



COUNCIL MEETING AGENDA

March 24, 2022 (9:00am-3:10pm)

Join Zoom Meeting

<https://collegeofdietitians-org.zoom.us/j/88562321916?pwd=dW9hTW1QNkxFAQJEdmI4KzIJOHhSUT09>

Meeting ID: 885 6232 1916

Passcode: 314848

Dial in: +1 647 374 4685 Canada

Item & Discussion	ACTION	TIME	OWNER	ATTACHMENT
1.0 Call to Order		9:00 – 9:20am (20 mins)	KL	Welcome to new public member, Land Acknowledgement, & Facilitation Norms
2.0 Approval of Agenda	Approval/ Motion	9:20 – 9:25am (5mins)	KL	2.1 Draft March 24 & 25, 2022 Council Meeting Agenda
3.0 Declaration of Conflict of Interest			KL	
4.0 Declaration of Bias				
INFORMATION ITEMS (Consent Agenda)				
5.0 Council Meeting Minutes: December 9, 2021	Approval/ Motion	9:25 – 9:30am (5mins)	KL	5.1 DRAFT Council Minutes December 9, 2021
6.0 Executive Committee Report			KL	6.1 Executive Committee Report March 2022
OVERSIGHT & ACCOUNTABILITY				

Item & Discussion	ACTION	TIME	OWNER	ATTACHMENT
7.0 Management Report	Information/ Discussion	9:30 – 10:00am (30mins)	MW	7.1 Management Report March 2022 7.2 Statement of Operations Fiscal 2022 as at Dec 31, 2021 7.3 Capital Asset Purchases Fiscal 2022 as at Dec 31, 2021
EVALUATION				
8.0 Strategic Plan Monitoring Report	Information/ Discussion	10:00 –11:00am (60mins)	MW	8.1 Briefing Note - Strategic plan 8.2 Appendix Strategic Plan
BREAK 11:00 – 11:20am (20mins)				
9.0 DRAFT Budget for Fiscal 2022-23 and Budget Training	Approval/ Motion	11:20 –12:30 (1 hr, 10 mins)	Sarah Ahmed	9.1 Briefing Note – DRAFT Fiscal 2022-23 Budget 9.2 DRAFT Budget for Fiscal 2022-23
LUNCH 12:30-1:15pm (45mins)				
POLICY WORK				
10.0 Insulin Position Statement	Approval/ Motion	1:15 – 1:35pm (20mins)	Diane Candiotto	10.1 Briefing Note – Insulin Adjustments 10.2 Appendix 1 – Final Insulin Position Statement
11.0 Determining Practice Hours	Approval/ Motion	1:35 –1:55pm (20mins)		11.1 Briefing Note – DRAFT Policy on Determining Currency Hours with Definition of Practising Dietetics Revisions 11.2 Policy Determining Members Currency Hours
OVERSIGHT & ACCOUNTABILITY				
12.0 Committee Appointments	Approval/ Motion	1:55 – 2:10pm (15 mins)	MW	12.1 Briefing Note -Committee Appointments with Proposed Committee Composition

Item & Discussion	ACTION	TIME	OWNER	ATTACHMENT
BREAK 2:10 – 2:30pm (20 mins)				
EDUCATION				
13.0 Office Space Discussion Joanie Bouchard, Jim O'Reilly & Will Dempsey	Information/ Discussion	2:30 – 3:10pm (40mins)	Guests	
ADMINISTRATIVE				
14.0 Reminders/Standing Items: • Council meeting evaluation		3:10pm	KL	
Adjournment		3:10pm	KL	



COUNCIL MEETING MINUTES
December 9, 2021 (9:00a.m. – 4:30p.m.)
Videoconference

Council attachment 5.1

Present

K. LaBrecque RD-Chair
Anahita Djalilvand RD
Ann Watt RD
Denis Tsang RD
Donna Hennyey RD
Douglas Ellis
Lesia Kicak RD
Israel Ogbechie
John Regan
Julie Slack RD
Karine Dupuis Pominville RD
Ray D'Sa
Santhikumar Chandrasekharan

Guests

George Couchie-Cultural Mindfulness
John Risk- Weirfoulds LLP
Minda Richardson-Ministry of Health and Long-Term
Care
Cindy Tsai RD-Committee Appointee

Khashayar Amirhosseini RD-Committee Appointee

Staff

Melanie Woodbeck, Registrar & Executive Director
Bev Nopra, Quality Assurance Program Analyst
Carole Chatalalsingh, Director of Professional
Practice Colin Ellis, Director of Communications
Deborah Cohen, Director of Registration
Diane Candiotta, Practice Advisor & Policy Analyst
Heena Vyas, Registration Program Analyst
Ivy Marzan, Registration Program Administrator
Jada Pierre, Executive & General Office
Administrative Assistant-Recorder
Josna Aykkara, Finance & Accounting Administrator
Lisa Kershaw, Manager, Information Technology
Mary Gong, Professional Practice Administrator
Sandra Brazel, Manager, Governance & Operations
Sarah Ahmed, Director of Finance and Corporate
Services
Samantha Thiessen, Practice Advisor & Policy Analyst

ITEM & DISCUSSION	ACTION
1.0 Call to Order	The meeting was called to order at 9:00a.m. by K. LaBrecque President and Chair.
2.0 Approval of Agenda	MOTION to approve the agenda. Moved by: J. Slack Seconded by: J. Regan Carried
3.0 Declaration of Conflict of Interest No conflict of interest was declared.	

ITEM & DISCUSSION	ACTION
<p>4.0 Declaration of Bias</p> <p>No bias was declared.</p>	
<p>Information Items (Consent Agenda)</p> <p>5.0 Council Meeting Minutes: September 30, 2021</p>	<p>MOTION to approve the Consent Agenda.</p>
<p>6.0 Executive Committee Report</p>	<p>Moved by: K. LaBrecque Seconded by: J. Regan</p>
<p>7.0 Management Report (Including COVID-19 Update)</p> <p>M. Woodbeck and CDO staff reviewed and discussed the Management Report with Council. The Registrar provided an update on changes to the educational accreditation process, the upcoming CPMF reporting cycle, legislative updates, and a remote work update.</p>	
<p>7.4 Committee Appointments</p> <p>Council discussed the appointment of D. Ellis to the proposed committees and temporary appointments of R. D'Sa, J. Regan and I. Ogbechie to other vacant committees.</p>	<p>MOTION to approve the appointment of D. Ellis to the Registration, Patient Relations, Quality Assurance, Elections, and Audit Committees, and the temporary appointment of J. Regan to Registration Committee and R. D'Sa to Patient Relations Committee.</p> <p>Moved by: K. LaBrecque Seconded by: I. Ogbechie</p> <p>Carried</p>
<p>7.6 Annual Fees Extension</p> <p>Council discussed the extension of the Annual Fee Extension Waiver for former members who wish to return to practice, assisting Ontario's healthcare system during the COVID-19 pandemic.</p>	<p>MOTION that Council approves another temporary suspension of the Annual Fee provisions outlined in College By-Law No. 2: Fees for applicants returning to practice to assist the Ontario healthcare system during the COVID-19 pandemic until October 31, 2022.</p> <p>Moved by: S. Chandrasekharan Seconded by: A. Djalilvand</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
<p>8.0 Investment Policy and RBC Dominion Fee Analysis S. Ahmed presented Council with the Proposed Investment Policy and RBC Fee Analysis. Council discussed its risk tolerance and possible changes that would help support the investment portfolio. Council directed that the Investment policy be further reviewed and revised by the Audit Committee for before coming back to Council.</p>	
<p>9.0 Council Meeting Survey Results and Evaluation Trends Council discussed the results of the September 30 Council meeting evaluations and trends document and determined that no further action is required.</p>	
<p>10.0 Council Rules of Order Council discussed the Rules of Order and whether to append the Rules of Order as an Appendix to the By-laws or to the Governance Manual.</p>	<p>MOTION to approve the draft Rules of Order and to add them as to the Governance Manual.</p> <p>Moved by: K. LaBrecque Seconded by: J. Regan</p> <p>Carried</p>
<p>11.0 Draft Position Statement: Insulin Dose Adjustments for Registered Dietitians in Ontario D. Candiotta presented the draft position statement on Insulin Dose Adjustments to Council for review.</p>	<p>MOTION to approve the draft position statement in principle as recommended by the professional practice committee and to circulate the draft position for stakeholder feedback.</p> <p>Moved by: D. Tsang Seconded by: D. Hennyey</p> <p>Carried</p>
<p>12.0 Preparation for Planning – Budgeting – Fiscal 2022-2023</p>	<p>In the interest of time, this was deferred until next meeting.</p>
<p>13.0 Council Risk Management Training - John Risk J. Risk provided training to Council on Risk Management to assist the College in building its risk-based decision-making culture and finding an efficient and practical way of assessing the critical risks to the organization. The Council discussed its current risk register and directed the Registrar to develop a risk policy and risk monitoring report for its consideration at a subsequent meeting.</p>	

ITEM & DISCUSSION	ACTION
<p>14.0 Governance Modernization Update M. Woodbeck provided an update to Council regarding the Governance Committee, and asked Council to consider striking a new ad-hoc Governance Committee and to approve its Terms of Reference. To allow the Governance Committee to commence work as soon as possible, Council directs the Executive Committee to approve the Committee slate. As per the by-laws, the Registrar would solicit Council and Committee members for their interest prior to the Executive determining the committee slate, and the committee appointed by the Executive Committee will be subject to confirmation by Council at its next meeting.</p>	<p>MOTION that Council strike an ad-hoc Governance Committee and approve the Draft Terms of Reference and the proposed amendment to the by-law.</p> <p>Moved by: K. LaBrecque Seconded by: A. Watt</p> <p>Carried</p>
<p>15.0 EDI-B Task Force Update M. Woodbeck updated Council on the new measure added to the College Performance Measurement Framework (CPMF), which now includes a Diversity, Equity, and Inclusion (DEI) plan required by all Colleges. The College will develop a proposed DEI plan to be reviewed by the EDI-B Taskforce and reviewed by Council at a subsequent meeting.</p>	
<p>16.0 Cultural Mindfulness- George Couchie G. Couchie provided an in-depth educational session on Land Acknowledgement and indigenous culture as part of the College’s Equity, Diversity, Inclusion, and Belonging (EDI-B) initiative. It was agreed that as an important first step toward indigenous reconciliation, Council will begin its meetings with a land acknowledgement. The Council directed that the Executive Committee finalize the acknowledgement for use at future Council meetings.</p>	
<p>17.0 In Camera Minutes from September 30, 2021.</p> <p><i>In camera session pursuant to s. 7(2)(e) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991</i></p>	<p>Motion THAT Council moves into in-camera at 4:42 pm.</p> <p>Moved by: D. Tsang Seconded by: D. Hennyey</p> <p>Carried</p>

ITEM & DISCUSSION	ACTION
18.0 Adjourn in-Camera	Motion THAT Council moves out of in camera at 4:55 pm. Moved by: K. LaBrecque Seconded by: J. Regan Carried
20.0 Adjournment	Motion to adjourn at 4:55p.m. was moved by J. Regan. Carried

K. LaBrecque RD, President

Jada Pierre, Recorder

Date

Date

Executive Committee Report

March 2022

Committee Members: Kerri LaBrecque RD (Chair), Denis Tsang RD, Lesia Kicak RD, Israel Ogbechie

Support Staff: Melanie Woodbeck (Registrar & ED), Jada Pierre, Sandra Brazel, Sarah Ahmed, Josna Aykkara

The Executive Committee met on January 11, 2022 and February 23, 2022

Summary of work:

- Reviewed the committee appointment changes and new governance committee slate; both for confirmation by Council
- Determined the most appropriate committee to work on Equity, Diversity, Inclusion and Belonging work (recommend Governance Committee for this work to Council)
- Approved/Trialed a new land acknowledgement to adopt/trial at the March Council meeting
- Approved and made amendments to the Council agenda for the March Council meeting
- Reviewed the Draft Strategic Plan Monitoring Report
- Detailed review of the draft budgets and background information for 2022-2023 with a recommendation to Council for approval
- Received an update on the College Performance Measurement Framework
- Reviewed the Draft Terms of Reference for the Governance Committee inclusive of EDI-B responsibilities with a recommendation to Council for approval
- Reviewed the Draft Risk Management Policy with a recommendation to present it to Council at the March Council meeting

Respectfully Submitted,
Kerri LaBrecque, RD
President

MANAGEMENT REPORT – March 24 & 25, 2022

SECTION 1 OVERSIGHT/METRICS

FINANCIAL

A financial summary of the fiscal period April 1 to December 31, 2021 (3rd quarter) is attached to this report (see Attachment #7.2 – Stmt of Operations Fiscal 2022). A review of revenues shows that general membership fees received up to the end of December 2021 are in line with the budget.

The College also earned higher than budgeted interest and dividends received on its investment portfolio with RBC Dominion Securities and experienced a significant appreciation in the fair market value of the investments. This income and appreciation have offset a realized loss on the sale of some investments.

A review of the expenditures shows that overall, General Administration and Program expenses are 4% less than the 3rd quarter budget due to the deferral of some activities to the fiscal year ending 2022-2023 and the reduction of expenses due to a virtual format for meetings and conferences. Much of this is the result of restrictions created by the ongoing pandemic. The Standards & Compliance Program expenses are significantly higher than the budget due to a higher than usual number of complex ICRC matters which have required case management and investigation.

A Capital Asset Purchases Report is also attached (see Attachment #7.3). This report shows that capital asset purchases are proceeding as planned and will continue throughout the fiscal year. The strong performance of the College's investments and the deferral of some expenses have contributed to a surplus at the end of December 2021.

Investments held by RBC Dominion Securities inc. (details from November 1, 2021, to January 31, 2022):

Investment decisions are made with the advice of the College's investment advisor at RBC Dominion. In November 2021, the College used cash on hand to purchase common shares of Northwest Healthcare REIT for \$11,657. It also sold part of its investment in preferred shares of Bombardier Inc. for proceeds of \$101,315.

In December 2021, the College sold the balance of its investment in preferred shares of Bombardier Inc. for proceeds of \$358,163. These funds and cash on hand were used to purchase preferred shares of Brookfield Asset Management Inc. for \$368,862 and preferred shares of Great West Lifeco Inc. for \$99,298. It also used cash on hand to purchase common shares of Northwest Healthcare REIT for \$2,479.

In December 2021, the College also transferred \$1,087,000 of annual member renewal fees from the Scotiabank business operating account to the RBC Dominion Securities account to increase the value

of its long-term investments. These funds were used to purchase a Brookfield Asset Management fixed income bond for \$1,087,357.

In January 2022, the College used cash on hand to purchase common shares of Northwest Healthcare REIT for \$15,766. It also sold part of its investment in common shares of Royal Bank of Canada for proceeds of \$279,923. These funds and cash on hand were used to purchase common shares of Magna International Inc for \$387,633.

The fair market value of investments was \$5,633,852 on January 31, 2022.

Note that Executive Limitation L8 (Asset Protection) #15 states: "The Registrar may not fail to limit investments in equities to 40% of the book fund value when market opportunities present, as recommended by the College's financial advisor". A review was conducted of the book values of the investments from November 2021 to January 2022; equities comprised 37% of the book fund value in November, 30% in December and 31% in January. Therefore, the College complied with Executive Limitation L8 #15 from November 2021 to January 2022.

