College of Dietitians of Ontario

2022 College Performance Measurement Framework (CPMF) Report
Submitted by the College of Dietitians of Ontario
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Introduction

The College Performance Measurement Framework (CPMF)

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

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

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

Table 1: CPMF Measurement Domains and Components

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

CPMF Model

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

Figure 1: CPMF Model for Measuring Regulatory Excellence

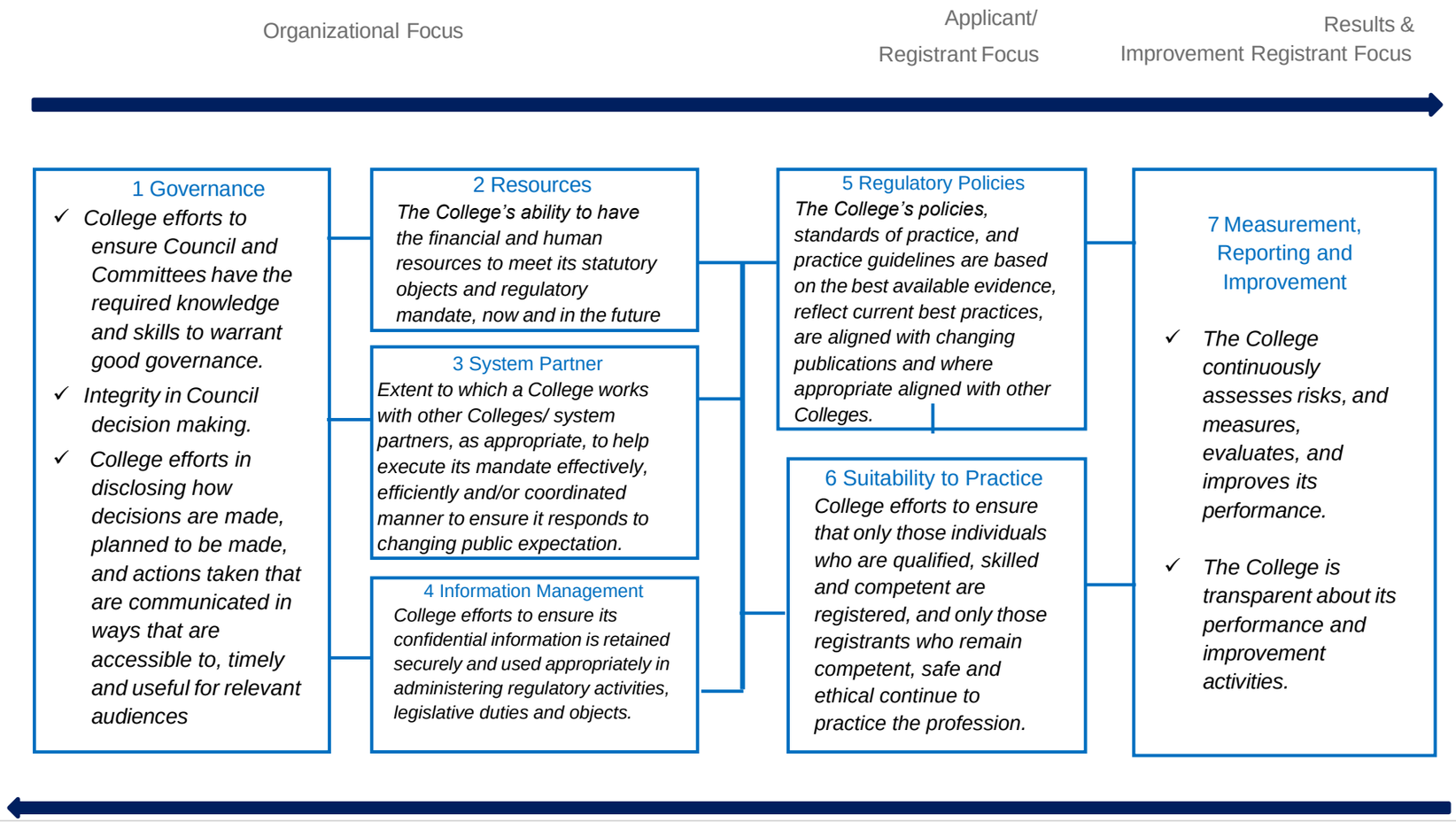

Figure 2: CPMF Domains and Standards

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

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

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

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

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

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

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

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

What has changed in 2022?

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

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with 'Met in 2021 and Continues to Meet in 2022'. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

	Measure: **1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.**	
DOMAIN 1: GOVERNANCE	STANDARD 1	
	Required Evidence	**College Response**
	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: No • The competency and suitability criteria are public: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* CDO has eligibility/suitability criteria for professional members to the Board of Directors (the Board) (see 3.10 of *By-law 1 General*). Elected Board directors must meet these criteria to stand for election or be considered for Committee appointment. These consider specific registrant criteria that would disqualify the professional member from seeking election, and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based. *If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.* As part of the 2020 - 2025 Strategic Plan, CDO is working towards modernizing its governance practices, including the development and adoption of competency-based criteria for Board director election. In December 2022, CDO's Board approved a Competency and Attribute Framework for Board directors, in principle. The framework is intended to serve as an eligibility criterion for both new and returning directors. It will serve as a tool to assist in identifying the candidates who can bring the desired skills, knowledge, experience, and background. The framework will be used to develop a Board profile ahead of the election cycle, which will inventory the competencies and attributes that currently exist on the Board and identify the gaps that could be filled by new directors. In March 2023, the Board considered amendments to by-law 1. Included in the amendments is the eligibility requirement for electoral

			candidates to meet the competencies and attributes approved by the Board. The amended by-law 1 will be circulated to registrants in accordance with the RHPA's requirements. In June 2023, the draft amended by-law 1 and the consultation feedback will be provided to the Board for consideration and approval. If approved, the Competency and Attribute Framework will be incorporated into the 2024 election cycle. The approved Competency and Attribute Framework is being used in the 2023 election cycle as a way of providing prospective candidates with suggested knowledge, skills, experience, and individual qualities for Board directors. However, CDO is not requiring candidates to have specific competencies or attributes and the framework will not be used to assess electoral candidates in 2023.

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		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	No
			• Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. In 2020, a new eligibility criterion was added to CDO's bylaws to include a requirement for elected-member candidates to successfully complete the College's current training program relating to the duties, obligations, and expectations of Board directors. (Refer to 3.10(u) of the *By-law 1 General*). In 2022, CDO delivered a voluntary information session for RDs interested in running for election. This information session, hosted by the Registrar, reviewed Board directors' duties, obligations, and expectations and CDO's mandate. All new Board directors attend a comprehensive training program before attending their first Board meeting. The training is a full day session and includes education on: relevant legislation including the *Regulated Health Professions Act, 1991* and the *Dietetics Act, 1991,* the public protection mandate of CDO and what that means in practice, information specific to CDO, including mandate, mission, vision, values, strategic goals, programs, organizational structure, duties on the Board and how the Board achieves them, the relationship between the Board and staff and the role of Committees, bias and conflict of interest, information about the dietetic scope of practice, governance practices and governance reform and modernization developments, system partners and accessibility. Orientation training has been delivered virtually since 2020.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): In 2022, the CDO developed a pre-election training module, which was formally incorporated into the January 2023 election. Registrants interested in running in the 2023 election were required to complete a pre-election training module and quiz before submitting their nomination. The purpose of this training module is to provide individuals who are interested in serving on CDO's Board, with an overview of health regulatory colleges, the College of Dietitians of Ontario, the Board of Directors, and College Committees. The purpose of the quiz is for registrants to demonstrate their understanding of CDO, professional regulation and the role of the Board, prior to running in the election.	
		b. Statutory Committee candidates	The College fulfills this requirement:	No

		have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	• The competency and suitability criteria are public: Yes • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* CDO has eligibility criteria that professional members must meet to be appointed to Committees (see 3.10 of *By-law 1 General*). These criteria consider specific registrant criteria that would disqualify the professional member from participating, and provides for potential conflict of interest, maximum term limit and required cooling-off period. The criteria are currently not competency based.
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation. As part of the 2020 - 2025 Strategic Plan, CDO is working towards modernizing its governance practices, including the development and adoption of competency-based criteria for committee members. This will be in place by the end of the Board's strategic plan in March 2025. In 2024, CDO will begin developing tailored competency and attribute frameworks for each of its committees, which will draw from the Board Competency and Attribute Framework. The Governance Committee will work in collaboration with committees to identify the knowledge, skills, experience, and individual qualities that would best support committee work. Learning around the implementation of the board competency framework will be leveraged in operationalizing committee competency criteria.
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement: Yes • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics for Statutory Committee. In 2021, CDO standardized the core training elements across committees. Each committee engages in a half-day session of training prior to commencing its work. The training topics include some of the same as the Board training listed in Standard 1.1ii, including governance and bias and conflict of interest. Also included are committee specific policies and processes, by-laws and regulations that are applicable to the work of the Committee and Committee workplans for the year. Orientation training is delivered virtually. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

