board members and selected Committee members, and seeking input from external stakeholders
 - Preparation of draft and final reports
 - Final report will be reviewed by the Board November 27 – 28 2025

Project timelines



Board Member Engagement

- Next Steps for Board Members – scheduling of interviews
- Participation in individual interviews to give your perspective on how the Board is functioning – to be conducted over Zoom, with comments kept anonymous and confidential
- Review of final report in November

About TBG MacNiven

- Formed in 2012, TBG MacNiven's areas of expertise include organizational governance, strategic planning, policy analysis, and support for start-ups.
- We have expertise in the following areas: healthcare policy, regulatory frameworks, regulated health professions, health data policy, and high performing computing.
- Services provided to clients in the governance area include work in the following areas:
 - Strategic advice to Boards and Board Chairs
 - Third party governance reviews
 - Creation and implementation of board self-assessment frameworks
 - Creation of governance manuals and core governance policies
 - Development of relevant policies, procedures and standards of practice documents
- The consultants for the CDO external review are **Maia MacNiven** and **Brian O'Riordan**.
- Maia MacNiven, specializes in governance, strategy development, policy analysis, and professional report writing services. She has been serving clients for over 20 years.
- TBG MacNiven is now partnering with Brian O'Riordan. Brian recently completed 15 years as CEO of the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) and brings extensive experience in the regulatory world to the TBG MacNiven team.



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?

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 August 22, 2025

Meeting Date	Agenda Item	Action	Status	Notes
June 19	6. Investment manager identification	Notify parties of the decision	Complete	
		Execute transition	Complete	
	14. Executive Committee election	Announce Executive Committee Elections on social media and website	Complete	
June 20	4. 2025-2026 KPIs	Include KPI dashboard in future management reports	In progress	Will be included in future management reports as progress is made on KPIs
	8. Professional billing standard	Consultation with Registrants and Citizen Advisory Group	Complete	Broad system partner consultation from June 24 – July 24 A survey with the CAG was conducted
	9. Reduction in term limits	Post term limit changes to bylaw 1 in English and French on the website	In progress	Bylaw 1 (EN version) updated on website. Bylaw 1 (FR version) will be translated in Q4.
	10. Code of conduct and email policy	Update code of conduct policy in governance manual	Complete	Updated on June 23 and posted on website



	12. Health Professions Discipline Tribunal	Conduct a cost analysis for consideration by the Board	Complete	To be considered at the September 5 meeting.
	13. Updates to the PLAR policy	Communicate changes to PLAR policy	Complete	The website has been updated to remove the JKAT from the PLAR page

CDO Acronym List

General Acronyms

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

Health Regulatory Colleges

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

Universities

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

Practicum Programs

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

Canadian Dietetic Regulators

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



2025 – 2029

STRATEGIC PLAN

Mission, Vision & Values

Our Mission

Regulate Ontario dietitians for public protection.

Our Vision

A healthier Ontario through excellence in dietetic regulation.

Our Values

Integrity: Being ethical and honest

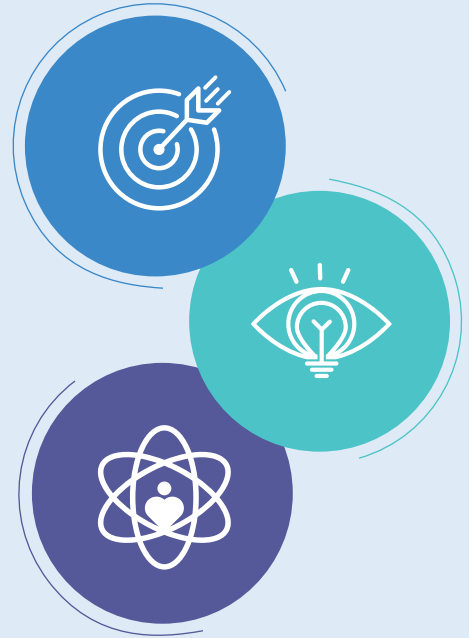
Collaboration: Working together for public protection

Accountability: Being responsible for our actions and decisions

Transparency: Communicating openly and clearly

Innovation: Seeking and embracing newer thinking

EDI-B: Recognizing and valuing all



Strategic Goals

Enhance Trust and Demonstrate Regulatory Value

We uphold high regulatory standards that ensure the College's impact on public safety.

Expand Access and Reduce Barriers to Practice

We support an accessible pathway for dietitians to enter and grow within the profession.

Promote Quality Care and Professionalism

We enable RDs in the delivery of high quality care through right-touch standards and resources.

Operational Enablers



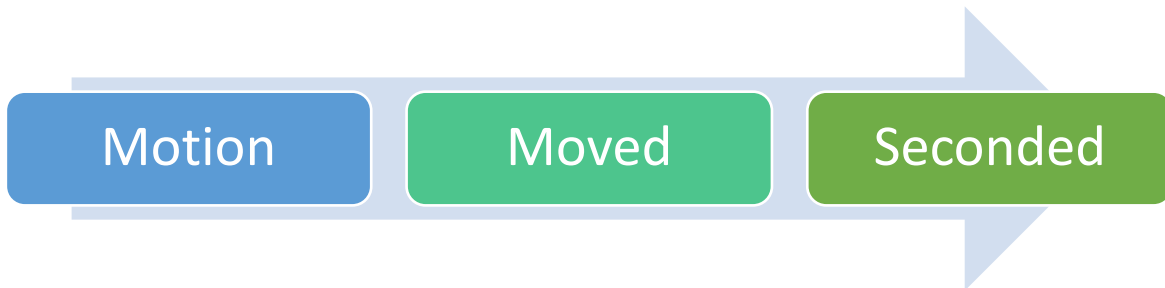
Optimize Technology



Extend External Collaboration

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.