HUMAN RESOURCES

In January 2022, the College hired Aneita Chang as the Manager, Human Resources and the lead of the College's Equity, Diversity and Inclusion (EDI) initiatives. Aneita is a human resource professional with 10 years of experience working in the not-for-profit sector. She has settled in well and works to support the entire CDO team.

On March 1, 2022, the College hired Francette Maquito as the Bilingual Communications Officer. Francette is a Communications professional with 5 years of experience working in the not-for-profit and education sectors. She brings valuable communications, project management and French translations skills. Francette will participate in employee onboarding activities for her first few weeks on the job.

Mary Gong, Professional Practice Program Administrator, will be starting parental leave in April of this year. We are in the process of filling this role for the leave period. We wish Mary all the best.

CDO continues to operate a remote office. Developing a return to office/hybrid work plan is in progress.

PROGRAM ADMINISTRATION

COMMUNICATIONS PROGRAM

For March 2022 Council: Management Report – Communications Program

In alignment with Goal Two (*Communicate effectively to support understanding of the College's mandate, services and resources*) of the CDO Strategic Plan 2020-24, the Communications Program

actively supported a number of CDO programs and initiatives during fiscal Q3, in addition to leading the following initiatives:

PUBLIC AWARENESS CAMPAIGN

Public awareness survey establishes baseline KPI

With the support of our marketing firm, Fifth Story, and its survey partner, Angus Reid, the Communications Program launched the College's first-ever public awareness survey of CDO and its regulatory role. Its primary objective was to establish benchmarks of the following:

- Awareness of the College in comparison to organizations of a similar nature.
- Awareness of the online Public Register of College members.
- Sources of the public's awareness of the College.
- The public's assessment of the importance of services provided by the College.

Key findings of the survey include:

- 16% of the general public is aware of the College of Dietitians of Ontario.
- 23% of the public is aware of the College if they have interacted with an RD.
- Key demographic differences as to where Ontarians expect to learn about RDs.
- 90% of the public has very little awareness of the Public Register.

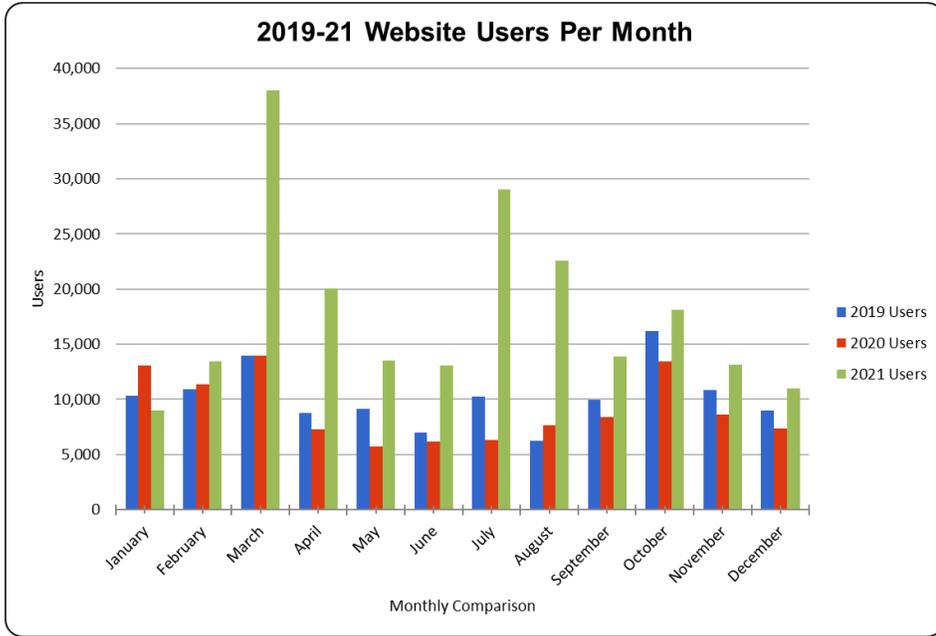
Please refer to your Council materials to CDO Public Survey Summary (December 2021) for further information. It is expected that this survey will be repeated every three years to measure the College's public awareness campaign outcomes.

COLLEGE COMMUNICATIONS

Website traffic virtually doubles in 2021, passes one million pageviews

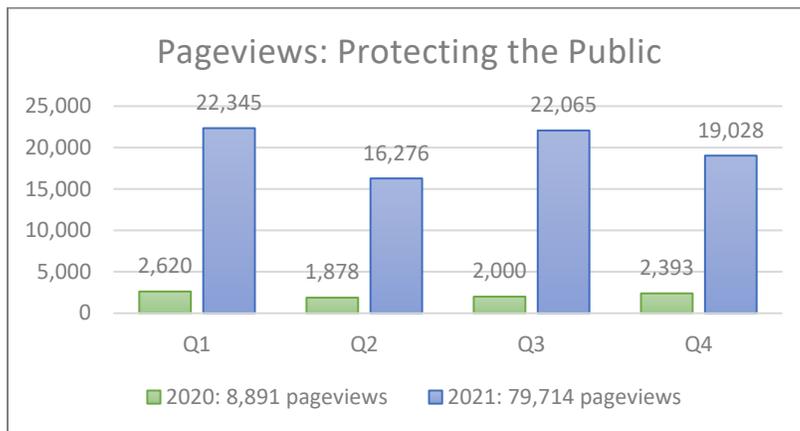
CDO website traffic closed the calendar year with a total of 214,978 users. That figure represents an increase of 97% over the previous year's total of 109,362 users. The increase in traffic was due primarily to the Public Awareness Campaign, which includes both digital advertising and content marketing.

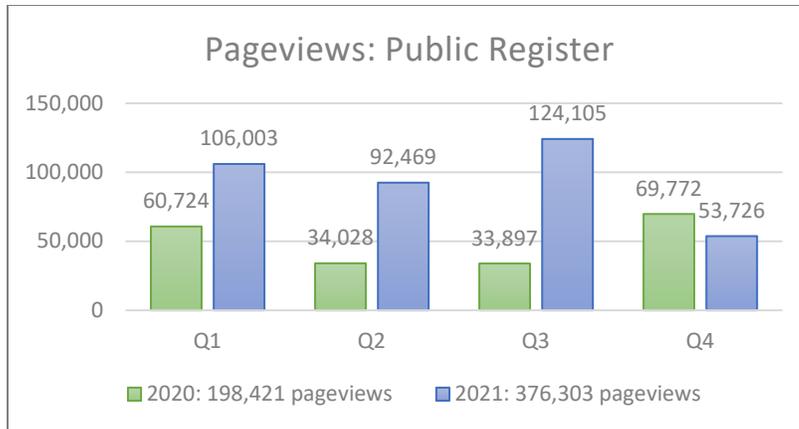
In addition, 2021 marked the first time in the history of the College that the CDO website passed one million pageviews: 1,289,433. This figure represents an increase of 40% over 2020, during which Google Analytics recorded 921,301 page views.



Campaign drives high public protection engagement

The public awareness campaign closed the calendar year by significantly increasing traffic to the Protecting the Public webpage and the Public Register. The charts below show that pageviews grew by 800% and 90%, respectively, for the calendar year. One component of the campaign strategy was to drive public traffic specifically to those sources of information on the College's public protection duty.





Zoomer Campaign concludes for current fiscal year

The public awareness campaign has two channels: digital advertising (Fifth Story) and content marketing (Zoomer Media). While digital advertising continues throughout the year, the Zoomer campaign is in market during the spring and fall. This fall's campaign featured two sponsored articles: [What's in a Name? And Why It's Important When It Comes to What You Eat](#) and [When it comes to consent for nutrition care, what are your rights?](#)

These articles were supported with banner advertising and eblasts to Zoomer Media subscribers. Zoomer extended the fall campaign an extra month at no additional cost to the College. The overall campaign delivered 3,449 clicks in total to the CDO website and the e-newsletter campaign more than 214,000 impressions with an open rate of 20% and a click-through rate of 0.74%.

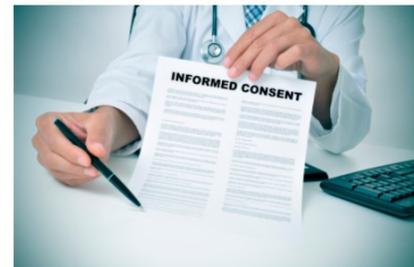
SOCIAL MEDIA

The Communications program is currently creating a social media plan for the next fiscal year that will drive content and engagement on a consistent and ongoing basis. We closed the 2020 fiscal year with 620 followers on Twitter and 1,190 follows on Facebook. Current engagement on our four social media channels is as follows:

- Twitter: 646 followers
- Facebook: 1,180 likes and 1,297 follows
- LinkedIn: 700 followers
- YouTube: 406 subscribers

When It Comes to Consent for Nutrition Care, What Are Your Rights?

ZOOMER | OCTOBER 21ST, 2021



SPONSORED CONTENT

All healthcare providers in Ontario, including dietitians, are required by law to obtain informed consent from their patients or clients before they can perform any non-emergency treatment. What does this mean for you? What are your rights as a health consumer when you visit a dietitian?

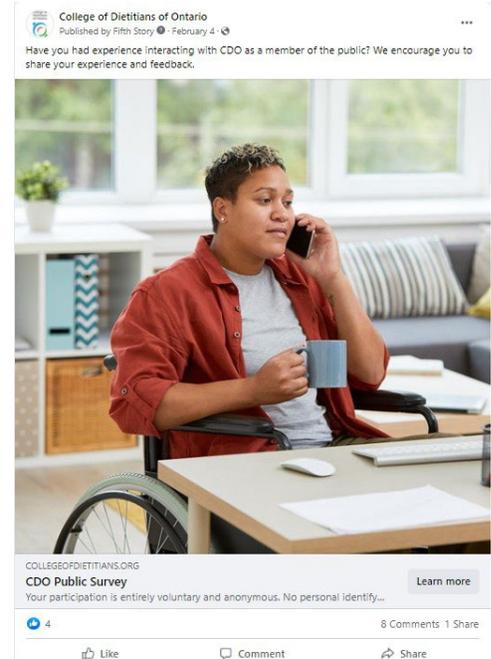
The profession of dietetics is the only regulated nutrition profession in Ontario. To practise dietetics, dietitians must be registered with the College of Dietitians of Ontario. While anyone can legally provide nutrition education and advice, what sets dietitians apart is that, under the *Regulated Health Professions Act, 1991*, dietitians are accountable to the College of Dietitians of Ontario for safe, competent and ethical practice.

Each dietitian must participate in quality assurance programs to ensure continuing competency. Under certain circumstances, dietitians and employers have an

EQUITY, DIVERSITY & INCLUSION (EDI)

The Communications Program launched a [dedicated EDI webpage](#) during the fiscal third quarter to provide stakeholders with a source for regular updates on the EDI progress at the College. Communications also directed the launch of two iterations of the CDO Equity & Anti-Racism Public Survey—the first to the public in Q3 and the second to members in Q4.

To ensure that the College provided the public with the opportunity to engage with the survey fully, Communications worked with Fifth Story to create a digital ad campaign that promoted the survey on Facebook and Google Advertising. This campaign is currently in-market until March 3, and Communications will report results in the future.



PROFESSIONAL PRACTICE PROGRAM – PRACTICE ADVISORY

Practice Advisory Service (PAS)

- 299 inquiries were received in Q3 (October-December 2021)
- Q4 (January-March 2022) was not reported in the March 2022 report due to an incomplete quarter.
- Top areas of inquiry for Q3: College Requirements & Processes, Private Practice, Authority Mechanisms, Consent, Ethical Issues, and Privacy

Pandemic Inquiries for Q3 2021-2022

- Additional 13 inquiries related to changes to directives, vaccination policies and in-person care
- Monitored Ministry updates and provided content updates for [Pandemic FAQs \(Frequently Asked Questions\)](#) and [COVID-19 Updates page](#)

PAS Satisfaction Survey – Quantitative

- The Q3 Satisfaction Survey was disseminated to 143 members in January 2022. Feedback from respondents (13%) shows:
 - 100% felt the information received was relevant and valuable to their dietetic practice.
 - 100% felt their issue/question was sufficiently addressed.
 - 100% were satisfied or very satisfied with the response they received from the PAS.

- 73% reported making changes to their dietetic practice (39% reported not applicable), and 100% said that the PAS confirmed their understanding of the laws, standards, and ethics.
- Since using the PAS, 89% have accessed the CDO (College of Dietitians of Ontario) website as a resource.
- 100% would use the PAS again, and 100% would recommend the Service to their colleagues.

Sample of Comments from PAS Survey Respondents

- *Prompt response. Assisted me in finding external options for a complex situation.*
- *I was very impressed by how willing [staff] was in personally assisting with my query. In addition, the information provided was beneficial.*

Survey Results for 2021 Annual Workshops and Presentations

The **Professionalism: Understanding Unconscious Bias** workshops were focused on introducing concepts of Equity, Diversity and Inclusion by Dr. Javeed Sukhera. The workshop design was a video with Dr. Sukhera, followed by a PAS-led facilitated discussion with practice scenarios. Eighteen workshops (15 small groups; 3 large groups) were conducted. Overall, 874 individuals participated (108 dietetic students; 766 dietitians), and 19 % responded to the survey with the following feedback:

- 92% strongly agree/agree they had a better understanding of unconscious bias.
- 94% strongly agree/agree the workshops were a valuable learning experience.
- 93% of respondents reported gaining helpful ideas.

Sample of "Aha" Moments Shared

- *The "[Shared Humanity](#)" aspect of this dialogue is groundbreaking for me. I appreciate that you included an external consultant who brings in the theoretical framework and that this discussion was evidence-based.*
- *I appreciated the practice scenarios. They help us grapple through real-life cases. I enjoyed hearing others process their thoughts aloud. This was helpful!*

Sample of Change Reflections Shared - Participants indicated changing practice as a result of learning from the workshops:

- *Using the [PAUSE](#) framework to disrupt bias. Paying more attention to what I hear and being more compassionate.*
- *Be more aware and less hard on me and more open to learning and understanding.*
- *Discuss with my colleagues. Continue to advocate for change in the profession. A social worker facilitates monthly ethics meetings. I will attend more often and suggest patient issues. Be*

more mindful to consciously prepare me before I approach/engage clients, colleagues and even those I interact with in my daily life.

Participants also shared a number of ideas for future webinars relating to EDI, which will assist in planning 2022 workshops. The 2022 fall workshops will likely be held virtually.

Virtual Jurisprudence & Other Education for Q4

- Ryerson University – 2 Jurisprudence Sessions planned for March 2022 – approx. 60 participants each.

Regulation Matters Newsletter Articles

Professional Practice articles written for Issue 1 – Spring 2022 included:

- "What do I need to know about closing my private practice?"
- "Private Practice RDs: Do You Have Plans in Place to Manage Client Health Records?"
- "What are my professional obligations for obtaining consent if the client's custody is in question?"

PROFESSIONAL PRACTICE COMMITTEE (PPC)

Policy Work

Insulin Adjustments Position Statement: As Council directed, College staff surveyed RDs and other partners for feedback on the draft Position Statement and Practice Guidelines between January 11 - February 11, 2022; 214 participants responded. On February 16, 2022, the PPC reviewed and recommended that the draft document with their proposed changes proceed to March Council meeting for Council's consideration.