			Additional comments for clarification (optional):
		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public ***OR*** list orientation training topics. For more information, please refer to CDO's 2021 CPMF Report. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional):*

Measure: **1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.**		
Required Evidence	**College Response**	
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please provide the year when Framework was developed ***OR*** last updated. 2019 and 2022 • Please insert a link to Framework ***OR*** link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • *If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.* The Board developed and implemented two types of evaluations to gauge their effectiveness – a meeting evaluation and an annual evaluation. The annual evaluation was last updated in 2019 (see March 29, 2019 meeting and minutes). The meeting evaluation was last updated in 2022 (see December 8, 2022 meeting and minutes). The most recent Board annual evaluation results were presented and discussed in June 2022 (meeting and minutes). The most recent Board meeting evaluations results were presented and discussed in December 2022 (meeting and minutes).	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Yes • *If yes, how often do they occur?* Every three years • Please indicate the year of last third-party evaluation. 2022 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. In 2022, CDO engaged with a third-party consultant, who is a recognized expert in modern board governance, to conduct a review of its governance practices. The evaluation included one-on-one interviews with selected board, committee and staff members and a review of the College's governance model and policies. 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. CDO is in the process of implementing the recommendations approved by the Board for completion by 2025.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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		c. Ongoing training provided to Council and Committee members has been informed by:
		i. the outcome of relevant evaluation(s);
		ii. the needs identified by Council and Committee members; and/or
			The College fulfills this requirement:
			• Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers.
			• Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR***
			• Please briefly describe how this has been done for the training provided over the last calendar year.
			
			Board and Committee training is developed, provided and supported in the following manner:
			• The budgets for the Board and Committees provide sufficient funds for training.
			• Board members identify their learning needs through meeting and/or annual self-evaluations, including a specific EDI needs assessment evaluation.
			• The Executive Committee may recommend training or direct CDO staff to investigate various training and education options. Investigation can include environmental scanning of the training offerings of other health and non-health regulatory bodies to their Council and committees.
			• The Board plans training through a Board Education Annual Plan. The 2022 plan was presented and approved at the June 2022 Meeting (please refer to the meeting materials and minutes). The following training was provided to the Board in 2022:
			  • Trauma Informed and Right Touch Regulation
			  • The Virtual Facilitative Chair Coaching
			  • Governance Modernization Workshop
			  • Discipline Committee Education Session
			  • Conflict of Interest Training
			  • Future Ancestors (co-designed with the College of Physiotherapists of Ontario)
			  • Indigenous Unsettling and Trauma Informed Practice Workshop
			  • Communication and Empathy Team Building Workshop
			• All Board directors can contribute their ideas for ongoing training and help develop the Annual Plan. The plan can be adjusted throughout the year to respond to new or changing needs identified by staff, the Board or through Board evaluations.
				Yes

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

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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement: • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found ***OR*** • Please briefly describe how this has been done for the training provided over the last calendar year. Evolving public expectations inform the training needs of CDO. To understand public expectations, we rely on: • Direct feedback from the public, through our public consultation page or phone calls from the public to our practice advisory service. • Membership consultation and calls to our practice advisory service from dietitians. RDs are often closer to clients and can identify emerging issues. • Patient networks (such as the Citizen Advisory Group). • College data around complaints and complaint inquiries from the public. • Grey literature around the patient experience in healthcare and the work of regulatory thought leaders. • Networking with other Colleges and system partners. An example of Board training identified through a needs assessment occurred as part of CDO's work on advancing Equity, Diversity, Inclusion and Belonging (EDI-B). An educational needs assessment was developed by CDO's EDI-B consultant and circulated to the Board and committees to assess EDI-B competencies. The results of this assessment were used to identify and design training and to continue to embed EDI-B into the Board and committees' work. The following resulted from this needs assessment: • A "teaching and learning moment" has been incorporated into the beginning of each Bard meeting to discuss relevant examples of how EDI-B can be incorporated into the practical work of the Board. At its September 30, 2022 meeting, the Board discussed the National Day of Truth and Reconciliation and at its December 9, 2022 meeting, the Board discussed the importance of gender pronouns. • A workshop on Indigenous Unsettling and Trauma Informed Practice was provided to understand Ontario's settler colonial history and ongoing context and how it has led to anti-Indigenous institutional racism and settler colonial violence in healthcare. The Board and committee members learned about the allyship cycle and techniques to help address systemic barriers.	Yes

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional): CDO is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within their regulatory practices. The HPRO Anti-Racism in Health Regulation project provides valuable information for CDO to use in understanding current issues and training needs related to Diversity, Equity and Inclusion. Current HPRO project activities are designed to provide a set of guiding indicators and support tools that CDO will use in upcoming reporting periods to engage our Board and committee members in ongoing learning related to EDI-B.	

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DOMAIN 1: GOVERNANCE	STANDARD 2	Measure: **2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.**	
		Required Evidence	**College Response**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and <u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.	The College fulfills this requirement: Yes • Please provide the year when the Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. 2021 and 2022 • Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the last review. The Board Code of Conduct and the Conflict of Interest policy are included in the CDO Governance Manual. The Conflict of Interest policy was last updated in 2021 and the Board Code of Conduct was last updated in 2022. The following updates were made to the Conflict of Interest policy: • Board and Committee members complete an annual declaration of conflict of interest and submit it to CDO by June 30th of each year. • As part of the annual declaration of conflict of interest and at any other time during the year, public directors are required to declare any offences, charges, or bail conditions. • Elected directors and committee appointees are required to report any offences, charges, bail conditions, or findings of professional misconduct that have been made against them as part of their annual renewal with CDO. The following updates were made to the Board Code of Conduct: • Inclusion of a three-year review date. • Commitment to make decisions on best-evidence and cross-referencing the impartiality in decision-making governance policy. • Commitment to applying an EDI-B lens in College work. • Incorporation of EDI-B as a component of respectful conduct. • Reiteration of the Board's determination to work toward consensus decision-making. • Deletion of the reference to the Chair's authority and "corporate obedience" as an EDI-B recommendation. One of the findings in the EDI-B audit/recommendations were to review policies to examine where policies consolidate power/perpetuate power asymmetries or otherwise diminish influence of participants rather than distribute it in a more egalitarian way. The Chair's role is set out in another section of the Governance Manual and the rules of order clearly establish the Chair's ability to facilitate discussions, seek consensus and keep order during a meeting.

			• Use of gender-neutral language and pronouns (they/their instead of his or hers). • Inclusion of a Social Media Use section as an “emerging initiative” as the College begins to expand its social media presence. • Deletion of the need for the Board to approve amendments to the Annual Acknowledgement and Conformation form. Forms are usually considered operational tools, and removal of this would allow greater flexibility to make small amendments as needed and identified by the Board and/or management.
			If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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		ii. accessible to the public.	The College fulfills this requirement:	Met in 2021, continues to meet in
			• Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy ***OR*** Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. The Board Code of Conduct and Conflict of Interest policy are part of the CDO Governance Manual. Board Code of Conduct Conflict of Interest policy	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Cooling off period is enforced through: By-law • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. 2021 • Please provide the length of the cooling off period. Within the previous year • How does the College define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; – Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; ***OR*** – Where not publicly available, please briefly describe the cooling off policy. For more information, please refer to CDO's 2021 CPMF Report.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. Additionally: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	The College fulfills this requirement:	Yes

- Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. 2022
- Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: Yes
- Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number.

CDO has had a Conflict of Interest (COI) policy for many years, and an annual declaration of COI questionnaire was approved by the Board on December 3, 2020 and updated in 2022. It is signed annually by all Board directors.

COI is defined in *By-law 1 General*. It is a fulsome definition including interests that may be real or perceived, actual or potential, or direct or indirect. The by-law sets out the duty to avoid COI and the processes for resolving conflicts or undeclared conflicts. This COI definition and information are part of the annual COI questionnaire. CDO's Governance Manual contains the annual COI questionnaire as well. As part of the annual COI questionnaire, Council members are asked to list any organization affiliation that could reasonably be conceived as having a conflict of interest with the member's work at CDO.

The 2022 updates to the COI include:

- That the COI policy is reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives and that it is accessible to the public.
- That the College has cooling off periods for activities that could present real or perceived conflicts of interest. The evidence required includes how the cooling off period is enforced.
- That the College has a COI questionnaire that includes a definition of COI and is completed on an annual basis. Additionally:
  - Completed COI forms must be included as an appendix to each council meeting package.
  - The COI form now includes questions based on areas of risk to the College and/or are specific to the profession.
  - At the beginning of each meeting, members must declare any updates to their responses and any COI specific to the meeting agenda.