Review of Definition of Practising Dietetics: On February 16, 2022, the PPC reviewed and provided recommendations on proposed edits to the 'Definition of Practising Dietetics' and the proposed policy for determining currency hour. The revised definition and policy drafts was approved by Quality Assurance Committee (QAC) on March 10, 2022. This policy is included in the March council package for consideration and approval.

Social Media Guidelines: The Professional Practice Program collaborated with the Pan-Can Advisory (National Dietetic Regulators Practice Advisory Group) to develop National Social Media Guidelines. Subsequently, these guidelines were used to establish critical principles, and a draft was presented to the Professional Practice Committee at the February 2022 Meeting for review and guidance. In addition, the draft will be reviewed by legal counsel, and preliminary consultation with the profession via focus groups is currently being planned.

PROFESSIONAL PRACTICE PROGRAM - QUALITY ASSURANCE

Self-Directed Learning (SDL) Tool

- A total of 4,127 members completed the SDL Tool for the renewal year 2021-2022.
- As noted in the CPMF commendable practice, the SDL Tool is a method for dietitians to self-assess risk and follow up on areas that need improvement.

2021 SUMMARY	Total	Retired/Resigned /Signed VUT	Suspended Due to Non-Payment	Automatic & Late	Total Reviewed
Automatic Review	177	(6)			171
Lates	43	(3)	(2)	(2)	36
Random Selection	108				108
Total Reviewed	328	(9)	(2)	(2)	315
Required to Resubmit	157	(1)			156
Required to attend the Mandatory Webinar	33 <i>(As of February 24, 2022)</i>				

Practicing fewer than 500 hours in 3 years

- Thirty-two members declared practising fewer than 500 hours currency hours requirement.
- Twenty- three registrants submitted learning diaries for assessments of professional development.

Declared fewer than 500 hrs in 2021	Declared in previous year/s	New this year (2021)	Total
Category 1 (non-practicing)	12	13	25
Category 2 (practicing)	4	3	7
Total declared < 500 hours in 2021	16	16	32
Registrants who are living outside the country. Upon return to ON, they are to notify the College and undergo a competency assessment	(1)		(1)
Completed competency assessment - within past 3 year	(1)	0	(1)
Signed Voluntary Undertaking (VUT)		(7)	(7)
Total assessed in 2021 (submitted Learning Diary)	14	9	23

Jurisprudence Knowledge & Assessment Tool (JKAT)

- The 2022 JKAT is scheduled to open the 1st week of April, with the deadline for the 1st week of August 2022. Members will be given four months to complete instead of three months due to the pandemic.

JKAT 2022	
Total Eligible Participants plus one KCAT* Applicant	847
Deferrals	(12)
Exempt (Out of Province*/Retired/Resigned)	(2)
Total Participants <i>as of February 25, 2022</i>	832

**applicants requirement before issuing their member's certificate*

Peer and Practice Assessments

- Recognizing the ongoing increased uncertainty and strain upon Ontario's Health System, the [Peer and Practice Assessments](#) (PPA) 2022 cohort selection as amended in [Policy 4-25: Peer & Practice Assessment - Procedure](#) was postponed on January 21, 2022, until summer or later this year. The delay of PPA presents a low risk to the public.
- PPA postponement will allow dietitians to focus on the necessary dietetic and redeployed health services in response to COVID-19 and lessen any burden of anxiety and stress on dietitians.

QUALITY ASSURANCE COMMITTEE (QAC)

Program Review: An exploration around the feasibility of upgrading the Quality Assurance Program is underway to incorporate a "right touch" and risk-based approach based on the College Performance Measurement Framework (CPMF). This exploration is timely to ensure that the assessment process uses evidence-informed strategies to support the design, development, delivery, and evaluation of quality assurance tools.

Review of Definition of Practising Dietetics: On March 10, 2022, the QAC reviewed and provided recommendations on proposed edits to the Draft Policy on Determining Currency Hours with Definition of Practising Dietetics Revisions. The QAC recommended that the Council review for next steps.

Consideration of Fee adjustment for late SDL Tool submission: On March 10, 2022, the QAC considered the fees related to late submission of the SDL tool and noted Council's approval of a fee increase to the late fee for annual renewal process. The Committee will be recommending to Council at an upcoming meeting that the SDL late fee align with the amended renewal late fee. The

Committee will also be considering whether to recommend other fee adjustments related to QA assessments.

Professional Practice Program Collaborative Work

The Professional Practice Program Staff continue to collaborate and participate in:

- HPRO (Health Profession Regulators of Ontario) Practice Advisors Working Group Meetings
- Alliance National Dietetic Regulators Practice Advisors Meetings
- HPRO (Health Profession Regulators of Ontario) Quality Assurance Working Group Meetings
- Clinical Nutrition Leaders Action Group of Ontario (CNLAG)

STANDARDS AND COMPLIANCE PROGRAM

Inquiries, Complaints and Reports Committee ICRC Quarterly Stats for December 1, 2021, to February 28, 2022

21 new matters received by the College of Dietitians of Ontario

- 1 Complaint
- 7 Reports
- 13 Referrals from the Quality Assurance Committee
- 0 Inquiries

4 matters closed at the preliminary review stage

- After making preliminary inquiries, the Registrar did not refer 4 Reports to the ICRC.

13 matters closed by the Inquiries, Complaints and Reports Committee

- 4 Complaints: 3 resulted in no further action, and 1 written reminder
- 4 Reports: 1 resulted in no further action, 2 written reminders, and 1 referred to the Discipline Committee
- 5 Referrals from the Quality Assurance Committee: all 5 closed with no formal investigation
 - *Average time for disposal: 311.1 days for all matters; 331.7 days for complaints only*
 - *Note: In accordance with the CPMF specifications, time for disposal is now calculated using the date received for Complaints and date the ICRC appointed an investigator for Reports and QA Referrals; Reports and QA Referrals where the ICRC does not appoint an investigator are omitted. Please note this is a change from the last reporting period.*

31 matters currently open

- 6 Complaints:
 - 1 complaint on hold pending confirmation from the complainant
 - 1 complaint being brought forward to a Panel for first review
 - 2 complaints returning to Panel for decisions following full investigations
 - 2 decisions reached in principle that need to be drafted or approved
- 9 Reports:

- 5 reports at the preliminary inquiry stage
- 2 reports being brought forward to a Panel for consideration of an Appointment of Investigator
- 1 investigation ongoing
- 1 decision reached in principle that needs to be drafted
- 16 Referrals from the Quality Assurance Committee:
 - 3 investigations ongoing
 - 13 referrals being brought forward to a Panel for consideration of an Appointment of Investigator
- 0 Inquiries
 - *Average time matters have been open: 224 days for all matters; 311.2 days for complaints only*
 - *Note: In accordance with the CPMF specifications, length of time a matter has been open is now based on date received for Complaints and date the ICRC appointed an investigator for Reports and QA Referrals; Reports and QA Referrals that are still under preliminary review are omitted. Please note this is a change from the last reporting period.*

3 complaint decisions reviewed or under review by the Health Professions Appeal and Review Board

- 2 initial case conferences need to be scheduled
- 1 HPARB decision received: HPARB confirmed the ICRC's decision.

REGISTRATION PROGRAM

Annual Renewal

The College's annual renewal process occurred between August 31 and October 31, 2021. Detailed renewal statistics were provided in the December 9, 2021 Management Report. The College's our enhanced communication processes resulted in a 68% reduction in late notices. On December 18, 2021, three members were suspended for not completing the annual renewal form and for non-payment of fees; one suspension has since been lifted. Revocations will automatically occur six months following the date of suspension.

Canadian Dietetic Registration Examination (CDRE)

In Ontario, 154 candidates wrote the November 2021 CDRE on November 22nd and 23rd via an online remote-proctored format with Measure Learning. The November 2021 pass rate was 70%, lower than the typical CDRE pass rate of ~90%.

In Ontario, 54 candidates were unsuccessful on the November 2021 CDRE:

- Temporary members = 42 (34 first attempt, 8 second attempt)
- New applicants = 11 (8 first attempt, 3 second attempt)
- Return to practise = 1 (first attempt)

- Temporary members who failed the CDRE on their first attempt and who are practising dietetics may continue to work and call themselves dietitians provided they submit a supervision plan to the College for approval. Supervision plans were reviewed and approved for 19 Temporary members (15 indicated they were not working).
- Temporary certificates of registration expire following a second failure of the CDRE.
- As per Policy 5-30, anyone who has failed the CDRE twice must successfully complete upgrading before applying to re-write the CDRE for a third and final time.

The Alliance of Canadian Dietetic Regulatory Bodies examined the lower pass rate of both the November and May 2021 CDRE administrations with the psychometrician at Measure Learning and determined the November 2021 CDRE to be a valid and reliable exam.

Reasons for the lower pass rates in 2021 were likely attributed to the pandemic, in particular:

- Disruptions to education programs during pandemic, including online classes, interruptions to practicum placements, and changes in teaching and assessment strategies;
- The impact of the pandemic on candidates' mental health; and
- The impact of stress related to the remote-proctored virtual platform. Research suggests, however, that there is minimal performance difference when comparing virtual and in-person proctored tests (as can be observed with the in-person November 2019 and remote November 2020 CDRE sittings).

In order to assist programs in designing the practical training program experience, the College disseminated program specific CDRE results to Ontario practical training programs providing a comparison between candidate performance on the CDRE in 2020 vs 2021. The areas where lower scores were seen were consistently found in the competency areas of Professional Practice and Population & Public Health.

A total of five appeals were received and reviewed by the Alliance of Dietetic Regulatory Bodies CDRE Appeals Committee:

- Four appeals were based on alleged irregularities in the exam administration; one was based on both alleged irregularities in the exam administration process and personal non-pre-existing circumstances that arose on exam day.
- All five appeals were denied.

Prior Learning Assessment and Recognition (PLAR) Process

- Knowledge and Competency Assessment Tool (KCAT):
 - The annual KCAT was administered on February 23, 2022 via a remotely proctored process with the Touchstone Institute. A total of 36 candidates wrote the 2022 KCAT.
 - Results will be disseminated to candidates by early May 2022.
- Performance Based Assessment (PBA):
 - The first online remote-proctored PBA was administered on December 8, 2021. A total of 17 candidates wrote the PBA.

- There were 6 candidates who passed. Successful candidates will proceed to the next step in the College's PLAR process, which requires completion of the Jurisprudence Knowledge and Assessment Tool (JKAT), prior to being eligible for registration.
- Due to technical difficulties that arose on exam day, which have since been resolved, the remaining 11 candidates will have the opportunity to reattempt the PBA without cost at the next administration, which will be held on July 27, 2022 via an online remotely-proctored process.

Office of the Fairness Commissioner (OFC)

- On December 10, 2021, the College responded to a list of questions from the OFC assessing forward-looking risk factors for all regulators under the OFC's purview. The list of questions includes the organizational capacity for processing applications/completing assessments during the pandemic, third party accountability assurances, over-reliance of Canadian experience.
- The College responded to an OFC 2021 Client Satisfaction Survey on December 23, 2021.
- The Registrar and Director of Registration met with the OFC's new Compliance Analyst assigned to the College's portfolio and the OFC's new Manager, Business and Operational Planning. The primary purpose was a meet-and-greet.
- The OFC is currently revising its annual fair registration practices reporting tool, which all regulators will be required to submit to the OFC in the fall of 2022 (specific deadline date to be determined).

Registration Regulation

The College is awaiting further direction from the Ministry's policy staff on the next steps to submit the proposed amendments to the Registration Regulation. In its *Governance Reform and Regulatory Modernization Consultation* response to the Ministry, the College noted that we hope to move forward with the approval of the proposed regulatory amendments that would both modernize and build in greater efficiencies into our registration practices.

Improving Program Efficiencies

Beginning early January 2022, the College now accepts emailed application forms. This has enabled efficiencies for both applicants and College staff until we implement an online application process.

November 29, 2021 and January 31, 2022 Registration Committee Meetings

- Five application files were reviewed by panels of the Registration Committee at the November 29, 2021 and January 31, 2022 meetings.
- *Policy 6-70: Appeal Process - Eligibility or Disqualification Decisions* and *Policy 6-80: Appeal Process - Results of KCAT or PBA* were revised to build in efficiencies and enable a panel of the committee to PLAR appeal requests vs. the full Registration Committee.

INFORMATION TECHNOLOGY

The IT projects for this fiscal year have been completed. As part of continuous improvement efforts, value assessments are underway relating to IT technical support vendors, survey software, phone systems and the internet service providers.

The College's Health Profession Database (HPD) file submission is complete.

SECTION 2 ISSUES TRACKING

Council Elections

Council Elections are in progress with 1 seat in District 1 (Southwestern area) and two seats in District 3 (Central area, Toronto and York). Nominations closed on February 18.

Ann Watt, RD has been acclaimed in District 1. There are three candidates for the election in District 3. Election notices will be sent to members in District 3 on March 21. Voting will close on April 20 at 5 pm.

Ministry Consultation

The Ministry of Health recently provided health regulatory Colleges with the opportunity to comment on proposed regulatory governance and oversight reforms. The College submitted a letter to the Ministry on February 23, 2022. The recent [issue of Grey Areas \(SML\)](#) discusses external review of regulators by the Auditor General.

Regulatory Environment

On February 28, 2022, *Bill 88, Working for Workers Act* was introduced which:

- Proposes an amendment to the Fair Access to Regulation Professions and Compulsory Trades Act (FARPACTA) to require Canadian mobility applicants to receive registration within 30 days of a completed application form. If carried, the proposed legislative amendment will apply to non-health regulatory bodies.
- Proposed the repeal of the Traditional Chinese Medicine Act, which would have wound down the College of Traditional Chinese Medicine and Acupuncturists of Ontario (CTCMPAO). The proposal would have returned acupuncture to the public domain and TCM practitioners and acupuncturists would have been able to voluntarily register with the Health and Supportive Care Provider Oversight Authority. This proposal was subsequently removed from Bill 88.

SECTION 3 OTHER INFORMATION ITEMS

7.2 Statement of Operations Fiscal 2022 as at December 31, 2021

7.3 Capital Asset Purchases Fiscal 2022 as at December 31, 2021

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at December 31, 2021
FISCAL YEAR ENDED MARCH 31, 2022

	9 Months Ended			Total Annual Budget Mar 31, 2022	Comparative 9 Month Actuals Dec 31, 2021	Dec 2021 vs Dec 2020 % Variance
	Actuals Dec 31 2021	Budget Dec 31 2021	Actual vs Budget % Variance			
REVENUE						
Membership & Other Fees (1)	\$ 2,191,273	\$ 2,153,951	2%	\$ 2,871,935	\$ 2,100,210	4%
Interest & Dividends (2)	142,164	103,500	37%	138,000	103,945	37%
Realized Gain/(Loss) on Sale of Investments (3)	(93,654)	-		-	32,370	-
Temporary Wage Subsidy (Fiscal 2021 only)					13,353	
TOTAL REVENUE	2,239,783	2,257,451	-1%	3,009,935	2,249,879	0%
EXPENSES (Operating)						
General & Administrative (4)	1,714,594	1,750,965	2%	2,334,620	1,472,979	-16%
Registration Program (5)	123,213	129,395	5%	172,527	106,350	-16%
Quality Assurance Program (6)	31,030	112,735	72%	150,314	34,145	9%
Practice Advisory Program (7)	10,356	38,179	73%	50,906	1,102	
Patient Relations Program (8)	-	844	100%	1,125	-	
Standards & Compliance Program (9)	174,109	110,483	-58%	147,310	105,206	-65%
TOTAL EXPENSES BEFORE AMT'N	2,053,302	2,142,600	4%	2,856,801	1,719,782	-19%
EXCESS REVENUE OVER EXPENSES (EXPENSES OVER REVENUE)	186,480	114,850		153,133	530,097	-65%
<i>Less: Non-cash expenses:</i>						
Capital Asset Fund - Amortization (10)	(57,213)	(48,750)	-17%	(65,000)	(58,050)	
Unrealized FV appreciation (depreciation) of Investments (3)	328,115				554,432	
SURPLUS	457,382	66,100		88,133	1,026,478	
FUND BALANCES - beginning of year	3,728,079	3,728,079		2,846,454	2,396,454	
FUND BALANCES - December 31, 2021	\$ 4,185,461	\$ 3,794,179		\$ 2,934,587	\$ 3,422,933	

NOTES and HIGHLIGHTS:**REVENUE (actual total revenues are in line with the 3rd quarter budget - variance less than 5%)**

- (1) **Revenues from members** in all categories have generated **\$2,191,273 to December 2021**. This amount is **in line with the budget** and **4% higher than the prior year**. This is reasonable since fees remained constant at \$641 per member in 2020 and 2021, but membership has increased slightly. Membership fees are being reported on an accrual basis to recognize revenues which were paid in Fiscal 2021, but earned in Fiscal 2022 (from April 1 to December 31, 2021).
- (2) **Investment income (interest & dividends)** of **\$142,164** was received from long term investments held at RBC Dominion Securities and from an operating bank account with Scotiabank; this income is **37% higher than the 3rd quarter budget** and **37% higher than the prior year**. The increase can be attributed to higher dividend income received from investments.
- (3) **Unrealized appreciation** in the fair value of investments was **\$328,115** (on unsold investments). The College also had a **Realized a Loss on Sale of Investments of \$93,654**.
Due to the unpredictable nature of the market, gains and losses on sales of investments and the appreciation or depreciation of unsold investments cannot be budgeted for.

EXPENSES (actual expenses are in line with the 3rd quarter budget - variance less than 5%)

- (4) Overall, **General & Administrative** expenses are **in line with the 3rd quarter budget (variance less than 5% from budget)**:

Council costs are **44% less than the 3rd quarter budget** since some in-person meetings were budgeted for (including travel, accomodation and food) but all were virtual. In addition to regular Council meetings held virtually in June, September and December, there were a number of special meetings to discuss the appointment of the Interim Registrar and the Permanent Registrar. Council Development costs regarding governance modernization will occur in the 4th quarter.

Executive Committee expenses are **46% less than the 3rd quarter budget** since some in-person meetings were budgeted for but all were virtual; in addition to 8 regular meetings, 15 meetings were held by the Registrar Recruitment Committee, to facilitate the hiring of the Interim and Permanent Registrar at the College.

Audit Committee expenses are now being budgeted for and tracked separately. The Audit Planning and Audit Results meetings for the Fiscal 2021 year end were held as planned in April and June.

Other **General & Administrative Expenses** such as **Salaries & Benefits, Computer Expenses, Communications, Staff Development, Membership Dues, Rent, Insurance and Bank Charges** are **in line with the 3rd quarter budget**. Salaries & benefits are expected to increase as the effects of the turnover in staff and additions to the staff complement will be experienced later in the year.

Legal Fees for employment law matters **exceeded the 3rd quarter budget** since more legal advice around HR matters due to the turnover of the Registrar and other staff. Registrars' contracts was required due to turnover of the Registrar and staff positions. Legal advice was also required for other HR and operational issues.

Underspending occurred in a number of areas, including **Annual Report, Office Expenses and Professional Fees** and **Contracted Services**. The Annual Report will be produced in early Fiscal 2023. The project to scan documents held offsite will occur when staff return to the office. Professional fees were required for the placement of the Registrars and the Communications and HR Manager positions, for a staff facilitation session and to review staff job descriptions. The project and plan to incorporate Equity, Diversity & Inclusion (EDI) principles into operations was completed by the consultant and the EDI Task Force. A consultant's work to evaluate the database will occur in the 4th quarter, as will Contracted Services for assistance with other administrative projects.

COLLEGE OF DIETITIANS OF ONTARIO
STATEMENT OF OPERATIONS as at December 31, 2021
FISCAL YEAR ENDED MARCH 31, 2022

- (5) The **Registration Program** expenses are in line with the 3rd quarter budget. Credit card fees, which are a large portion of administrative costs, are in line with the budget. Work related to mapping new dietetic competencies to U.S. and Australian competencies will occur in the 4th quarter. The scanning and shredding of files will be deferred to Fiscal 2023 as part of a larger records and data management project.
- \$44,770 was budgeted for administration and maintenance costs of the Performance Based Assessment (PBA) and the Knowledge and Competence and Assessment Tool (KCAT). Staff trained assessors and administered the PBA remotely with an external vendor in December 2021; PBA scoring, arbitration and psychometric analysis will occur in the 4th quarter. Costs to date for the PBA were \$24,178 and are being offset by fees from writers. The cost to maintain and administer the KCAT will occur in early Fiscal 2023. **Registration Committee** expenses are **14% higher than the 3rd quarter budget**, due to more consulting and legal costs on applicant files presented to the Committee.
- (6) The **Quality Assurance Program** expenses are **72% less than the 3rd quarter budget** since the major work to revise the Peer & Practice Assessment (PPA) processes to move the assessment to an online and remote platform will be done in the 4th quarter and in Fiscal 2023. Modifications to the Jurisprudence Knowledge Assessment Tool (JKAT) will also occur in Fiscal 2023. Related computer expenses and assessor training will occur in Fiscal 2023. EDI training for assessors was completed and the work of the assessors for the Learning Diaries was completed in February 2022. **QA Committee** expenses are **56% less than the 3rd quarter budget**; this is due to the fact that in-person meetings were budgeted for, but all have been virtual. Virtual meetings were held as planned.
- (7) The **Practice Advisory Program** incurred minimal expenses since the fall workshops were virtual and a Town Hall meeting, work on cultural competence and the production of videos for members will be deferred to next fiscal year. Staff development sessions have been virtual as well, reducing costs. Other program expenses have been incurred as planned. The **Professional Practice Committee** held 1 full-day meeting as planned. Focus groups of dietitians who are Subject Matter Experts on policy development will be held for policy work after Council has reviewed related documents in March 2022.
- (8) The **Patient Relations Program** incurred no expenses. This program now consists of **PR Committee** meetings alone. All program administration expenses have been moved to General Administration - Communication Initiatives. **The Committee** is underspent because it held no meetings, since no meetings were required. Minimal expenses were budgeted this year due to a planned review and revision of the Committee's terms of reference.
- (9) Overall, **Standards & Compliance Program** expenses are **58% higher than the 3rd quarter budget** since the College had a higher than usual number of complex matters going to ICRC that have required investigations, case management and legal fees. It is difficult to predict and budget for the total costs of investigations from year to year. However, the pandemic has not affected the complaint and report caseload.
- \$40,000 is the annual budget for Investigations of members (conducted by an external investigator) and \$65,000 for Case Management (conducted by an external manager) of member files. \$63,329 was spent on Investigations of members and \$64,181 was spent on Case Management.
- The **Discipline Committee** is underspent because it held no meetings; spending on **ICRC** meetings was slightly less than budget. \$25,000 is the annual budget for Legal Fees for matters which will go to ICRC; actual Legal Fees were \$41,448.
- \$6,000 was budgeted for subject matter experts to conduct interviews and/or provide opinions/reports to the investigator for ICRC; \$904 has been spent to date.
- No funds were budgeted for, or spent, on a Hearing.
- (10) **Amortization expense** represents the cost of the decline in value of capital asset purchases over time.

COLLEGE OF DIETITIANS OF ONTARIO
 CAPITAL ASSET PURCHASES as at DECEMBER 31, 2021
 FOR THE FISCAL YEAR ENDED MARCH 31, 2022

Council Attachment 7.3

	Budget 2021/2022	Actual Purchases April - Dec 2021	Description
<u>I - Computer equipment (hardware) replacements</u>			
1. 3 Laptops (3 ProBook 640 laptops x \$1,000 x 1.13) + 4 monitors	4,290	4,799	3 laptops + 2 docking stations + 4 monitors
Subtotal (Computer Hardware)	4,290	4,799	
<u>II - Leasehold Improvements</u>			
Changes to Office Space	-	-	
Subtotal (Leasehold Improvements)	-	-	
<u>III - Office equipment</u>			
Office furniture	-	-	
Subtotal (Office Furniture & Equipment)	-	-	
<u>IV - Non-iMIS Software</u>			
MS Office for new laptops (3 x \$150 x 1.13)	509	-	
Subtotal (Computer Software - non-iMIS)	509	-	
<u>V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of High Hours)</u>			
Gen Admin - Accounting - Online Claims (19 hrs x \$170 x 1.13)	3,650	6,334	Additional changes requested for this project.
Gen Admin - Refresh DEV database (15 hrs x \$170 x 1.13)	2,882	961	
Gen Admin - Server Improvement (10 hrs x \$170 x 1.13)	1,921		
Gen Admin - PAP Workshops (5 hrs x \$170 x 1.13)	961	816	
Gen Admin - Public Register (25 hours x \$170 x 1.13)	4,803	624	
Registration - Professional Corporation Dashboard (20 hrs x \$170 x 1.13)	3,842	2,689	
Registration - Renewal (38 hrs x \$170 x 1.13)	7,300	5,720	
Subtotal (Computer Software - iMIS)	25,357	17,145	
Total additions anticipated	30,156		
Capital Assets Purchases Budget F'2021-2022	\$ 30,000	21,944	

Capital asset purchases are proceeding as planned and will continue throughout the fiscal year.



Council Briefing Note

Topic:	Strategic Plan Monitoring Report and Strategic Workplan for 2022 – 2023
Purpose:	Monitoring Report
Strategic Plan Relevance:	Strategic Plan Progress
From:	Melanie Woodbeck, Registrar & Executive Director

ISSUE

Council is being asked to review the College's progress on the strategic plan in 2021 - 2022 and the strategic projects and activities planned for 2022 – 2023, including new Key Performance Indicators (KPIs).

BACKGROUND

The Council approved the [College's Strategic Plan and Goals](#) in March 2020. The Registrar is responsible for carrying out Council's goals and determining how best to achieve those goals. Council monitors progress to the plan and achievement of the outcomes set out by Council and ensures that the plan is resourced appropriately.

CONSIDERATIONS

The 2021 – 2022 accomplishments to the strategic plan and the key activities for 2022 – 2023 are attached for Council's information and feedback. Please refer to Appendix 1 for the Strategic Plan Monitoring Report.

When reviewing the monitoring report, Council will note:

- Two to three strategies have been added to each goal. The goals, developed and approved by Council, set out the direction – the “what” in terms of the outcomes that the College should strive to achieve. The strategies reflect the “how” and provide focus to how the goals will be achieved and the types of projects and initiatives that management will pursue. The strategies will remain in place for the duration of the strategic plan.

- A short-hand title was added to each goal statement to facilitate connecting for council a policy/initiative's linkage to the strategic plan on the briefing note heading. The titles reflect the goal statement and the explanatory paragraphs to each.
- For goal statement 2, for clarity and to ensure that Council's intention is captured with respect to communication with all stakeholders, the goal statement now reads: "Communicate effectively to support understanding of the College's mandate." As stated in the explanatory paragraph: "The College will more ably achieve its mission and vision, if all stakeholders, including registered dietitians, understand the role and mandate of the College and have access to resources that will assist them. The College will strive to demonstrably increase understanding of the College's mandate and to continue to deliver resources relevant to public protection. The College will continue to ensure transparency and clarity in its communications with all other stakeholders, especially members of the public."
- The key activities presented have been resourced in the draft 2022 – 2023 budget.
- New KPIs, with targets (as applicable) have been added to the plan. Targets have been set for processes where existing data is present. Benchmarking will be done in 2022 for new KPI measures for the organization.
- Going forward, the monitoring report will be provided to Council at its meeting in the second quarter for a mid-year check-in and the fourth quarter when budget is set.

NEXT STEPS

The strategic plan monitoring report and workplan is being presented for Council's information and feedback.

ATTACHMENT

- Appendix 1: Strategic Plan Monitoring Report

Strategic Plan Monitoring Report | March 2022

Goal 1: Regulatory Effectiveness and Performance Measurement
The College will measure and report its regulatory performance to the public.

Strategies	Key Activities 2022 – 2023	KPI Measure	Target	2021 – 2022 Accomplishments
<p>1.1 Enhance IT systems and data governance to support data collection, analysis, reporting and security</p>	<ul style="list-style-type: none"> • Conduct database needs assessment/gaps analysis • Upgrade database • Review, update/develop data governance and records management policies and procedures • Review and update reporting templates 	<p>% ‘meets expectations’ rating on CPMF</p>	<p>TBD</p>	<ul style="list-style-type: none"> • Completed inaugural CPMF report. CDO was recognized with 3 commendable practices by the MOH and HPRO regulators • Completed the Ontario Fair Registration Practices Report and was given a ‘low risk’ rating in the Office of the Fairness Commissioner’s new Risk Informed Compliance Framework • Completed database upgrade preparatory work
<p>1.2 Convey information about College effectiveness in clear, concise, transparent, and accessible reporting formats</p>		<p>% of CPMF action items in completed in subsequent yr</p>	<p>100%</p>	
		<p>% of registration applications opened within 5 business days of application form + fee receipt</p>	<p>90%</p>	
		<p>% registration decisions issued within 6 months of file completion date</p>	<p>90%</p>	

Strategic Plan Monitoring Report | March 2022

Goal 2: Transparent and Effective Communications				
The College will communicate effectively to support understanding of the College’s mandate, services and resources.				
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	2021 – 2022 Accomplishments
2.1 Increase our understanding about the public and RDs and use learning to design communication and educational initiatives	<ul style="list-style-type: none"> • Gather and consolidate internal data (including EDI data) and create strategy for engagement • Develop data-based public awareness campaign • Develop educational sessions/resources for members based on data • Conduct gaps analysis for French language services • Review College branding, website, key messaging • Engage in a relational communications audit and create College style guide • Increase social media presence 	Public Awareness Rating	Baseline in 2022	<ul style="list-style-type: none"> • Expanded webpages for applicant registration; developed an EDI progress page; and improved website information about Quality Assurance (QA) program requirements, and continued conversion of PDFs to webpages • Implemented Public Education Plan through multiple marketing channels resulting in double-digit growth in website traffic and triple-digit growth to the Public Protection pages of website • Launched the first CDO Public Awareness survey to create a baseline metric of the public’s awareness of the College and its regulatory role • Created 3 public awareness videos on role of the College for YouTube, plus quizzes and increased social media frequency to support key messaging • Citizens Advisory Group engaged to conduct website evaluation survey and COVID-19 measures for return to practice. CAG meeting reports informed Practice Advisory Questions related to advertising and use of testimonials • Delivered increasingly complex and novel one-to-one individualized practice advice (1151 inquiries in 2021) • Completed 3 “test your knowledge” RD quizzes on PHIPA – privacy of personal health information, Virtual Care and Practising Through the Delegation of a Controlled Act • Delivered workshop series for RDs on unconscious bias (23 sessions included webinars and small group learning workshops) • Delivered Q&A Lunch and Learns webinars on Delegation and on Writing Smart Learning Goals (6 sessions) • Delivered presentations to dietetic practicum students on jurisprudence, registration with the College, exam preparation, and other issues (16 sessions)
2.2 Enhance College consultation, outreach processes, and communication methods in a way that considers equity, diversity and inclusion, and right-touch regulation		Relational Communication Rating	Baseline in 2022	
		Increase in Social media followers	5% increase	
		Increased web traffic Public Protection & Register sections	5% increase	
		# targeted educational topics	8	
2.3 Refresh College branding and use communication methods that are engaging, accessible and meet the evolving needs of the public, members, and other groups we engage with		% satisfaction educational sessions	85%	
		# priority documents/ processes/ webpages translated into French	Baseline in 2022	