In June 2022, all Board directors and committee appointees signed the COI questionnaire, which are attached as an appendix to each Board meeting package.

			At the start of every Board meeting, the Chair asks all Board directors to declare any COI updates or areas of bias. A similar process is in place for committee meetings. The Board's revised Rules of Order (approved in December 2021 and appended to the Governance Manual) also stipulate that no member shall be present in the room, participate in a debate, or vote upon any motion in which they have a conflict of interest, and the vote of any Board director so interested shall be disallowed.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)
		d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).	The College fulfills this requirement: — Met in 2021, continues to meet in 2022
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. For more information, please refer to CDO's 2021 CPMF Report. For examples, please see the December 9, 2022 Board meeting materials.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (if needed)

		e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. Further clarification: Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Yes
			• Please provide the year that the formal approach was last reviewed. 2022 • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities and indicate page number. The Board approved an updated Risk Monitoring Policy and new Risk Monitoring Report at its meeting on March 25, 2022 meeting (please see meeting minutes). The policy sets out the Board's role around risk management, how the Board will ensure and cultivate a risk management culture, and the Registrar's accountability to Council through quarterly reporting and the establishment of operational procedures. The Board receives risk monitoring reports from the Registrar on a quarterly basis on the major risks faced by the College (in consideration of likelihood and impact). These reports contain approximately 5 to 10 identified risks and the College's mitigating responses. The Registrar reports to the Board on any urgent, rapidly developing and critical risks should they arise between Board meetings. Low and frequently monitored risks are be recorded and managed. CDO's risk management approach includes staff involvement at all levels to ensure that emerging risks can be identified quickly, and that a strong risk management culture is cultivated throughout the organization. In 2022, CDO formed an internal Risk Management Working Group, with staff representation from each department of the College. The Working Group meets between Board meetings to review and identify current and emerging risks to CDO. Regulatory risk was also considered in the development of CDO's 2020 -2025 Strategic Plan. Prior to developing its plan, CDO conducted a comprehensive environmental scan which included a literature review, stakeholder interviews and surveys to understand the regulatory risks for CDO. These risks are addressed in Council's four strategic objectives and are expanded on in the plan under the heading: "Understanding the Wider Landscape". The environmental scans and stakeholder feedback were used as the basis of the CDO's strategic planning sessions and provided contextual elements for decision-making.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 1: GOVERNANCE	STANDARD 3	Measure: 3.1 Council decisions are transparent.	
		Required Evidence	**College Response**
		a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement: Yes • Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted. Board minutes are posted in the Meetings & Hearings section of the website. Included in each Board meeting package is an Action List, which updates the Board on the status of decisions. Please see the September 30, 2022 Board meeting materials for an example. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*
		b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive	The College fulfills this requirement: Yes • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. The Executive Committee's report is included in every Board meeting package, which is publicly available. The report includes: • The meeting date • Rationale for the meeting • Summary of discussions and decisions • Whether the decision will be ratified by the Board Please see the December 8, 2022 meeting materials for reference. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item.

		Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	*Additional comments for clarification (optional)*

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		Measure: **3.2 Information provided by the College is accessible and timely.**		
		Required Evidence	**College Response**	
		a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. For more information, please refer to CDO's 2021 CPMF Report.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the College's Notice of Discipline Hearings. For more information, please refer to CDO's 2021 CPMF Report.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure:	
3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.	
Required Evidence	**College Response**
a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).	The College fulfills this requirement: Yes • Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. CDO is committed to informed equity, diversity, and inclusion (EDI) action that leads to sustainable and meaningful change in carrying out its public protection mandate. Accordingly, CDO undertook several initiatives relating to equity, diversity, and inclusion in 2022. The College continues to gather data and build capacity in staff, the Board, and registered dietitians through a number of EDI activities. EDI-B is included as strategies within CDO's strategic plan as well as the workplan used to achieve the strategic goals. **Education and Training: Staff, Board and Committees** • A workshop on Unsettling & Trauma Informed Practices: An Indigenous Lens, was provided to the Board, committee members and staff. • An EDI-B unconscious bias training session was held for College Assessors. The training included case studies, discussions, and reflections. • CDO collaborated with the College of Physiotherapists of Ontario and other health regulatory colleges in presenting a two-part Anti-Racism and Equity workshop series to registrants, the Board, Committee members and staff, addressing worldview, intersectionality, identity, microaggressions, bias and critical self-reflection. The recording is available as an internal resource for registered dietitians. • CDO staff engage in a variety of EDI-B training based on their roles and self-identified learning goals. Staff EDI-B learnings are tracked and reported on in the Management Report, which is presented to the Board each meeting (please see the December 8 Board meeting materials). **New EDI-B Vision Statement and Revised Corporate Values** The Board approved an EDI-B Vision Statement and added EDI-B as a corporate value (please see September 30, 2022 meeting materials and minutes). The EDI-B Vision Statement and updated corporate values formally and publicly acknowledge CDO's commitment and intention to further EDI-B at the College and within the dietetic profession.

			Creation of the HR Manager/EDI-B Lead role CDO appointed a full-time HR Manager/EDI-B Lead to support EDI-B initiatives. The EDI-B Lead along with the EDI-B Working Group, created an operational workplan and collaborated with the Board, staff, and system partners to share information on CDO's EDI-B activities, seek feedback and share insight. **Public Survey on EDI-B** CDO released an Equity & Anti-Racism survey to the public, which sought feedback as to whether individuals have directly or indirectly experienced prejudice or discrimination during their involvement with the College. While review and analysis of the survey results are still underway, data from the survey will inform future EDI-B activities. **EDI-B Working Group** The staff Equity Diversity Inclusion and Belonging (EDI-B) Working Group meets monthly and assists the Board, the Governance Committee, and the Registrar in carrying out the mandate of the College. Activities include: • Developing an EDI-B Vision Statement • Recommending the addition of EDI-B as a corporate value • Identifying training and development needs and opportunities • Reviewing policies • Updating CDO's EDI-B webpage • Assessing the Global Diversity Equity and Inclusion Benchmarks
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. The College has prioritized identifying and addressing potential unintended impacts of policies and programs related to the College public protection interest mandate and further determining what adjustments the College will make to mitigate the adverse effects/impacts to support decision-making. The College is collaborating with HPRO Colleges on having a shared Equity Impact Assessment (EIA) Tool. In the meantime, the College Professional Practice Program researched and identified an internal EIA tool that has been applied to Policy Development and Consultation. The internal EIA has been used to identify and address potential unintended impacts (positive or negative) of a policy, program, or initiative ("policy") on specific population groups (including equity-deserving groups). As a result, the College can determine what adjustments might mitigate negative impacts and maximize positive effects on the groups identified by identifying impacts. The EIA also informs policy design and implementation and has been applied to the development of: • A policy on determining currency practice hours for Dietitians in Ontario. • Standards and Guidelines for Virtual Care for Dietitians in Ontario (in progress). • Standards and Guidelines for Social Media for Dietitians in Ontario (in progress). • The position statement and practice guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario. • Annual Workshop: The Consent is not a Checklist: Exploring the Complexities of Consent workshops were focused on introducing concepts of Equity, Diversity and Inclusion in the Consent process. The workshop design underpinned an EIA and was interactive, using practice scenarios Participants critically examined consent approaches in enabling informed decision-making in dietetic practice and identifying opportunities to advance equity, diversity, inclusion, and belonging.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			Additional comments for clarification (optional) CDO does not currently conduct formal Equity Impact Assessments (EIA), but work is underway to adopt formal tool into CDO processes. CDO is actively supporting the work of HPRO as it develops supports for Colleges to advance their work in Diversity, Equity and Inclusion within the full range of their regulatory practices. Specifically, the September 2021 report commissioned by HPRO from Dr. Javeed Sukhera recommended that regulators should critically appraise existing policies, particularly those for registration, complaints/discipline, and policy/governance. The HPRO Anti-Racism in Health Regulation project provides valuable information for our College to use in conducting these reviews within the context of an EIA. Once a formal EIA tool is developed by HPRO, it will be adopted by CDO.