Strategic Plan Monitoring Report | March 2022

Goal 3: Risk-Based and Right-Touch Regulation				
The College will make decisions in accordance with a risk (harm reduction) framework.				
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	2021 – 2022 Accomplishments
3.1 Develop risk-based and right-touch regulation tools and processes for College decision-making	<ul style="list-style-type: none"> • Refresh the College’s Risk Management Policy and Procedures • Adopt an Equity Impact Assessment Framework • Create new registrant guidelines: virtual care guideline, social media guidelines, definition of dietetics, Insulin guidelines, private practice guidelines • Create schedule for College policy refresh and evaluation (includes Registration, Professional Practice, ICR) • Conduct analysis - Update College programs to reflect new ICDEPs • Review internal program process and create/ update tools to get at risks (Registration, QA, ICR) 	# of regulatory policies created/updated with EDI lens	5	<ul style="list-style-type: none"> • First ever online administration of the PLAR (KCAT and PBA), including updates to the preparation guides • Updated Registration policy on currency to ensure all applicants have the knowledge and skills to practice safely and ethically • Updated Registration Prior Learning Assessment and Recognition (PLAR) policy to ensure no undue barriers to applicants • Completed Council, Committee and staff training on Risk Management; Right-Touch Regulation; and Trauma-Informed Approaches • The College received a clean audit opinion on the Fiscal 2021 financial statements and on the compliance with the College’s Executive Limitations policies • Updated Jurisprudence topics in English and French • Launched Professional Practice Standards for Practising under a Delegation of a Controlled Act, approved by Council • Collaborated with systems partners to complete various guidance documents: Privacy Toolkit Revised & PHIPA Update; Pandemic Communication and Guidance; Pandemic FAQs, including, Redeployment, Consent and Virtual Care, Infection Control, Emergency Orders, Directives, Private Practice Guidance; Return to Practice Guidelines during the pandemic • Completed and presented to the Audit Committee a comprehensive Internal Control Assessment (provided by auditors), covering the College’s management of risks in the general business environment, information technology, financial statement preparation and the revenues, purchases and payroll systems.
3.2 Align standards and resources for Registered Dietitians with risk-based, right-touch and EDI principles				
3.3 Leverage organizational data and external information to identify and act on areas of risk				

Strategic Plan Monitoring Report | March 2022

Goal 4: Governance Modernization and Enhancing Public Trust				
The College will update its governance model in accordance with evidence-based practices.				
Strategies	Key Activities 2022 – 2023	KPI Measure	Target	2022 – 2022 Accomplishments
4.1 Implement governance initiatives that promote regulatory excellence, accountability and EDI principles	<ul style="list-style-type: none"> Develop governance modernization action plan Develop/refine pre- and post-engagement council/committee/chair training Engage in a 3rd party council assessment Continue to finalize the governance manual Create Council and operational EDI plans and action recommendations from EDI report 	% of Global Diversity, Equity and Inclusion Benchmarks in proactive, progressive or best practice categories	Baseline in 2022	<ul style="list-style-type: none"> Updated rules of order to consensus-based framework Governance Committee and Terms of Reference approved, governance expert retained By-laws approved to provide foundation for Elections Pre-training and cooling off period for Council and Committee eligibility Council orientation presentation updated Election info session presentation provided Struck EDI-B Taskforce and concluded EDI-B audit with Dr. Javeed Sukhera Council adopted Land Acknowledgement Council, Committee and Staff Training on: Governance Modernization; Meeting Facilitation; Cultural Safety & Humility; and Unconscious Bias Improved consistency in Committee orientation across Committees
4.2 Operationalize EDI in College processes, policies and decision making		3 rd party council assessment	Baseline in 2022	



Council Briefing Note

Topic:	Draft Budget for the Fiscal Year 2022-2023 (April 1, 2022 – March 31, 2023)
Purpose:	Decision Required
Strategic Plan Relevance:	The budget supports the strategic projects planned for 2022 – 2023
From:	Melanie Woodbeck, Registrar & Executive Director Sarah Ahmed, Director of Finance & Corporate Services

ISSUE

Council is being asked to review and approve the draft budget for the 2022-23 fiscal year (April 1, 2022 – March 31, 2023). The budget is being proposed with no increase in general membership fees from the current amount of \$641 per member.

PUBLIC INTEREST RATIONALE

A decision to review and approve an annual budget serves the public interest by ensuring Council provides appropriate governance and oversight on financial matters. The proper management of the College's funds will ensure that its strategic goals are fulfilled and that operations are supported through an appropriate allocation of funds received from members and applicants and from income earned from investments.

BACKGROUND

The Executive Committee met on February 23, 2022 and reviewed the draft budget for the fiscal year 2022-23 (see Attachment 9.2 DRAFT Budget for Fiscal 2022-23). The Committee reviewed in detail the sources of income and the proposed expenses for the College. Membership fees make up the majority of College income (i.e. virtually all College expenses are funded by annual membership fees).

CONSIDERATIONS

In preparing the draft budget, staff considered the level of income that would be needed to fund the proposed expenses. The budget assumes the current general membership fees of \$641 per member, as has been the College's approach since Fiscal 2020-21 (when Council decided to not increase fees). The inflation rate as per the Canadian Consumer Price Index (CPI) for the period December 2020 – December 2021 is 3.4%.

The draft budget for the fiscal year 2022-23 as presented, anticipates that expenses will be fully covered by the revenues generated from a membership growth of 3% and a renewal fee of \$641. The College continues to experience a healthy financial position. The investment portfolio has provided consistent earnings in addition to the fee revenues from members and applicants. As a result, a modest surplus is expected to be added to the College's Reserve Fund for the year ending March 31, 2023. The projected reserve fund balance is \$3,672,215 (March 31, 2023), which represents 13 months of expenses. In light of this, and the continued challenges faced by dietitians due to the COVID-19 pandemic, a renewal fee increase is not essential for the fiscal year 2022-23.

While we are hopeful that the pandemic will not continue to impact operations, its presence continues to present some challenges to forecasting expenses. Coupled with this is the practical reality that while fees haven't increased, the costs of regulation are increasing. For example, compliance with the Ontario Ministry of Health requirements and regulatory modernization will result in higher costs of French translation, governance consulting and additional staff resources. The work required to achieve the strategic goals approved by Council, after deferring some of the work in previous years due to the pandemic, will increase costs. The College has also experienced an increasing number of complaints regarding members since the start of the pandemic. The draft budget has been developed with these important contextual items in mind.

RECOMMENDATION:

That Council approve of the draft budget for the 2022-23 fiscal year as presented.



**DRAFT BUDGET for FISCAL 2022/2023
(April 1, 2022 - March 31, 2023) as of March 11, 2022**

CONSOLIDATED BUDGET – page 2

Schedule 1 – Administrative Budget and Notes – pages 3 - 5

Schedule 7 – Capital Asset Purchases Budget – page 6

**COLLEGE OF DIETITIANS OF ONTARIO
CONSOLIDATED DRAFT BUDGET - AS OF MARCH 11, 2022
FOR THE FISCAL YEAR ENDING MARCH 31, 2023**

ASSUMPTION: NO INCREASE IN GENERAL MEMBERSHIP FEES

	Administration	Committee Work	Sub-Total before Funds	Hearings Reserve Fund	Capital Fund *	Total 2022/2023
REVENUE (Schedule 1)	\$ 3,140,924	\$ -	\$ 3,140,924	\$ -		\$ 3,140,924
GENERAL & OTHER						
ADMINISTRATIVE EXPENSES (Schedule 1)	2,432,530	113,828	2,546,358	70,500	70,000	2,686,858
PROGRAMS:						
Registration	155,636	44,078	199,714	-		199,714
Quality Assurance	135,787	19,114	154,901	-		154,901
Practice Advisory	27,270	13,594	40,864	-		40,864
Patient Relations	-	1,125	1,125	-		1,125
Standards & Compliance	150,000	43,325	193,325	-		193,325
PROGRAM EXPENSES	468,693	121,236	589,929	-		589,929
TOTAL EXPENSES	2,901,224	235,064	3,136,288	70,500	70,000	3,276,788
NET SURPLUS / (DEFICIT) - Fiscal 2022 with NO increase in general membership fees			\$ 4,636	\$ (70,500)	\$ (70,000)	\$ (135,864)

Projected NET SURPLUS - Fiscal 2022 80,000

Reserve Fund Balance as at March 31, 2021 3,728,079

Projected Reserve Fund Balance as at March 31, 2023 \$ 3,672,215

* - In presenting the consolidated draft budget an amount for amortization (a non-cash item) is shown and included in the calculation of the surplus/deficit. Amortization represents the depreciation of the College's capital assets each year and therefore reduces the capital fund. Cash outlays for capital asset purchases (for long-term use) increases the capital fund; the draft budget for capital assets purchases in Fiscal 2022-2023 is \$30,300.

COLLEGE OF DIETITIANS OF ONTARIO
SCHEDULE I - ADMINISTRATIVE DRAFT BUDGET AS OF MARCH 11, 2022 (NO INCREASE IN FEES)
COMPARISON of FISCAL 2023 BUDGET to FISCAL 2022 BUDGET & FISCAL 2021 ACTUALS
FOR THE FISCAL YEAR ENDING MARCH 31, 2023

ASSUMPTION: NO INCREASE IN GENERAL MEMBERSHIP FEES

			DRAFT		
	Operating Actual Audited Results March 31, 2021	Operating Budget March 31, 2022	Operating Budget March 31, 2023	Inc (Dec) BUDGET	NOTE
REVENUE					
Membership Fees	2,697,200	2,754,060	2,832,499	3%	(1)
Temporary Registration Fees	20,640	20,160	27,600	37%	(2)
Application, KCAT Application & Assessment Fees	76,890	61,065	72,750	19%	(2)
Performance Based Assessment Exam Fees	-	25,300	16,100	-36%	(2)
Penalty and Appeal Fees & Misc Income	14,932	11,350	5,975	-47%	(2)
Investment Income	301,906	138,000	186,000	35%	(3)
TOTAL REVENUE	\$ 3,111,568	\$ 3,009,935	3,140,924	4%	
GENERAL ADMINISTRATIVE EXPENSE					
Salaries and Benefits	\$ 1,541,011	\$ 1,589,000	\$ 1,905,400	20%	(4)
Temporary Wage Subsidy	(13,353)	-	-		
Contracted Services & Bookkeeping	-	38,400	12,400	-68%	(5)
Computer	77,754	73,855	114,750	55%	(6)
Communication Initiatives (includes Public Education)	17,323	98,400	90,700	-8%	(7)
Annual Report	6,127	6,250	6,400	2%	
Staff Development	8,256	11,630	19,440	67%	(8)
Staff Travel	1,737	2,000	2,000	0%	
Membership Dues	22,878	23,900	29,500	23%	(9)
Rent	137,863	141,108	142,800	1%	
Telephone/Internet	31,596	29,500	30,400	3%	
Insurance	7,286	7,700	7,900	3%	
Office Expense	19,976	30,315	20,500	-32%	(10)
Printing/Postage/Delivery	2,642	3,500	3,500	0%	
Translation	78	1,000	1,000	0%	
Legal Fees	16,937	5,000	5,000	0%	
Professional Fees / Consultants	53,743	186,530	38,340	-79%	(11)
Bank charges	2,315	2,500	2,500	0%	
Total General Administrative Expenses	\$ 1,934,169	2,250,588	2,432,530	8%	
OTHER ADMINISTRATIVE EXPENSE					
Council	46,317	72,707	94,985	31%	(12)
Executive Committee	17,471	11,325	13,157	16%	(13)
Governance Committee	-	-	4,648		(14)
Audit Committee	-	1,038	1,038		
Total Other Administrative Expense	63,788	84,033	113,828	35%	
TOTAL ADMINISTRATIVE EXPENSES	\$ 1,997,957	\$ 2,334,621	\$ 2,546,358	9%	
PROGRAMS: ADMIN & COMMITTEE EXPENSES					
Registration	115,556	172,527	199,714	16%	(15)
Quality Assurance	44,001	150,314	154,901	3%	(16)
Practice Advisory	3,665	50,906	40,864	-20%	(17)
Patient Relations (Committee only)	-	1,125	1,125	0%	
Standards & Compliance	151,639	147,310	193,325	31%	(18)
TOTAL PROGRAM ADMIN & COMMITTEE EXPENSES	\$ 314,862	\$ 522,182	\$ 589,929	13%	
SURPLUS BEFORE FUND EXPENSES	\$ 798,749	\$ 153,133	\$ 4,636		

**COLLEGE OF DIETITIANS OF ONTARIO
SCHEDULE I - ADMINISTRATIVE DRAFT BUDGET NOTES AS OF MARCH 11, 2022
FOR THE FISCAL YEAR ENDING MARCH 31, 2023**

ASSUMPTION: INCREASE IN GENERAL MEMBERSHIP FEES SOLELY DUE TO MEMBERSHIP GROWTH, NOT INFLATION.

NOTES:

- (1) The increase in general membership fees is based on **2 assumptions**; 1) that **general membership will increase by 3%** in Fiscal 2022/2023 and that 2) the **inflation rate is 3.4%** based on the most current available rate as per the Canadian Consumer Price Index (December 2021). This **3.4% rate of inflation will NOT be applied to general membership fees in this budget.**

Also taken into account are historical growth rates and analyses of resignations and graduates expected to become full members. An audit adjustment is made each year to defer a portion of revenues to the next fiscal year to reflect the fee revenue applicable from April to October of the next fiscal year.