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	Measure: **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**	
DOMAIN 2: RESOURCES STANDARD 4	**Required Evidence**	**College Response**
	a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.	The College fulfills this requirement: Yes • Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to the most recent approved budget and indicate the page number. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. The annual budget is approved by the Board at its meeting. Along with the budget, the Board reviews the annual workplan activities and how the workplans connect with CDO's Strategic Plan. The 2022-2023 budget was approved at the March 2022 Council meeting (please see meeting materials and minutes). CDO uses zero based budgeting, which is a process that starts from a "zero base," and every function within an organization is analyzed for its needs and costs. The activities required to achieve strategic goals are identified and costs are estimated for each activity. The budget is then built around what is needed for the upcoming fiscal period. CDO first estimates revenues from registrants, applicants and investments. Funds are allocated to general administration and five program areas, including Registration, Professional Practice-Quality Assurance, Professional Practice-Practice Advisory, Patient Relations and Standards & Compliance. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (optional)*

		b. The College: i. has a "financial reserve policy" that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes The Board approved an updated Reserve Fund Policy at its June 17, 2022 meeting (please see meeting materials and minutes). The policy sets out the level of reserve and is reviewed by the CDO's auditors. In accordance with the policy review cycle indicated in the policy, will be reviewed again by Council in 2025. CDO meets the reserve set out in its reserve policy.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement). *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. Since the Board's role is focused on governance, it does not typically review operational policies; however, the Board ensures that the organization is sufficiently resourced to successfully carry out its mandate and strategic objectives. For example, the Board supported an operational review of CDO's staffing model by a third-party HR firm which was carried out in fall 2021. This review resulted in the allocation of additional staffing resources, which help improve the distribution of workload, aid in succession planning and the dissemination of institutional knowledge. The Board is informed regularly of staffing changes by the Registrar and through CDO's Management Reports at Board meetings. As part of these updates, the Board ensures that CDO is adequately resourced to conduct the business of the College. The Board has a role in the direct oversight of the Registrar and in 2021, the Board approved an internal Registrar Performance Management Policy. The policy recognizes the role of the Registrar as the organization's lead executive officer and their pivotal role in determining the strength of the organization now and in the future. The policy assesses the Registrar's performance with respect to furthering CDO's mission, vision, strategic direction, and goals, and includes an annual 360 review. A Registrar coverage plan is in place to provide guidance for the continued operations of CDO if there is a temporary or permanent disruption in the ability of the Registrar to perform their duties. This plan was adopted in 2020 and updated in 2022. It was discussed by the Board at its September 2022 meeting (please see meeting materials and minutes). The Board budgets for staff development on an annual basis. Training opportunities include sessions delivered to all staff, regulatory conferences and education sessions and other training topics identified by individuals relating to their own professional development and learning goals.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. The College has internal IT security plans including a cyber security response plan, a credit card incident response plan, and an emergency disaster recovery plan. These policies are reviewed on an annual basis, with the last review occurring in 2022. All CDO electronic data has been migrated to the cloud as of 2020. Moving to the cloud has enabled CDO is able to manage data and access with multiple layers of security. All Staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet our security standards. An external support user has been granted access to only certain data. All staff, Board, and committee members are required to adhere to CDO's IT Security Policy. Cybersecurity measures are in place. All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365, cloud-based management software and the VPN. Cyber Awareness training and announcements throughout the year take place for new and existing staff. CDO's IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly. The College engages in annual database updates to mirror improvements to internal registration and QA processes. In 2022, the College completed a planned upgrade of its membership database and web content management software to the latest version to ensure a secure, effective, and efficient processing capability for staff and interfacing for members.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6

Measure / Required evidence: N/A	College response *Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.* *Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.*
The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on: • *How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).* CDO continues to have a strong supportive and collaborative approach to regulation. We actively engage with other Colleges and system partners, including the following: **Alliance of Canadian Dietetic Regulatory Bodies (Alliance)** CDO is part of the Alliance, which includes representation from all 10 provinces. The Alliance meets regularly and collaborates on issues of national importance, including the national licensing examination, accreditation, and entry to practice standards. In 2022, CDO actively participated in the work to deliver the national licensing exam, including the Registrar's appointment as a Canadian Dietetic Registration Exam lead. Following the withdrawal of the accreditation provider in 2021, the Alliance worked to secure a common third-party accreditation body. Significant communication and collaboration efforts occurred between the Alliance and dietetic education programs

	regarding the information and onboarding process of the new accreditation provider, effective August 31, 2023. These collaborations facilitate standard Canadian entry to practice requirements and effective and efficient labour mobility processes in Canada. **Dietitians of Canada (national dietetic professional association)** *Specific efforts:* Clinical Nutrition Leaders Action Group of Ontario (CNLAG) and Ontario Long-Term Care Action Group (LTCAG) issues around dietetic practice, changes to legislation, hearing concerns about staffing, burnout during pandemic. *Example:* Changes to Legislation for Dietitians Working in Long-Term Care - This article updated dietitians working in Long-Term Care as the *Fixing Long Term Care Act*, 2021 came into force in Ontario on April 11, 2022. **Dietetic Education Leadership Forum of Ontario (DELFO)** CDO provides updates to DELFO, as needed, and offers Registration and Jurisprudence presentations to graduating students to ensure understanding of the registration process and professional practice obligations once registered with the College. **Citizen Advisory Group (CAG)** CDO is an active member of the CAG, which helps bring the patient voice and perspective to healthcare regulation in Ontario and is leveraged by health care regulatory colleges to enhance public participation and consultation in our regulatory activities. CDO utilized the CAG to support the following public-facing policy work: • Collaborated on a public document (insulin adjustment: what to expect from a dietitian). • Collaborated on the preliminary consultation for the feasibility of practising dietetics policy. **Health Profession Regulators of Ontario (HPRO)** CDO is an active member of HPRO and works with our system partners to align with best practices for health profession regulation. The Registrar attends regular HPRO Board meetings and bi-weekly information sharing sessions. Additional collaborative efforts include standard approaches to share information about registrants with other regulators. CDO Professional Practice Program staff engage with the HPRO Practice Advisor Network and HPRO Quality Assurance (QA) Working Group (CDO Director of Professional Practice co-chairs the HPRO QA working group) engage with these networks frequently to share and learn about key practices and quality assurance issues and themes, including policy/standard/guideline development common to other healthcare professions.

	EQual When the previous accreditation provider, Dietitians of Canada, was no longer available, the Alliance worked quickly to identify and put plans in place for an alternative solution. The new national accreditation program, EQual, will be implemented by August 31, 2023, and will ensure an in-depth, third-party, standardized framework that is accepted in all provinces. EQual specializes in competency-based accreditation of higher-health professional education programs. By partnering with Equal, the Alliance has joined the EQual Governance Council, which allows it to actively participate in policy development and oversee the accreditation process. CDO is working with educators on navigating the change to the new accreditation provider. **Ministry of Health of Ontario (MOH)** CDO has responded to consultation requests from the MOH regarding the proposed Registration Requirements Regulation under the RHPA and governance reform. **Other Committees and Working Groups** CDO continues to participate in several communities of practice, committees and working groups. For example, Professional Practice staff engage in Knowledge Exchange and learning with: • The cross-Canada Dietetic Practice Advisor Group to collaboratively develop resources, policies and standards and communications to dietitian registrants for safe, competent, and ethical practice. • The Centre for Quality Improvement and Patient Safety (CQuIPS) Quality Improvement and Patient Safety (QIPS) Community of Practice (CoP) to share information about dietetics and interprofessional practice for enhancing quality improvement and patient safety approaches. • Ontario Health Teams (OHTs) Rapid-Improvement Support and Exchange (RISE) Providing evidence-based support to OHTs, using a 'rapid learning and improvement' lens.

	Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations. The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner. • *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.* • *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).* CDO regularly engages with other health regulatory Colleges and system partners, over and above those listed above. In addition, the College identifies system partners based on the specific context of information required. Examples of relationships where the College identified and engaged with partners include: • Collaboration with the CAG Members for feedback on the draft *Insulin Adjustments: What to Expect From a Dietitian* document – a companion resource for patients with diabetes and their caregivers. This final resource has been published on the public section of CDO's website and will help people understand dietitians' roles and what to expect when managing their blood sugars with insulin. • Collaboration with system partners on the development of CDO's Draft Social Media Standard and Guidelines (in progress). The College conducted two focus groups with registrants, conducted a survey consultation and worked with other regulators whose registrants might be impacted by CDO's standards and guidelines. • Partnered with research consultants to administer mixed methods research with registrants and assessors to better understand CDO's Quality Assurance program for informing a risk-based update to the Peer and Practice (PPA) program. Consultation surveys were promoted through various social media channels to widen the target market. The goal was to co-design with registrants a meaningful and practical approach to the PPA that would align with risk and right-touch regulation. The consultation process resulted in relevant data for the College and its Registrants, as well as other colleges, the broader QA community, academic institutions, government organizations and the public. • Consulted with dietitians and other partners for feedback on the Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario from April 13, 2022 – to May 30, 2022. Three hundred forty-nine participants (~8% of registrants) responded to the online consultation survey.

	• Collaboration on CDO's Draft Virtual Care Standard and Guidelines. The College conducted a survey consultation and worked with other Regulators whose registrants might be impacted by CDO's standards and guidelines. • Sought information from HPRO partners and dietetic regulators to inform the content development for registrant workshops and interactive Regulatory Talks webinars. Examples of CDO collaborating with system partners to research and respond to emerging issues impacting the public, include: • Changes to Legislation for Dietitians Working in Long-Term Care: CDO updated dietitians working in Long-Term Care as the *Fixing Long Term Care Act*, 2021 came into force. • Infant Formula Shortage: CDO informed dietitians about Health Canada's update regarding the shortage of infant formula for babies with food allergies and continues to monitor and provide updates to dietitians, as needed. • Privacy Breach: Dietitians who are health information custodians in Ontario are required to report statistics annually relating to health privacy breaches to the Information and Privacy Commissioner of Ontario (IPC). Dietitians were notified of this obligation through the IPC's online submission website. • COVID–19 Ministry updates: Monitored MOH updates and provided registrants with relevant information. • Monkeypox Virus**:** Information related to an order of the Chief Medical Officer of Ontario for regulated health professionals who work within the meaning of the *Public Hospitals Act* to provide information related to Monkeypox to Public Health Ontario.

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DOMAIN 4: INFORMATION MANAGEMENT	STANDARD 7	**Measure:** **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**

Required Evidence	College Response	
a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
	• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes that addresses disclosure and requests for information. CDO's privacy policy is available on the College's website. All members of staff, the Board and committees, and others who do work on behalf of the College and who have access to confidential information, are required to sign a confidentiality agreement. CDO has an internal IT Security Policy that outlines a detailed and comprehensive set of practices and protocols for securing CDO's information, information technology assets and technology infrastructure. This policy applies to staff, Board directors and committee members, peer assessors, vendors, volunteers, and anyone else who has permanent or temporary access to our systems and hardware. It covers the requirements for establishing and maintaining robust passwords, securely storing, accessing confidential information, and protecting College-issued devices or personal devices. CDO also has a credit card incident response plan to prepare for, detect, recover from a credit card breach during the collection of registrant fees. For security reasons, the College does not publicly disclose details of its security practices.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. All CDO electronic data has been migrated to the cloud as of 2020. Moving to the cloud has enabled CDO to manage and access data with multiple layers of security. All Staff and external support are required to use CDO managed and issued devices or virtual desktop to work on the internal CDO systems or technology that meet our security standards. An external support user has been granted access to only certain data. All CDO users use Multi-Factor Authentication (MFA) for additional security on Microsoft O365, its cloud-based file sharing platform and for its payroll software. CDO will be rolling out MFA software for the VPN connections this fiscal. Cybersecurity measures are in place. For example, CDO conducted an internal cyber security awareness survey, phishing campaigns and supplemented with announcements throughout the year. In 2021, 3rd party vendor email backup software was implemented. CDO's IT support vendor conducts continuous security monitoring by way of scanning, alerts and manual checks completed weekly and quarterly. A cybersecurity response plan is available for PCI compliance purposes. A PCI DSS external vulnerability scan is run monthly to identify risk.	
			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

DOMAIN 5: REGULATORY POLICIES	STANDARD 8	**Measure:** **8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).**

Required Evidence	College Response	
a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment. *Benchmarked Evidence*	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved). For more information, please refer to CDO's 2021 CPMF Report.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. *Benchmarked Evidence*	The College fulfills this requirement: • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) ***OR*** please briefly describe the College's development and amendment process. CDO aims to take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. The goal is to attain the 'right touch' of regulation, rather than over-regulating or under-regulating to achieve safe and effective dietetics regulation in Ontario. The College aims to respect its use of authority to attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario. As set out in Professional Practice Standards Framework, the Criteria for developing or amending Standards of Professional Practice includes the following: • Identification of need: identify high-risk areas that warrant standards development through the College's Risk Framework. Identification of issues can be through member consultation, focus groups or by inquiries to the CDO's Practice Advisory Service and elements such as risk, impact, public expectations, and frequency of performance are considered. • Qualify the risk: there is a reasonable expectation that the professional practice issue places clients at risk (e.g., physical, emotional, financial, etc.), thus requiring public protection. The risk must be real, not hypothetical, and could result in unprofessional or unethical conduct by the dietitian dealing with this risk. • Consider applicable higher-level documents (e.g., a statute, regulation, or sufficient entry-to-practice competency) that defines the College's expectations concerning the issue explicitly. • Ensure that the relevance will be for an extended period if a Standard of Professional Practice is developed. Generally, the Standard of Professional Practice will outline the behavioural expectations related to ethical and professional obligations of dietitians to enable compliance and College enforcement. For example: • CDO worked to develop the draft Social Media Standard and Guidelines (in progress). This work required extensive partner and public consultations throughout the standards and guidelines development process. Additionally, CDO had to seek alignment with other regulatory Colleges to identify the appropriate behavioural expectations for dietitians. • To attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario, the Self-Directed Learning (SDL) Tool's competency-based self-assessment process was updated with New ICDEP v. 3.0. A new template for writing SMART learning goals was also implemented to assist dietitians in formulating their annual goals. The College's SDL tool aligns with the annual renewal process. Members complete their online SDL tool between September 1– October 31, 2022.	Yes

			If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.
		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement: Yes • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. In 2022, CDO's policies, guidelines, standards, and Code of Ethics continues to promote Equity, Diversity, Inclusion, and Belonging (EDI-B). Activities include: • Updating CDO communication practices to align with EDI-B best practices. For example, CDO has replaced the word "stakeholders" with "system partners" since the term stakeholder is deeply rooted in colonial practices and may be perceived as marginalizing some people. • Updating policies with an EDI-B lens including: ○ *The Board Code of Conduct:* Updated to reflect CDO's commitment to EDI-B in carrying out its work. EDI-B has been incorporated as a component of respectful conduct and gender-neutral pronouns have been adopted. ○ A new exam Blueprint for the Knowledge and Competence Assessment Tool (KCAT) was added to the first step in the College's Prior Learning Assessment and Recognition process. This was developed with an EDI-B approach to incorporate the expertise of internationally educated subject matter experts and RD indigenous review. ○ *Policy 4-50: Language Proficiency and Policy 6-10:* eligibility for Prior Learning and Recognition (PLAR) was revised to provide more options for applicants to demonstrate their English and French language proficiency and recognize the Immigration, Refugees and Citizenship Canada's current approved language tests for Skilled Immigrants (Express Entry), as required in the provincial government's Registration Requirements Regulation. ○ *Policy 6-10: Eligibility for Prior Learning and Recognition (PLAR):* revised to extend the use of the Knowledge and Competence Assessment Tool (KCAT) to permit internationally trained applicants who have completed degrees reasonably related to dietetics. Policy 6-10 now permits the acceptance of the World Education Services (WES) Gateway Program assessments. ○ *Policy 5-30: Upgrading After Second Failure of the Canadian Dietetic Registration Examination (CDRE):* revised to provide an individualized and empathetic approach to determine an applicant's learning and upgrading needs prior to attempting the CDRE. ○ *Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario:* revised to increase flexibility for marginalized groups to meet the currency hours requirement, which would more easily allow dietitians to continue

			redeployed work and likely reduce economic burdens.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

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	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**		
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 9	**Required Evidence**	**College Response**
		a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)[1].	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number ***OR*** please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). For more information, please refer to CDO's 2021 CPMF Report.

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

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).	The College fulfills this requirement:	Yes
			• Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. CDO's Registration Policies can be found here. CDO regularly reviews its criteria and processes for determining whether an applicant meets the registration requirements by bringing new and revised policies for review at each Registration Committee meeting. Policies are brought to the Registration Committee based on the following criteria: • Identification that the policy requires revisions to comply with the Registration Regulation (e.g., currency). • Interconnectedness of one policy to another (e.g., a policy is revised, and this impacts another policy). • Improved clarity required for staff to operationalize a policy. • Identification that a policy is outdated and requires revocation. • Environmental scans with other Ontario health regulators, other Canadian dietetic regulators on best practices. • Changes to the dietetic practice environment (e.g., new competencies for entry-level practice). • Feedback from the Registration Committee. In 2022, CDO revised several of its registration policies to enhance clarity, transparency, and fairness. These revisions include policies relating to currency, language proficiency, eligibility for the Prior Learning and Recognition (PLAR) process and requirements for supervision and upgrading post licensing exam failure. CDO also established a new policy to assess Suitability to Practise for Applicants.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
c. A risk-based approach is used to ensure that currency[2] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
	• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. The Registration Regulation includes the following currency requirement: "5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practised dietetics for at least 500 hours during the preceding three years. (2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee." In setting the 500-hour requirement, an environmental scan was conducted of other Ontario health regulators and dietetic regulators within and outside of Canada. Consultations with members and other stakeholders was completed throughout the Registration Regulation amendment process. External legal counsel also provided input. The minimum practice hour requirement of 500 hours over the preceding three years was subsequently proposed for incorporation into the Registration Regulation. In 2009-2010, following the environmental scans and consultations (outlined above), the minimum dietetic practise hour requirement of 500 hours over the preceding three years was subsequently proposed and incorporated into the College's Registration Regulation amendments that were approved by the Ministry in 2012. During CDO's annual renewal period, each registrant is asked to declare whether they have practised at least 500 hours in the past three years. Ultimately, the purpose of the requirement to maintain at least 500 hours of dietetic practice is to ensure that dietitians can practice dietetics safely, ethically, and competently. Any registrant who has self-declared that they practised fewer than 500 hours in the past three years will be automatically referred to the Quality Assurance (QA) Committee for assessment. Information pertaining to the minimum 500-hour practise requirement over the preceding three years can be found here.	