- (2) Increases and decreases in other fees are based on an analysis of the current fiscal year's activities and those anticipated for the next fiscal year. In general, there has been an increase in temporary fees and application fees. This is expected as we move on from the pandemic. A decrease in penalty fees for late payments and submissions is anticipated as a result of increases in the actual penalty fees being charged, which should act as deterrents. Performance Based Assessment (PBA) Fees are expected to decrease since candidates from the 2021 assessment who were unsuccessful and experienced technical issues, will be offered a free rewrite.
- (3) Interest and dividend income is estimated using the current value of the CDO's investment portfolio, anticipated interest rates and earnings trends in the last 3 fiscal years. Gains and losses on the value of the investment portfolio cannot be budgeted for.
- (4) Salaries & Benefits will increase due to the expansion of staffing in the areas of Human Resources, Professional Practice and Communications (2.4 FTE). Regular salary increases account for inflation plus modest merit increases. Benefits premiums are expected to decrease by 5%, but more staff will be included in the benefits plan. There will also be some overlapping of staff to accommodate maternity leaves.
- (5) The decrease in contracted services is due to the fact that less external assistance is anticipated for bookkeeping and other administrative functions.
- (6) The increase in computer expenses is attributed to an upgrade to the iMIS database. This upgrade will improve efficiency and functionality and will facilitate the College's reporting obligations, thereby reducing operational risk to the College. Computer expenses will also increase as a result of the increase in staffing, and due to the addition of software required to facilitate the full transition to electronic communications in a secure manner.
- (7) The decrease in communication initiatives expenses is due to the deferral of the production of new videos for the public. Other expenses related to the public education campaign are expected to remain similar to prior years.
- (8) The increase in staff development expenses is due to the increase in staffing and the expected increase in course and conference fees should pandemic conditions allow. Some travel expenses to these courses and conferences is expected.
- (9) The increase in membership dues is attributed to an increase in annual fees expected to be charged by the Alliance of Canadian Dietetic Regulatory Bodies.

- (10) The decrease in office expenses is due to the fact that a firm date for a return to the office is uncertain. A scanning project for a large number of documents stored offsite is also being deferred.
- (11) The decrease in professional fees for consultants is due to the fact that the Registrar recruitment and transition consulting costs occurred in Fiscal 2022, and are not expected to occur in Fiscal 2023. Recruitment costs for staff will also decrease since the College has hired a full time HR Manager. The professional fees budgeted for Fiscal 2023 are for:
- the annual financial audit
 - recruitment advertisements of staff positions (a contingency)
 - records & data management consulting
 - incorporating Equity, Diversity & Inclusion (EDI) principles into the College's operations
- (12) The increase in Council expenses is attributed to training in the areas of EDI, meeting facilitation or other council training needs that may be identified, and to legal fees related to the College's bylaws in light of governance modernization. Consulting fees are budgeted for governance modernization initiatives.
- (13) The increase in Executive Committee expenses is attributed to consulting fees, which are anticipated for a review of the Registrar's performance.
- (14) A new Governance Committee has been struck and will be meeting to work on governance modernization.
- (15) The increase in Registration Program expenses is attributed to consulting fees, which are anticipated for the implementation of the new national dietetic competencies and for two RDs to conduct credential assessments. In addition, legal fees are expected for work on issues related to applications, the PBA and the Knowledge & Competency Assessment Tool (KCAT) and for unusual files. A summer student contract is planned to facilitate testing to ensure a smooth database upgrade. A summer job grant application has been made, which if awarded, will offset costs.
- (16) The Quality Assurance Program costs are related to the revision of the Peer & Practice Assessment (PPA), for which a consultant will be hired to incorporate the new national dietetic competencies. Consulting fees are also anticipated for item writing for the Jurisprudence Knowledge & Assessment Tool (JKAT), and training is planned for PPA assessors.
- (17) The decrease in the Practice Advisory Program expenses is due to the fact that most of the 30+ annual workshop series, networking, staff development and the Professional Practice Committee meetings will be conducted virtually.
- (18) The increase in Standards & Compliance Program expenses is due to an expected increase in the case management and investigations of complaints related to RDs. These costs are difficult to predict but are based on the current year's activity and the expected activity in the next fiscal year. The costs 1, 3-day (contested) hearing have been budgeted for in the Hearings Reserve Fund.

**COLLEGE OF DIETITIANS OF ONTARIO
SCHEDULE 7 - CAPITAL ASSET PURCHASES DRAFT BUDGET
FOR THE FISCAL YEAR ENDED MARCH 31, 2023**

	Budget 2022/2023
<u>I - Computer equipment (hardware) replacements</u>	
1. 7 desktops that are 5 years old (7 contingency) (7 x \$1,200)	8,400
2. 6 Monitors (5 contingency, 1 required) (6 x \$250)	1,500
Subtotal (Computer Hardware)	9,900
<u>II - Leasehold Improvements</u>	
Changes to Office Space	-
Subtotal (Leasehold Improvements)	-
<u>III - Office equipment</u>	
Office furniture	-
Subtotal (Office Furniture & Equipment)	-
<u>IV - Non-iMIS Software</u>	
Subtotal (Computer Software - non-iMIS)	-
<u>V - iMIS: Visual Antidote Programming Costs (Quote - Use estimate of Average Hours)</u>	
Gen Admin - iMIS Upgrade - VA (74 hrs x \$185 x 1.13)	15,470
Gen Admin - Sonic Forms Upgrade - VA (31 hrs x \$185 x 1.13)	6,481
Gen Admin - Finance - Online Claims (45.5 hrs x \$185 x 1.13)	9,512
Gen Admin - Public Register (25 hours x \$185 x 1.13)	5,226
PAP Workshops (6 hrs x \$185 x 1.13)	1,254
Registration - Liability Insurance (7.5 hrs x \$185 x 1.13)	1,568
Registration - Renewal (13.5 hrs x \$185 x 1.13)	2,822
Subtotal (Computer Software - iMIS)	20,382
Total additions anticipated	30,282
Capital Assets Purchases Budget F'2022-2023	\$ 30,300



Council Briefing Note

Topic:	Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario
Purpose:	Decision Required
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Effective and Transparent Communication Risk-Based and Right-Touch Regulation
From:	Professional Practice Committee

ISSUE

Based on the proposed recommendation from the Professional Practice Committee (PPC), Council is being asked to review and approve the final copy of the Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario (Appendix I) for publication and dissemination.

PUBLIC INTEREST RATIONALE

The role of the College is to protect the public by regulating the dietetic profession in Ontario in a way that promotes safe, ethical, and competent dietetic practice.

This Position Statement and Practice Guidelines relate to the following:

- a) CDO's regulatory authority to develop Standards of Professional Practice to protect the public interest;¹ and
- b) Council's commitment to protecting the public by mitigating the risk of harm and ensuring safe, competent, and ethical dietetic practice.

This proposed Position Statement and Practice Guidelines will support the College to keep pace with emerging best practices in how the College effectively administers its Professional Practice program components. Changes align with Right Touch Regulation and are important considerations given the recent focus on reporting the College Performance Measurement Framework Measures required by the Ministry of Health.

¹ College of Dietitians of Ontario (2013). Framework for Standards of Professional Practice. Retrieved from <https://www.collegeofdietitians.org/resources/about-the-college/standards-of-professional-practice-framework.aspx>

[March 2022]

BACKGROUND

What are insulin adjustments?

Clients with diabetes who require insulin to control their blood sugar levels are typically prescribed an injectable insulin regimen by their primary care provider (e.g. physician or nurse practitioner) or another medical specialist (e.g. endocrinologist). Insulin adjustments by dietitians involve altering the pre-established insulin dose(s) in response to a range of blood glucose readings related to assessing a client's food and beverage intake, physical activity, and other health factors that normalize glycemia¹.

Current Practice Environment

The College does not have a formal position on insulin adjustments and the dietetic scope of practice. When asked about insulin adjustments, the current practice advice is to err on the side of caution and treat insulin adjustment as the controlled act of prescribing a drug within the [Regulated Health Professions Act, 1991 \(RHPA\)](#). As dietitians do not have the authority to prescribe drugs under the dietetic scope of practice, the College has advised dietitians to adjust insulin doses under authority mechanisms (e.g., direct orders from authorized prescribers and medical directives/delegations) and within their level of competence. A Council-approved position statement will ensure that practice advice appropriately reflects the College's Position. Within the *RHPA* there is no definition for the controlled act of prescribing a drug. Therefore, it is unclear whether this controlled act applies only to drugs on Health Canada's Prescription Drug List or whether it also includes other drugs (e.g., injectable insulin).

Due to some ambiguity in the legislation surrounding the definition of terms, particularly the term "prescribing," consultation is encouraged between colleges for complex inquiries. In addition, given the intersection of dietetics practice with that of other healthcare practitioners in health teams, the public would benefit from a shared regulatory approach to the interpretation of the controlled act of prescribing and insulin adjustments. As such, the draft presented to Council in December was revised with the suggestions for revisions based on the Colleges most affected by this Position who were surveyed. After Council approved the draft in December in principle for the purposes of consultation, feedback from all partners (dietitians, the public, dietetic and health profession regulators in Ontario) was gathered via survey and email from January 11, 2022-February 11, 2022.

Summary of Position Statement and Practice Guideline Development Steps:

- In 2017, the College started to develop a position statement on insulin adjustments and the dietetic scope of practice. College staff sought direction from Council to provide clarity on this matter.
- The September 2018 Council Decision Support Document on Insulin Adjustments provides the information presented to Council at the Council Meeting on September 21,

2018. Subsequently, Council directed staff to conduct a current state analysis on insulin adjustments.

- *Evidence and Data:* In June 2019, data were gathered via a Current State Analysis (CSA) through the Working Group on Insulin Adjustments.
- At the Professional Practice Committee (PPC) Meeting in February 2020, PPC members provided feedback on the CSA Report and the development of the position statement. The PPC motioned to recommend legal advisement and consultation with the Colleges most affected by the Position. After the PPC meeting in February 2020, the position statement work was placed on hold due to the pandemic.
- The work resumed in December 2020, and a draft position was sent to legal counsel for advisement. Legal counsel provided guidance and assisted staff in revisions of the draft.
- *Alignment with other health regulatory Colleges:* In September 2021, the draft position and a consultation survey were sent to the College of Physicians and Surgeons, the College of Nurses, and the Ontario College of Pharmacists.
- *Collaborator Views and Feedback:* The College consultation and the draft position were presented to the PPC at the October 29, 2021, meeting. The PPC motioned to accept the draft position statement with suggested edits from the College Consultation Survey Results and propose a recommendation to Council.
- Council approved the Position Statement and Practice Guidelines for consultation in December 2021.
- *Collaborator Views and Feedback:* College staff circulated the draft Position Statement on Insulin Adjustments to dietitians and other relevant users for feedback. Participants were invited to provide comments via survey, or via email, from January 11, 2022-February 11, 2022. 214 participants responded to the survey. Staff analyzed all user consultation feedback and presented the data to the PPC at the February 16, 2022, meeting. The PPC was asked to consider the feedback and make recommendations for edits. Staff finalized the edits as per the feedback received and circulated a final draft to the PPC for approval via email. PPC unanimously approved that the final copy proceed to Council for final review and approval.

EQUITY IMPACT ASSESSMENT

During the consultative process, partners were asked if they foresee any positive or negative potential impacts to equity-deserving groups or populations. 99 participants responded to the survey question. 69% of respondents (n=68) indicated they foresee positive (n=40), no impact or neutral impacts (n=28) and 9% of respondents (n=9) indicated they foresee negative impacts. 19 responses could not be interpreted, and 3 respondents reported being unsure of impacts (n=22; 22%).

Negative impacts described related to hypoglycemia management and risk if the dietitian did not have a delegation or the client did not have a primary care provider. To reduce negative impacts, the document was edited to include accountability, interprofessional collaboration, quality assurance, monitoring and evaluation suggestions. In addition, practice-based scenarios

and educational webinars on applying the Position and Practice Guidelines, including strategies to mitigate risk in practice, will be provided to dietitians.

The Professional Practice Program will evaluate the impact of the Position Statement and Practice Guidelines via survey to dietitians 1 year after implementation. Given this Position Statement and Practice Guidelines reaffirm the practice advice that has always been provided, it is unlikely that the Position Statement and Practice Guidelines will exacerbate negative impacts.

RECOMMENDATION

That the Council approve the final Position Statement and Practice Guidelines as recommended by the Professional Practice Committee.

Next Steps, if approved:

1. Publish and Communicate Broadly

Publish the Position Statement on Insulin Adjustments on the College website and develop a communication plan for education to dietitians and other relevant stakeholders, including the public.

Note: for the public, we will be creating a public explanatory document to accompany the Position and will seek feedback specifically from the Citizen Advisory Group (planned for May 2022). For dietitians, we will be developing educational materials, including a summary document and practice scenarios to support the implementation of the position and practice guidelines.

2. Incorporate into College Programs

Include the Position Statement and Practice Guidelines on Insulin Adjustments into College publications and program tools such as the Jurisprudence and Professional Practice Resources, the Jurisprudence Knowledge and Assessment Tool (JKAT) and the Peer & Practice Assessment.

ATTACHMENTS

Appendix I: Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario.

¹ As previously cited from Yeung, A.Y.Y. et al. (2013). The Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention & Management of Diabetes in Canada. Canadian Journal of Diabetes, v.37, S1, p.1-227. Retrieved from http://guidelines.diabetes.ca/app_themes/cdacpg/resources/cpg_2013_full_en.pdf

Position Statement and Practice Guidelines:

Scope of Practice - Insulin Dose Adjustments for Registered Dietitians in Ontario

College of
Dietitians
of Ontario



Ordre des
diététistes
de l'Ontario

INTRODUCTION

The College of Dietitians of Ontario regulates dietitians for public protection. As per the College's [Framework for Standards of Professional Practice](#), this position statement is intended to inform and clarify the College's interpretation of insulin dose adjustments in dietetic practice. In addition, the practice guidelines provided in this document are to assist dietitians, their clients, colleagues, and employers with suggested best practices for insulin dose adjustments from a regulatory perspective. The practice guidelines are not intended to replace or be a substitute for clinical practice guidelines.

A summary document and practice scenarios to assist dietitians in applying this position statement and practice guidelines to their dietetic practice is pending.

A public explanatory document to assist clients in understanding this position and practice guidelines is pending {LINK TO DOCUMENT WILL BE INSERTED}.

Position Statement and Practice Guidelines: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario

It is the position of the College of Dietitians of Ontario that a dietitian with the required knowledge and competence can provide education to clients who are self-adjusting their insulin dosage. However, where the education becomes instructions of a specific recommendation to alter the dose of the insulin, that advice amounts to prescribing or modifying a prescription for insulin and requires a delegation from a healthcare professional authorized to perform the controlled act of prescribing (e.g. a physician).

Principles

1. The scope of dietetics practice is defined in the [Dietetics Act, 1991](#) as "the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition-related disorders by nutritional means." Nutritional means may include nutritional therapy and counselling, which includes providing education to a client who is adjusting their insulin dosage for previously prescribed insulin. Providing education to clients to adjust their insulin dosage for insulin that has already been prescribed is within the scope of practice of dietitians in Ontario. However, there is a distinction between providing education and prescribing. Providing the client with specific instructions about dosage modifications is considered prescribing. Dietitians can give client-specific dose adjustments instructions under delegation, which is conferred by an order - either through a direct order (written or verbal) or via a medical directive.