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

The Board approved a policy on determining currency [1] practice hours for Dietitians in Ontario in June 2022. Ultimately, maintaining at least 500 hours of dietetic practice over three years ensures that dietitians can practise dietetics safely, ethically, and competently. This policy assists dietitians in completing their annual renewal declaration regarding dietetic currency practice hour requirements. In developing the policy, CDO was responsive to the temporary redeployment duties of dietitians during the pandemic. As such, the competencies dietitians would have and maintain during their career and would be applying during redeployment, would count in determining practice hours. The policy includes:

- What counts as dietetic practice.
- Categories and considerations when determining whether certain activities help dietitians meet the College's minimum 500 hours/3 years dietetic practice hour requirement.

This policy also provides an updated definition of practising dietetics and categories to assist registrants in completing their annual renewal declaration regarding dietetic practice hours/currency requirements.

For 2022, 36 (less than 1%) registrants declared they were not meeting currency requirements and the potential risk of providing safe, competent, and ethical practice. Of the 36 registrants, twenty submitted learning diaries were assessed to determine if the learning activities reflected application to dietetics and that the registrants have maintained their competency to practice. In addition, at annual renewal, registrants are asked a series of declaration questions pertaining to good character and conduct, including offences. If the answer to any of the declaration questions is yes, the registrant is prompted for more details and/or is requested to submit supporting documentation. Following annual renewal, a report is reviewed to determine if any follow-up with registrants is required. In some cases, legal counsel is contacted for advice.

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

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

		Measure: **9.3 Registration practices are transparent, objective, impartial, and fair.**
	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item. CDO's 2021 Fair Registration Practices Report (submitted to the OFC in December 2022 as per their deadlines) can be found here. CDO has not received any summary to date from the OFC regarding our submitted 2021 report. In 2022, CDO met with the OFC to provide information about upcoming accreditation changes and received positive feedback on the Alliance's proactive actions and CDO's improved access for applicants to take both the CDRE and PLAR exams remotely. CDO was commended on its continued low-risk rating under the OFC's Risk Informed Compliance Framework. *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* Choose an item. *Additional comments for clarification (if needed)*

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 10	Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	
		Required Evidence	**College Response**
		a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). <u>Further clarification:</u> Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement: Met in 2021, continues to meet in 2022 • Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Yes *If not, please provide a brief explanation:* The Board approved a policy on determining currency practice hours for Dietitians in Ontario in June 2022. Ultimately, maintaining at least 500 hours of dietetic practice over three years ensures that dietitians can practice dietetics safely, ethically, and competently. This policy assists dietitians in completing their annual renewal declaration regarding dietetic currency practice hour requirements. The policy includes What counts as dietetic practice; and Categories and considerations when determining whether certain activities help dietitians meet the College's minimum 500 hours/3 years dietetic practice hour requirement. To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports: • CDO webpage has been updated to assist dietitians in applying the policy and definition. • Delivered Regulatory Talks (Reg Talks) Webinars – Three synchronous interactive webinar sessions explored regulatory and professional obligations, practice scenarios and live question and answer period with Practice Advisors and Director of Professional Practice (Recording and Handouts provided). There sessions were attended by 86 dietitians. • An updated article was published on the College's webpage on 'what counts as a Practice Hour? The 2022 Self-Directed Learning (SDL) Tool aligns with the annual renewal process. Registrants complete their online SDL tool between September 1– October 31, 2022. The Quality Assurance Committee approved new Guidelines, and a template for writing SMART learning goals was implemented to assist dietitians in formulating their annual goals. The Tool was upgraded with the competency-based self-

assessment process to align with New ICDEP v. 3.0 to support reflection in the development of learning goals and to verify that learning outcomes have been completed. CDO rolled out the new tool in July and August. To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports:

- Video: Writing Professional Learning Goals for Your SDL Tool
- Guide on how to write SMART Goals
- SMART Goals Writing Template
- Criteria for review
- Reg Talks Webinar Recording - Writing Professional Learning Goals (updated August 2022)
- PowerPoint Presentation
- Client Care
- Non-Client Care
- FAQs - Completing SDL Tool
- FAQs - Completing SDL Tool in a Pandemic

At the March 24, 2022 meeting, the Board approved the Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario for publication and dissemination. The College rolled out the new Position Statement and Practice Guidelines for dietitians providing insulin dose adjustments and guidelines. To support registrant understanding of the new policy and to ensure the policy was applied to reporting currency hours, CDO provided the following supports:

- The College's Practice Advisory Service held two one-hour Reg Talks webinars explaining the Position and Practice Guidelines. Overall, 270 dietitians participated.
- View the recording here
- View the slides here

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

Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[3].**		
a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice;	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • *If yes, please insert link to the policy.* Self-Directed Learning (SDL) Tool: The College undertook research to identify areas where there could be a potential risk of harm to clients in dietetic practice and developed a risk management framework applicable to all practice settings. The tool provides dietitians with an opportunity to reflect on risk in their practice every year when they complete their registration renewal. Priority areas are identified by triangulating SDL risk goals of 4,340 registrants with trends in practice advisory inquiries for future training needs of registrants. An online Quality Assurance Registrant Survey was completed in September 2022. The Survey was based on the Right-Touch Survey Methodology for a Quality Assurance Program and the Methodology was developed in partnership with a consultant and system partners. Findings indicate that 92.4% (N=85) of respondents indicated that the SDL Tools and guidelines are user-friendly and easy to follow. Peer and Practice Assessment (PPA): The College's 2 Step Peer and Practice Assessment (PPA) is a learning opportunity designed to assess registrants' knowledge, skill and judgment based on the Integrated Competencies for Dietetic Education and Practice (ICDEP) and other College Standards. The PPA has been designed to support continued competence assessment with registrants by applying the minimal amount of regulatory force required to achieve the desired outcome. High-risk practice areas identified in the College risk research are related to specific practice areas and practice settings. • New stratified random of selected registrants to move directly to Step 2- the Behaviour Based Interview (BBI) and chart review/stimulated recall was approved for implementation, and these have been codified in Policy 4-20: Peer & Practice Assessment-Selection and Eligibility and Policy 4-25: Peer & Practice Assessment- Procedure. • A multi-year project to bring the PPA to a virtual format and upgrade the process to align with Right-touch Regulation and reflect the College's Strategic Priorities for 2020-2025. • Right-touch Regulation requires a proportional and targeted response to the posed risks. Therefore, the CDO QA program aims to foster and support all dietitians' continuing competence and quality improvement through education and assessment. • In March 2022, research consultants specializing in professional regulation identified ways to redesign the College's approach to the PPA and presented their findings to the Quality Assurance Committee (QAC). The consultants' analysis of the feasibility of re-	

developing the PPA aligns with the Right-Touch Regulation ensuring that re-development will make the PPA more meaningful, practical, user-friendly, and evidence-informed regarding the design, development, delivery, and evaluation of the PPA.

Jurisprudence Knowledge & Assessment Tool (JKAT): The JKAT is a vital assessment process to improve a dietitian's knowledge and understanding of the application of the laws, ethics, and standards relevant to the practice of dietetics and to assure the public and other partners, including employers, that dietitians practise safely, competently, and ethically. Dietitians must achieve a 90% score. Every new registrant must complete the JKAT within the first year of Membership and every 5 years. 857 registrants participated in the 2022 JKAT and 20% responded to the evaluation which shows:

- 71% of respondents felt that the JKAT was a valuable learning experience.
- 88% of respondents indicated some level of improvement in their knowledge of the laws, standards and guidelines.
- 88% of respondents said that the JKAT was relevant to their practice.
- 98% of respondents indicated that the resources on the JKAT were helpful (FAQ, References, CDO Website or Professional Practice Program staff).

< 500 Hours of Practice: Dietitians are required to meet currency practice hours over a three-year period. Dietitians who are practising fewer than 500 hours must demonstrate they have maintained competency or may sign a Voluntary Undertaking. Options may include a competency assessment or submitting a learning diary of all professional development activities assessed. See Policy 5-40: Committee Review of Learning Diary, Under 500 hours for more information about the process.

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

		ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and	The College fulfills this requirement:	Yes

- Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s).
  OR please briefly describe right touch approach and evidence used.
- Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable).
  If evaluated/updated, did the college engage the following stakeholders in the evaluation:
  - *Public* Yes
  - *Employers* No
  - *Registrants* Yes
  - *other stakeholders* Yes

The Quality Assurance program is designed to support the dietitian's professional development and continuous improvements and is not punitive. This design allows CDO to effectively administer the assessment component(s) of its QA Program in a manner aligned with right touch regulation. We apply the minimal amount of regulatory force required to achieve the desired outcome. Right touch exploration was initiated in 2020 and will be continued as an approach to inform assessments in 2023. The QA program has processes and policies in place outlining how areas of practice are evaluated and how assessments are identified to determine which dietitian will undergo an assessment activity.

Measures have been developed with a psychometrician and the QA Committee has the discretion in making decisions about which dietitians proceed to the behaviour-based interview (BBI) based on the dietitian's Z (standard) score of their pre-assessment survey.

The Peer and practice assessment continues to focus on strategies for mitigating the risk of harm as applied to a right-touch approach in dietetic practice. For example, a new stratified random of selected registrants to move directly to Step 2- the Behaviour Based Interview (BBI) and chart review/stimulated recall was approved for implementation and these have been codified in Policy 4-20: Peer & Practice Assessment-Selection and Eligibility and Policy 4-25: Peer & Practice Assessment- Procedure.

CDO uses a computer program to randomly choose 10% registrants to participate in the PPA process. Using a stratified random sampling with risk-based criteria of solo practice and certain higher-risk areas of practice, 6% of those selected will move directly to the behavioural based interview and chart review/stimulated recall.

Recognizing the ongoing uncertainty and strain facing dietitians, many of whom work in hospital settings and public health, the Peer and Practice Assessments (PPA) 2022 cohort selection was postponed. Postponing the PPA allowed dietitians to focus on the necessary dietetic

			and redeployed health services required to respond to, prevent, or alleviate the effects of COVID-19. This decision to postpone the PPA also had a low risk to the public.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement: — Met in 2021, continues to meet in 2022
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. For more information, please refer to CDO's 2021 CPMF Report.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)
		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**	
		a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.	The College fulfills this requirement: — Yes
			• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. CDO's case manager maintains a calendar of milestones and due dates for all ICRC-directed remediation and practice monitoring and monitors to ensure reports and submissions are received on schedule. Where submissions are not received as scheduled, the case manager follows up with the responsible individual (e.g., with the registrant, practice mentor, course provider, etc.). The case manager then reviews all submissions to ensure completeness and to identify any immediate concerns or questions that require follow-up with the responsible individual. Following that initial review, the case manager forwards the submissions to the Registrar, who reviews them and determines whether the registrant has achieved the learning objective identified in the ICRC's decision and whether the registrant has now demonstrated the required knowledge, skills, and judgment. As needed, the case manager provides feedback to the registrant if additional remediation is required or communicates that the remediation has now been completed to the satisfaction of the Registrar.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**		
		Required Evidence	**College Response**	
		a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;	The College fulfills this requirement:	Yes
			• Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible. CDO's complaints process is clearly set out on the College's website, including initial information complainants will be asked for. Please refer to the overview of the CDO's Complaints and Discipline Program, information specific to making a complaint and the complaints process and information specific to support for clients alleging sexual abuse. This information is also available as an "information sheet" that can be mailed or emailed to complainants, and complainants/members of the public are also encouraged to contact the CDO's case manager directly with any questions about the process. CDO has an internal intake form to help college staff triage and prioritize complaint matters, track their progress, milestones, and timelines. As milestones are reached in investigations, parties are informed of the progress and informed of the date that the matter will be deliberated. The CDO has developed a communications checklist that formalizes the previously undocumented practices and procedures the College followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and will receive regular updates from the College on the status of the investigation and the anticipated timeline of completion.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. The information provided to complainants via the College's website and information sheets is reviewed and evaluated internally by CDO staff to ensure it is accurate and easy to understand. To date, the CDO has not requested formal feedback from complainants about the information and whether they find it clear and useful. The information provided to complainants via the College's website and information sheets is reviewed and evaluated internally by CDO staff on a regular basis to ensure it is accurate and easy to understand. Because of the relatively low volume of complaints the CDO receives, to date, we have not requested formal feedback from complainants about whether they find the information clear and useful. However, any informal feedback received from complainants is incorporated into subsequent reviews of the communications.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	
b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). For more information, please refer to CDO's 2021 CPMF Report.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. An internal resource for self-represented registrants in discipline hearings was developed in 2022. CDO's Discipline Page directs registrants to contact the College for more information about the resource. For more information, please refer to CDO's 2021 CPMF Report.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) CDO's website provides information about it supports the public during the complaints process.	
		Measure: **11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.**		
		a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) ***OR*** please provide a brief description. CDO has developed a communications checklist that formalizes the previously undocumented practices and procedures the College followed when communicating with parties. The checklist ensures a consistent approach and supports timely and transparent communication with all parties involved in an investigation. This helps ensure the parties understand the process and will receive regular updates from the College on the status of the investigation and the anticipated timeline of completion. In 2022, CDO updated templated communication letters for clarity and to be more relational.	

			CDO's case manager acts as a contact/resource person for all parties throughout the complaints process. Upon initial receipt of a complaint, the case manager follows up with the complainant to provide information about the process and what they can expect. At each stage (e.g., with each written submission, if an investigator is appointed, when scheduled for review by the ICRC, etc.), the case manager relays that information to each party via email and provides a timeline estimate for the subsequent stage. If extensions are granted or delays occur, the case manager informs both parties of the delay and new timeline. The case manager is also available throughout the complaints process to answer any questions, including by phone outside of regular business hours as needed to accommodate the parties' schedules.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure:** **12.1 The College addresses complaints in a right touch manner.**	
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement: — Met in 2021, continues to meet in 2022 • Please insert a link to guidance document and indicate the page number ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable). CDO has an internal intake form that includes triaging for risk (including the types of concerns raised aligned with the CPMF themes, and aggravating factors related to the registrant, client population, or specific circumstances). This intake form is used to identify complaints and investigations that should be prioritized because of the higher risk posed to the public. For cases identified as higher risk, CDO's case manager consults with the Registrar to determine if any immediate measures need to be taken (e.g., expedited appointment of investigator, issuing an interim order, obtaining legal advice, etc.). The intake form was updated in 2022 to help staff further prioritize complaint matters and track their progress, milestones and timelines. The ICRC also uses a risk-based decision-making tool during its deliberations. This tool was first adopted by the ICRC in April 2019 and updated in November 2019 with feedback provided by the ICRC. In March 2022, CDO updated its risk assessment tool for the ICRC. The

			updated version of the tool was developed based on an environmental scan of other Ontario Colleges. The tool provides a framework for deliberations, including aggravating and mitigating factors, disposition outcomes for similar past cases, and a risk continuum graphic illustrating where various disposition outcomes are positioned from a risk perspective. For transparency, the tool is publicly available to the public on the College's website. The tool is scheduled for another review and possible update in 2023 depending on feedback received from the ICRC. In 2022, the CDO also developed a new screening tool for the Registrar to use when reviewing information and reports made to the College. The tool assesses the level of risk the reported concerns pose to the public and help the Registrar determine whether the matter should be referred to the ICRC for an appointment of investigator under s.75(1)(a). The tool supports a consistent, transparent approach for deciding whether regulatory action is required, while retaining the Registrar's discretionary powers.
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? — Choose an item.
			Additional comments for clarification (optional)

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 13	Measure: **13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).**		
		a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Partially
			• Please insert a link to the policy and indicate page number ***OR*** please briefly describe the policy. • Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as 'hospital', or 'long-term care home'). Through the authority of the *Regulated Health Professions Act, 1991*, CDO shares information pertaining to registration, quality assurance, and inquiries, complaints, and reports history of members with other Canadian dietetic regulators for labour mobility requests and with other non-dietetic regulators through the completion of verification of registration forms/letters. Over the past year, CDO shared information with other Canadian dietetic regulators in response to labour mobility requests for registration as outlined above and shared information with other regulators. CDO informs all employers on file for a member if they have been suspended.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) In CDO's CPMF 2020 report, the College committed to developing a written policy regarding when and how information will be shared with employers. This work is ongoing. It is anticipated that such a policy will be completed in 2023.	