2. Dietitians must be competent to provide education to a client adjusting their insulin dose safely and effectively. In addition, they must comply with the College of Dietitians of Ontario Standards of Practice, the Code of Ethics, current evidence-informed clinical practice guidelines, and, if applicable, employer policies. The Position Statement: Scope of Practice – Insulin Dose Adjustments for Registered Dietitians in Ontario should not be read or applied on its own; this document should be considered together with relevant legislation, the Code of Ethics and other College Standards and Guidelines.
3. A dietitian's role in insulin dose adjustments is defined by the needs of the client, the interprofessional resources, and the healthcare settings in which the dietetic services are provided.
4. While providing education on insulin adjustments and management of blood glucose, dietitians have the same professional responsibilities as other areas of practice: to provide safe, competent, and ethical care. This includes identifying the boundary between general client education and the controlled act of prescribing insulin for a client.

Purpose

The purpose of this position statement and practice guidelines are to clarify:

1. The scope of practice of dietitians in Ontario who care for clients with diabetes requiring insulin adjustments;
2. The difference between providing self-management education and prescribing;
3. The College's expectations regarding managing risks and identifying and implementing the best protective solutions for safe, client-centred services when dietitians provide education to adjust insulin doses; and
4. The full role of a dietitian within the interprofessional diabetes care team.

Practice Guidelines – Insulin Dose Adjustments for Registered Dietitians in Ontario

Background - Risk Management

Identifying and addressing the areas of high-risk dietetic practice is essential to help the College fulfill its public protection mandate by developing resources and standards for dietitians to practise safely, ethically, and competently in their changing practice environments. Adjusting insulin was identified as a high-risk activity in the College's Risk Research.

Risk management is the analysis and control of risks. It is a systematic approach to recognizing the likelihood of risk (how often; the probability of adverse outcomes); analyzing the impact of the potential harm (how bad; the severity of adverse outcomes) to the client, and implementing strategies and processes informed by data to identify and respond to circumstances that put clients at risk of harm. [A Framework for Managing Risk in Dietetic Practice](#) is available to guide members.

i. What are Insulin Dose Adjustments?

Clients with diabetes who require insulin to manage their blood sugar levels are typically prescribed an injectable insulin regimen by their primary care provider or medical specialist (e.g. family physician, nurse practitioner, or endocrinologist). Providing self-management education to clients on how to best adjust their insulin doses adjustments by dietitians involves guiding a client to altering the pre-established insulin dose(s) in response to a range of blood glucose readings as it relates to the assessment of a client's food and beverage intake, physical activity, and other health factors to normalize glycemia.²

ii. Insulin is a Schedule II Drug

Health Canada determines whether a drug requires a prescription for sale in Canada. If a drug has been given a non-prescription status by Health Canada, it is up to the provinces and territories to determine the appropriate conditions of sale for that drug. Ontario has adopted the National Association of Pharmacy Regulatory Authorities (NAPRA) [National Drug Schedule](#), which determines where drugs may be sold^{1,2}.

Under NAPRA, insulin is classified as a Schedule II drug, which does not require a prescription. While insulin does not require a prescription, it is still often prescribed. Schedule II drugs are only available from a pharmacist and must be retained within an area of the pharmacy where there is no public access and no opportunity for client self-selection (often termed 'behind the 'counter'). A pharmacist must conduct a client assessment prior to the sale of insulin to ensure that the drug is safe and appropriate for the client³.

If insulin is prescribed, it is prescribed by someone who is authorized to perform the controlled act of prescribing a drug. Dietitians in Ontario are not authorized, absent delegation, to prescribe a drug. However, as a Schedule II drug, insulin doses can be self-determined.

While healthcare providers play an essential role in delivering self-management education, clients are primarily responsible for their diabetes management. Improvements in glycated hemoglobin (A1C), blood glucose and quality of life, as well as a decreased requirement for insulin, can be achieved when individuals with Type 1 or Type 2 diabetes receive education on matching insulin to the carbohydrate content of meals and snacks and to interpret their blood glucose levels to make appropriate insulin dose changes. The controlled act of prescribing is a higher-risk procedure, and no one, including dietitians, is permitted to perform them without legal authority.

¹ Ontario College of Pharmacists. (2015). Pharmacy Connection – Keeping Current with Drug Schedule Changes. Retrieved from: <http://www.ocpinfo.com/library/practice-related/download/napraschedulingsummer2015.pdf>

²National Association of Pharmacy Regulatory Authorities. National Drug Schedules. Available from: <http://napra.ca/national-drug-schedules>

³ National Association of Pharmacy Regulatory Authorities. (2005). Supplemental Standards of Practice for Schedule II and III drugs. Retrieved from https://napra.ca/sites/default/files/documents/SupplementalStandardsofPracticellandIII-June2005_0.pdf

What is a delegation?

As noted in the [Standard for Dietitians Practicing Through Delegation of Controlled Acts](#), if a procedure involves controlled acts that are not authorized for dietitians, then the [Regulated Health Professions Act, 1991](#) generally permits delegations to transfer the authority to dietitians to perform a controlled act in some situations. Delegation is not specifically defined in the *RHPA*, but it is described as a process whereby a regulated health professional who is authorized to perform a controlled act confers the authority to someone (regulated or unregulated) who is not authorized to perform a controlled act.

How is a delegation conferred?

For dietitians, delegations may be conferred by an order – direct order or directive.

Orders

An order is a direction from a regulated health professional with legislative ordering authority that permits the performance of the direction by another healthcare provider. Orders can apply to controlled acts where a dietitian is authorized to perform only with an order.

There are two types of orders:

1. Direct Order

A direct order provides instructions for an intervention or treatment to be delivered at a specific time and relates to only one client/patient. Direct orders may be oral (e.g. over the telephone, via videoconferencing, or in person) or written.

2. Directives

Directives (also called medical directives) are written orders by an authorized health care professional (often more than one) to other health care professionals that pertain to *any client/patient* who meets the criteria set out in the directive.

More information on delegations can be found in [Practising Through Delegation of Controlled Acts](#)

Practice Guideline: Providing Education on Insulin Dose Adjustments and the Dietetic Scope of Practice

The dietetic scope of practice statement in Section 3 of the [Dietetics Act, 1991](#) states:

The practise of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition-related disorders by nutritional means.

The College of Dietitians of Ontario defines dietetic practice as including activities for which dietitians use their food and nutrition-specific knowledge, skill and judgment while engaging in:

- The assessment of nutrition-related to health status and conditions for individuals and populations;
- The management and delivery of nutrition therapy to treat disease;
- The management of food services systems; building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means;
- and the management, education or leadership that contributes to the enhancement and quality of dietetic and health services.

For greater clarity, the dietetic practice includes the following activities:

- Assessing nutrition status in clinical settings to provide meal plans, nutrition guidance or advice and/or formulating therapeutic diets to manage and/or treat diseases or nutrition-related disorders ([College of Dietitians of Ontario's Definition of Practicing Dietetics](#)).

As a component of diabetes care, in the context of a complete assessment of nutrition and related health needs, dietitians may provide education to clients to self-adjust insulin, assess the carbohydrate content of food and beverage intake, and work with clients to adjust the amounts consumed to achieve the client's blood glucose goals. Physical activity, lifestyle, health, and wellness factors are also considered when adjusting insulin doses.⁴ Dietitians must adhere to provider/organization policies and comply with the College of Dietitians of Ontario Standards of Practice.

⁴ College of Dietitians of Alberta (2020). Position Statement: Insulin Dose Adjustment and Diabetes Self-Management Education. Retrieved from <https://collegeofdietitians.ab.ca/wp-content/uploads/2020/12/Insulin-Dose-Adjustment-Position-Statement-2020.pdf>

i. Impact on Nutritional Status

Diabetes Canada Clinical Practice Guidelines Expert Committee (2020) states that "people with diabetes should receive nutrition counselling by a registered dietitian." In addition, nutrition therapy can reduce glycated hemoglobin (A1C) by 1.0% to 2.0%. When used with other components of diabetes care (including education on how to adjust insulin), it can further improve clinical and metabolic outcomes.⁵

Clarifying education versus prescribing

Insulin dose adjustments are recommended as part of diabetes self-management. It has been shown to improve quality of life and diabetes control by empowering clients to make informed choices.¹ Most often, self-management education is provided by dietitians in a diabetes-focused setting. Care should be provided in the timeliest manner by the most appropriate professional in the best setting for any given client. The dietitian is often suited to provide care based on the client's needs with diabetes. Dietitians with the competence to provide the education to adjust insulin dosages and timing may teach clients to self-adjust; if self-management is indicated based on the dietitian's assessment, and whether the physician/initial prescriber has recommended self-management to the client, along with any instructions or advice given by the prescriber regarding self-management. In addition, the dietitian must consider if the client has the ability and interest to self-manage. Overall, dietitians aim to provide [collaborative care](#) with the client, their caregivers and healthcare providers, ensuring they receive informed client consent for self-management education.

It is broadly accepted that providing general education to clients about diabetes and its management, including self-management, is not a controlled act. This would include education on the nature and causes of diabetes, how activities such as eating, exercise and administering insulin affect the disease and the consequences of improper management. In addition, this education can include indicators of when insulin dosages should be adjusted.

When does a dietitian need delegation?

Even where activity is within the scope of dietetics practice, dietitians still require an authority to perform a controlled act.

Prescribing or dispensing a drug is a controlled act not generally authorized by dietitians. Thus, dietitians prescribing drugs would have to obtain authorization, usually in the form of a delegation from a practitioner who is authorized to perform the activity (e.g., a physician). A delegation can

⁵ Diabetes Canada Clinical Practice Guidelines Expert Committee (2018). *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada*. *Can J Diabetes* 2018;42(Suppl 1): S1-S325. Sievenpiper, J.L., Chan, C.B., Dworatzek, P.D., Freeze, C., & Williams, S.L. *Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada: Nutrition Therapy*. *Can J Diabetes* 2018;42 (Suppl 1):S64-S79.

be specific (i.e., for an identified client) or general (e.g. can pertain to any client who meets the criteria set out in a medical directive). More information on delegations can be found in [Practising Through Delegation of Controlled Acts](#).

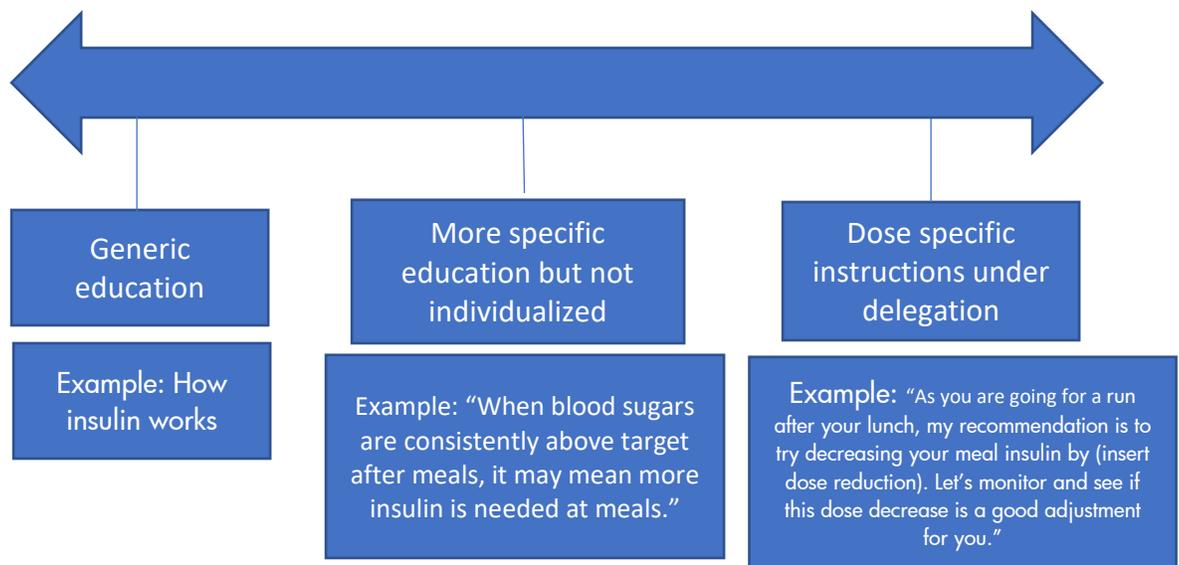
How specific can educational guidance be before it becomes the task of prescribing?

It may be best to consider adjusting insulin dosages as a spectrum (See Figure 1 – Adjusting Insulin Doses below). For example, providing generic education about diabetes and how insulin works would be at the lowest end of the spectrum. While giving specific dosage instructions to an individual client within a particular situation would be at the upper end of the spectrum. The middle of the range would include statements by a dietitian about generic indicators of when a client should consider adjusting dosages when an authorized prescriber has instructed clients to modify their dosages.

For example, the middle (but moving towards the upper end of the spectrum) would include more specific education but not an outright, specific, individualized direction (e.g. "Given that x, y, and z are present, generally the dose of insulin is increased by an appropriate amount unless there are reasons that you have not mentioned to me."). This would include providing self-management education and making recommendations without specifically telling a client to adjust their dose. The upper end of the spectrum would include specific, individualized direction (e.g. "Increase your insulin by two units to get your fasting blood sugar between 5-7 mmol/L. "). Providing the client-specific instructions about dosage modifications is considered prescribing, regardless of how the dose adjustment occurs (e.g. via changes in pump settings or via sick day management calculations, or percentage of the total daily dose, etc.). Dietitians can give client-specific dose adjustment instructions under delegation, which is conferred by an order - either through a direct order (written or verbal) or via a medical directive. Please see the [Standard Practising Through Delegation of Controlled Acts](#) for the minimum expectations when practicing under a delegation.

When in doubt about whether advice constitutes educating or prescribing, making any recommendations for dose adjustments under delegation would be prudent.

Figure 1: Adjusting Insulin Doses – General education to dose-specific instructions



Practice Guideline: Competent dietitians must be confident in their ability to practise competently at every phase of the practice, whether at entry or in highly developed areas of practice

Dietitians must assess whether they have the required knowledge, skills, and competence to provide education on insulin dose adjustments safely and effectively. This may include assessing their academic and practical experience, consulting with others, seeking supervision or mentorship, and reviewing research literature.

Dietitians are encouraged to develop their expertise and increase their knowledge and skills in providing education for insulin dose adjustments through cross-training with and mentorship from other dietitians and health care providers; attending workshops, conferences, seminars, and courses; learning from day-to-day work on diabetes care teams; and/or completing formal training (e.g. Certified Diabetes Educator Certification, Intensive Insulin Management Course, etc.).

Dietitians are trained to perform in a manner consistent with generally accepted standards in the profession. Dietitians anticipate the outcomes in each situation and respond appropriately. However, dietitians may also be faced with unusual, difficult-to-resolve and complex situations which may be beyond their capacity. In these circumstances, dietitians take appropriate and ethical steps to address these situations, which may include seeking consultation, supervision, or mentorship, reviewing research literature, and/or making a referral to the appropriate health care professional.

Practice Guideline: The Registered Dietitian's role is defined by clients' needs and context

A Registered Dietitian has an important role in diabetes management. This role is defined by the needs of their clients, the interprofessional resources and the healthcare setting in which dietetic services are provided.

Clients' Needs, Interprofessional Resources and Healthcare Settings

Clients' Needs

Dietitians are expected to provide client-centred, evidence-based, interprofessional, safe, competent, and ethical services. A dietitian's role is defined by facilitating client-centred service and informed decision-making based on client needs and goals. When clients understand the options presented, they engage and share their own perspectives and values when making decisions. A dietitian is uniquely trained to consider all client factors in the assessment of their nutritional status and determination of their insulin dose adjustment.