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	**Measure:** **14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College's performance and regularly reviews internal and external risks that could impact the College's performance.**

Required Evidence	College Response	
a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement:	Yes
	• Please insert a link to a document that list College's KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number ***OR*** list KPIs and rationale for selection. At its March 24, 2022 meeting (please see meeting materials and minutes) the Board reviewed the College's progress on the strategic plan and activities for 2022 – 2023, including new Key Performance Indicators (KPIs). CDO reports on its progress through the Strategic Plan Monitoring Report, which is provided to the Board twice a year – in the second quarter for a mid-year check-in and the fourth quarter when the budget is set. This report allows the Board to monitor the progress and achievement of outcomes, and to ensure that the plan is appropriately resourced. KPIs were developed to be outcome based and are tied to the strategic goals. New KPIs will be identified annually as needed.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			• Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes and indicate the page number. March 24, 2022 materials and minutes September 30, 2022 materials and minutes For more information, please refer to CDO's 2021 CPMF Report.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

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Measure: **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**		
a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. Starting in March 2022, the quarterly reporting of the College's highest-level risks allows the Board to directly link action to risk in a timely way and ensure mitigation efforts are adequate. Through the management report, the Board reviews metrics and other data and information around the performance of CDO in the following domains: Finance, Human Resources, Communications, Professional Practice Program, Quality Assurance, Standards and Compliance, Registration, Information Technology, and Issues Tracking. Time is scheduled during the meeting to discuss the College's performance. As part of CDO's ongoing tracking of conduct matters, additional demographic factors are being tracked to help monitor trends and identify "risk areas" within the profession. Currently, CDO is tracking practice setting and years in practice; however, demographics are anticipated to expand as needed. This information is used to inform continuing education activities. For example, by tracking registrants' practice settings, CDO can identify if similar, actionable concerns arise in specific practice settings and whether that data can be used to inform guidance to the membership or educational webinars/sessions provided through practice advisory.	
	If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.	

Measure: **14.3 The College regularly reports publicly on its performance.**		
a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
	• Please insert a link to the College's dashboard or relevant section of the College's website. Annual report section News section Meetings and Hearings section Fair Registration Practices College Newsletters CPMF	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed)	

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Part 2: Context Measures

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

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

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

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

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

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**	
Statistical data collected in accordance with the recommended method or the College's own method: College Method *If a College method is used, please specify the rationale for its use:* The College is providing the QA data in a reporting period as per the College's renewal calendar year. QI activities are not currently being collected	
Context Measure (CM)	
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*	*What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.*

Type of QA/QI activity or assessment:	#
i. Self-Directed Learning Tool – 2021-2022 (November 1, 2021-October 31, 2022- Renewal Calendar)	n=4,128 (93% of eligible registrants) n=108; 2.5% registrants randomly selected audit. 315 SDL Tool goals reviewed (includes random, lates and resubmits)
ii. Self-Directed Learning Tool – 2022-2023 (November 1, 2022-present) -	n=4,340 (98% of eligible registrants) n=109; 2.5% registrants randomly selected audit. 225 SDL Tool goals reviewed (includes random, lates and

	resubmits)	
iii. Jurisprudence Knowledge and Assessment Tool (JKAT) (January 1, 2022-December 31, 2022	n=813 identified for 2022(100% of registrants who completed the JKAT passed.	
iv. 2022 Reporting for Practicing Fewer than 500 currency hours in three years	n=36 practicing <500 currency hours in three years; n=12 signing Voluntary Undertaking (less than x% of registrants). Number of Learning Diaries assessed (n=23); n=19 were sufficient and are deemed competent to practice and n=4insufficient and required to undergo Competency Assessment).	
v. Peer and Practice Assessment – January 1, 2022 -December 31, 2022	n= 0 for 2022 as program postponed due to pandemic	
vi. *<Insert QA activity or assessment>*		
vii. *<Insert QA activity or assessment>*		
viii. *<Insert QA activity or assessment>*		
ix. *<Insert QA activity or assessment>*		
x. *<Insert QA activity or assessment>*		

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

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Table 2 – Context Measures 2 and 3

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College own method: College Method

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

Context Measure (CM)			
	#	%	*What does this information tell us? If a registrant's knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College's QA Program, the College may refer them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2022	4,340 registrants participated in the QA program	98%	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	0	0	

NR

Additional comments for clarification (if needed)

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Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Statistical data collected in accordance with the recommended method or the College's own method: College Method

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

Context Measure (CM)				
CM 4.	Outcome of remedial activities as at the end of CY 2022:**	#	%	*What does this information tell us? This information provides insight into the outcome of the College's remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its "QA remediation activities". Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.*
I.	Registrants who demonstrated required knowledge, skills, and judgement following remediation*	0	0	
II.	Registrants still undertaking remediation (i.e., remediation in progress)	0	0	

NR

** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.*

***This measure may include any outcomes from the previous year that were carried over into CY 2022.*

Additional comments for clarification (if needed)

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Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data is collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2022		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	0	0	NR	NR
II.	Billing and Fees	NR	NR	0	0
III.	Communication	NR	NR	NR	NR
IV.	Competence / Patient Care	NR	NR	5	29.4%
V.	Intent to Mislead including Fraud	NR	NR	NR	NR
VI.	Professional Conduct & Behaviour	NR	NR	NR	NR
VII.	Record keeping	0	0	NR	NR
VIII.	Sexual Abuse	0	0	0	0
IX.	Harassment / Boundary Violations	0	0	0	0
X.	Unauthorized Practice	0	0	NR	NR
XI.	Other *<please specify>*	0	0	8	47.1%
Total number of formal complaints and Registrar's Investigations**		5	**100%**	17	**100%**

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.

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

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

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	8		*What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's Inquiries, Complaints and Reports Committee.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2022	31		
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2022	17		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2022**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	0	0%	
II. Formal complaints that were resolved through ADR	0	0%	
III. Formal complaints that were disposed of by ICRC	8	100%	
IV. Formal complaints that proceeded to ICRC and are still pending	0	0%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	0	0%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	0	0%	

VII. Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	1	4.5%	

ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

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

Additional comments for clarification (if needed)

For CM 7, the College has included referrals from the Quality Assurance Committee for which the ICRC did not request an appointment of investigator under s.75(1)(b) after reviewing the information.

For CM 9, please note the College does not have an ADR process because of the low number of complaints received each year.

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Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2022							
Distribution of ICRC decisions by theme in 2022*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	NR	NR	0	0	0
III. Communication	NR	NR	NR	NR	0	0	0
IV. Competence / Patient Care	NR	NR	NR	NR	0	NR	0
V. Intent to Mislead Including Fraud	NR	0	0	0	0	0	0
VI. Professional Conduct & Behaviour	NR	NR	NR	NR	0	NR	0
VII. Record Keeping	NR	0	0	NR	0	0	0
VIII. Sexual Abuse	0	0	0	0	0	0	0
IX. Harassment / Boundary Violations	0	0	NR	NR	0	0	0

X.	Unauthorized Practice	NR	0	NR	NR	0	NR	0
XI.	Other <*please specify*>	16	NR	0	0	0	0	NR

- *Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2022.*

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

NR

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

Additional comments for clarification (if needed)

CDO uses the term "Written Reminder" and providing advice and recommendations as an outcome.

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Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d *If College method is used, please specify the rationale for its use:*		
Context Measure (CM)		
CM 11. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar's investigations are being disposed by the College.* *The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar's investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar's investigation undertaken by, the College.*
I. A formal complaint in working days in CY 2022	355.2	
II. A Registrar's investigation in working days in CY 2022	244.5	
Disposal		
Additional comments for clarification (if needed) The average number of days for formal complaints was greatly impacted by a single complex investigation that lasted almost three years.		

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.*
I. An uncontested discipline hearing in working days in CY 2022	116.3	
II. A contested discipline hearing in working days in CY 2022	N/A	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

During the reporting period, CDO had only one uncontested hearing and no contested hearings.

-

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		*What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar's Investigation is referred to the Discipline Committee by the ICRC.*
Type	#	
I. Sexual abuse	0	
II. Incompetence	0	
III. Fail to maintain Standard	0	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	0	
VII. Offence conviction	0	
VIII. Contravene certificate restrictions	0	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	0	
XII. False or misleading document	0	
XIII. Contravene relevant Acts	0	

** The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.* *NR*
Additional comments for clarification (if needed) The only Discipline matter CDO had during the reporting period was adjourned indefinitely on motion by the College. As such, there were no formal findings made by the Discipline Committee panel.

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Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 12

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		*What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.*
Type	#	
I. Revocation	0	
II. Suspension	0	
III. Terms, Conditions and Limitations on a Certificate of Registration	0	
IV. Reprimand	0	
V. Undertaking	0	

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

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR -

Additional comments for clarification (if needed)

The only Discipline matter CDO had during the reporting period was adjourned indefinitely on motion by the College. As such, there was no order made by the Discipline Committee panel.

Glossary

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

Return to:-Table 5

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

Return to: Table 8

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

Return to: Table 5, Table 7, Table 8

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

Return to: Table 4, Table 5

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

Return to: Table 5

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

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

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

Return to: Table 4, Table 5

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

Return to: Table 10

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

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 10

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

Return to: Table 8

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

Return to: Table 10