Dietitians should ensure that they obtain informed consent when initiating an intervention, including describing the reason, nature and prospects of any proposed treatment, who will be providing the treatment, its expected benefits, its material effects, risks and side-effects of the treatment, alternatives to the treatment and the consequences of not having the treatment, including the right to refuse or withdraw consent at any time as per the [Professional Practice Standard Consent to Treatment](#).

Interprofessional Resources and Overlapping Scopes of Practice

The [Regulated Health Professions Act, 1991](#) recognizes overlapping scopes of practise for health professions. Insulin dose adjustment is an example where overlap occurs. In particular, the scopes of practice of physicians, nurse practitioners, nurses, and pharmacists concerning insulin dose adjustment are recognized and valued, providing for some role overlap, shared skills, and complementary roles. The individual expertise within healthcare teams and institutional policies typically contribute to decisions regarding role delineation and the scope of practice exercised by professionals in each practice setting.

The College recognizes that other professionals have an overlapping scope of practice and knowledge in insulin dose adjustments. When multiple professionals are readily accessible, dietitians must work collaboratively in the interest of client-centred services. Collaboration ensures that each healthcare provider provides unique and valuable contributions based on their knowledge and training.

In addition to the unique skills and perspectives each professional brings, team members may share similar knowledge and skills. For example, dietitians may have expertise in food composition and insulin dose adjustment yet recognize that other disciplines have overlapping scopes of practice. Communication and collaboration enable an interprofessional team to recognize and best utilize overlapping scopes of practice so that clients receive optimal care in a timely manner.

Team members learn from and with each other to practise in the interest of client-centred care. This often involves distributing the tasks associated with client care in the way that best serves the

client's needs. Considerations may include clinical appropriateness (what is the most appropriate course of treatment for the client); safety (which providers have the appropriate knowledge, skills, and judgement to perform activities and how best to ensure seamless transition and communication between the members of the team); and efficiency (which provider is best positioned to perform the activity in a timely manner and effectively). As such, insulin dose adjustments should always be made in collaboration with the client and the interprofessional healthcare team.

In the interest of public safety and the provision of safe, competent services, the College encourages members to assess personal practice ability and communicate with and establish their role in practice, on the interprofessional team before adopting any new practices. When taking on new tasks, dietitians should also check that their professional liability insurance provides coverage. Dietitians can be guided by the [Role and Task Decision Framework](#) when facing new tasks and roles in practice.

Healthcare Setting and Delegations

In places where health care is provided, a lack of optimal resources, such as access to an interprofessional team, may exist. This may result in a disparity in the availability of healthcare professionals in specific settings. In rural areas, access issues may be further exacerbated. Access to a dietitian or other healthcare provider who may advise on insulin dose adjustments may require that the client waits for assessment and treatment. This may compromise the client's nutrition and health status. Where there is no access or significantly limited access to an interprofessional team, it is in the client's best interests that the professional or professionals available on-site be trained to work to their full and authorized scope of practice. It may be that dietitians and their employers determine that it is in the best interest of clients for dietitians to increase their knowledge and skills to play a central role in the assessment and management of insulin dose adjustments.

The diabetes care setting and presence or absence of other skilled professionals working in this area may impact a dietitian's educational strategy and/or educational content. Dietitians must have the appropriate workplace support. Employers have the right to determine whether a given role is or is not within the dietitian's job description. Members of the interprofessional team often support dietitians' working to the full scope and may assist and promote the dietitian's role in client-centred care.

The healthcare setting, the availability of other team members and clinical complexity will determine how dietitians will collaborate with other healthcare providers. Notwithstanding the importance of the professional care team, understanding the integral nature of client and family as active participants across the spectrum of care adds an essential dimension to the continuum of care in diabetes assessment and management.

The development of collaborative policies and processes to provide safe, timely and effective care is critical. When dietitians are working alone, or with limited access to other healthcare providers, they should develop collaborative and communication strategies to provide safe diabetes-related

care. The practice environment, the client's needs, and the dietitian's knowledge and skills will define the dietitian's role.

Managing Risk and Quality Assurance

Dietitians are legally responsible (liable) for their actions and omissions. They must acknowledge and recognize where there is increased risk in their practice. Insulin dose adjustments have inherent risks for both the client and the dietitian. While it is not possible to eliminate all risks in dietetics, dietitians have to protect clients from harm as much as possible. If a dietitian identifies risk in their practice, dietitians can apply a [framework for managing risk in practice](#) based on principles of public protection, including safety, client-centred services, communication, accountability and compliance with professional and regulatory obligations.

To promote appropriate treatment, dietitians can apply protective factors such as client monitoring and collaborating with other healthcare providers to monitor the accuracy of their insulin dose adjustments. This includes working collaboratively with sufficient interdisciplinary support, supervision, and healthcare provider involvement where necessary in the client's best interest. As per the [Standard Practicing Through the Delegation of Controlled Acts](#), dietitians inform the delegating healthcare provider of any adverse event(s) and actions taken by the dietitian to manage the adverse event(s). Providing education on insulin dose adjustment cannot be done without considering risk management strategies for safe, ethical client-centred care.

Insulin Dose Adjustment – Frequently Asked Questions

Some content has been adapted from the College of Dietitians of British Columbia

Why is this position statement required now? This seems like what we've always been doing.

In the past, dietitians have contacted the Practice Advisory Service to clarify if a delegation would be required to adjust insulin. Given some ambiguity as to whether providing specified dose advice to an individual client in a specific situation constitutes the controlled act of prescribing, the College was reluctant to give definitive guidance until the matter could be clarified. The College did not have a position on this topic and, in the meantime, advised dietitians that it would be prudent to obtain delegation before giving a client advice that could be seen as prescribing. Therefore, many dietitians may note that this is how they have been practicing all along. The College completed a thorough policy analysis to confirm this position statement and provide these practice guidelines, including environmental scans of Ontario health profession regulators and Canadian dietetic regulators, a focus group with dietitians practicing in diabetes and performing insulin dose adjustments and several consultations with colleges most affected by this position, legal counsel, registrant, and system partner consultations. While it may seem we have come full circle, this policy work has allowed the College to provide more definitive guidance on this topic.

Are Dietitians allowed to initiate an insulin order? No, dietitians cannot initiate an insulin order without a delegation conferred by a medical directive or direct order. Initiation of an insulin order is equivalent to prescribing insulin. Dietitians are not authorized to prescribe.

Can dietitians tell clients to increase/decrease their insulin dose? Providing self-management education where a client is largely responsible for adjusting their own insulin doses can involve education on the nature and causes of diabetes, how activities such as eating, exercise and administering insulin affect the disease, the consequences of improper management, and indicators of when insulin dosages should be adjusted. However, telling a client to increase/decrease a unit dose specifically (e.g. *"My suggestion is that you increase your insulin 2 units to get to a blood sugar of 5-7 mmol/L."*) would be considered prescribing. If a dietitian is adjusting insulin doses, thus performing the controlled act of prescribing, they must do so under a delegation of the controlled act, conferred by direct order or medical directive. More information on delegations can be found in [Practising Through Delegation of Controlled Acts](#).

My client has experienced low blood sugars over several days. Unfortunately, I do not have a delegation currently. What am I able to do?

A dietitian may provide specific self-management education (e.g. "Given low blood sugars, generally the dosage of insulin is decreased by an appropriate amount unless there are other reasons that you have not mentioned to me)." In the absence of a delegation, dietitians may consider applying the principles of blood glucose pattern management with clients for self-management responses to high or low blood glucose readings. In addition, may consider referring clients to a healthcare provider who is able to assist the client, working collaboratively with their clients, colleagues, and employers to ensure the client receives the care they need. In the absence of delegation, dietitians may consider working with employers and colleagues to obtain a delegation conferred by direct order or medical directive. If providing more specific, individualized direction (dose adjustments) (e.g. "Decrease your insulin by 4 units to get your fasting blood sugar between X-Y mmol/L.") the advisement is that this should be performed under delegation, which is conferred by an order - either through a direct order (written or verbal) or via medical directive. When in doubt about whether advice constitutes education or prescribing, making any recommendations for dose adjustments under delegation would be prudent. Please see the [Standard Practicing Through Delegation of Controlled Acts](#) for the minimum expectations when practicing under a delegation. When providing education, a dietitian should collaborate and communicate with the client's care provider and any other relevant members of the care team and keep records in an organized and systematic way that supports collaborative practice and compliance with applicable legislation.

As an insulin pump trainer, prior to training a client, the referring physician orders insulin and insulin pump teaching for the client. I then train the client to use the insulin pump. Am I working within the dietetic scope of practice? Yes. Providing education on how to dose adjust with an insulin pump is within the dietitian scope of practice, regardless of the mechanism used to administer the insulin dose if the dose is self-administered by the client. If the dietitian provides specific, individualized dose adjustments as described above, this should be completed under delegation.

Can I administer insulin to my clients? No, dietitians cannot administer insulin in any setting. Administering a substance by injection is a controlled act in Ontario, and dietitians are not authorized to perform this task under the profession's scope of practice. Exception: dietitians may perform a controlled act under a delegation of the controlled act. Another exception permits assisting a person with their routine activities of living (e.g. assisting a client with administering an injection). See [Standard for Dietitians Practising through Delegation of Controlled Acts](#).

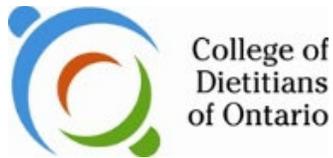
Am I allowed to provide my clients with free insulin samples? No, dietitians cannot dispense insulin samples to clients in any setting. Dispensing drugs, including Schedule II drugs such as insulin, is a controlled act in Ontario, and dietitians are not authorized to perform this task under the profession's scope of practice absent delegation.

I am a Certified Diabetes Educator who has completed competencies in insulin dose adjustments and received training in insulin pumps, insertion of pump devices and continuous glucose monitoring. Am I able to insert a soft flexible cannula for insulin injection into a client with diabetes? No, dietitians cannot perform a procedure below the dermis, such as insertion of cannulas and insulin injections. This type of procedure is a controlled act and is not currently part of the dietetic scope of practice, absent delegation. Note: finger pricks for the purposes of monitoring capillary blood glucose are a controlled act in Ontario which dietitians are authorized to perform under the profession's scope of practice (See [Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings \(Point of Care Testing\)](#)).

In my new role as a community outpatient dietitian, I am working with a large population of individuals with diabetes. The dietitian who was previously in this role had her Certified Diabetes Educator (CDE) designation, however, I do not. What is my scope regarding insulin adjustments? There is no regulatory requirement for specific certifications currently, but dietitians are reminded that they must possess the individual knowledge, skill, and judgment (competence) to provide education and accept a delegation for insulin dose adjustments. If a dietitian does not feel confident and safe to provide education on insulin dose adjustments, they should collaborate with their employer, inform the client, and refer them to a health professional who can help them. An employer may require the CDE designation to adjust insulin. Dietitians should consider developing the required knowledge and skills to best meet client needs for the delivery of safe, competent, and ethical dietetic services. Dietitians are encouraged to develop their knowledge, skill, and judgment in a variety of ways, which may include certifications and practice experience hours.

I am a Certified Diabetes Educator (CDE) and a dietitian. Do I need a delegation to adjust insulin? Yes, if the education provided to the client becomes instructions of a specific recommendation to alter the dose of the insulin. In this case, that advice amounts to prescribing or modifying a prescription for insulin and will require a delegation from a healthcare professional authorized to perform the controlled act of prescribing. The delegation can be conferred via direct order or medical directive. Please see the [Standard Practicing Through Delegation of Controlled Acts](#) for the minimum expectations when practicing under a delegation.

Acknowledgements: This Position Statement has been adapted from the College of Dietitians of Alberta, Position Statement: Position Statement: Insulin Dose Adjustment and Diabetes Self-Management Education, The College of Dietitians of British Columbia, Position Statement: Dietitians' Scope of Practice for Insulin Dose Adjustment (2017), and from the College of Dietitians of Manitoba Practice Direction 16.19 Diabetes Self-Management Education by RDs (2018).



College of
Dietitians
of Ontario

Council Briefing Note

Topics:	Draft Policy on Determining Currency Hours with Definition of Practising Dietetics Revisions
Purpose:	Decision Required
Strategic Plan Relevance:	Regulatory Effectiveness and Performance Measurement Effective and Transparent Communication Risk-Based and Right-Touch Regulation
From:	Quality Assurance and Professional Practice Committees

ISSUE

Based on the recommendation from the Quality Assurance Committee (QAC) and Professional Practice Committee (PPC), Council is being asked to review and approve in principle, the proposed Draft Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario with proposed edits to the Definition of Practising Dietetics for consultation with members and the public.

PUBLIC INTEREST RATIONALE

The role of the College is to protect the public by regulating the dietetic profession in Ontario in a way that promotes currency, competence, and safe dietetic practice.

This revision to the Definition of Practising Dietetics (Appendix I) and the Draft Policy on Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario are related to the following:

- Council's commitment to right-touch regulation, mitigating the risk of harm and ensuring safe, competent, and ethical dietetic practice.
- The College's monitoring of members' practice hours to meet statutory obligations under the College's Registration Regulation ([O. Reg. 593/94](#))
- To assure the public and system partners that Registered Dietitians practise safely, competently, and ethically.

All eligible members of the College of Dietitians of Ontario annually declare whether they have practiced dietetics for 500 hours or more in the previous three-year period. This requirement was approved in 2012 and last reviewed by Council in 2018 (at the 2018 review, the definition was left unchanged). The Council's review was done-during the proposed amendment to the [March 24, 2022]

Registration Regulation, which Council approved in March 2019. Currency hours requirement exists as one measure for ensuring that dietitians remain current and competent to practice. These proposed Draft Policy on Determining Currency Hours in Dietetic Practice for Registered Dietitians with the proposed revisions to the Definition of Practising Dietetics will support the College to keep pace with changing health care environments and public expectations.

BACKGROUND

The College definition of [practising dietetics](#) was developed to assist members in determining practice hours and was designed to elaborate on the Scope of Practice Statement in the *Dietetics Act (1991)*. The definition is quite broad and includes various practice areas and workplace settings. The description provides examples of activities for guidance but is not exhaustive.

Many dietitians do work that impacts the health care environment, public protection, policy, resources – contributing to nutrition and dietetic services. For example, the College relies on dietitians' professional knowledge and judgment to help develop regulations, programs, and policies to deliver safe, ethical, and quality dietetic service to protect the public (including contributing knowledge to College activities as Council and committee members, assessors, item writers, staff etc.). Some of these activities may count as a practice hour, and others may not. There is some uncertainty whether the extent of college and council work by dietitians can count towards a dietitian practice.

Recently, many dietitians from Ontario have been redeployed or authorized to engage outside of their regular scope of practice, to respond to, prevent, or alleviate the effects of the COVID-19 outbreak. For example, contact management work, performing testing, following up with people regarding their status -taking a health history, investigating symptoms/risk behaviours (asking about appetite, fever, gastrointestinal symptoms), and teaching (e.g., self-monitoring). But, again, there is uncertainty whether some of these activities may count as a practice hour, and others may not.

Summary of Environmental Scan:

The College staff conducted an environmental scan to gather the best practices of Ontario's Health Regulatory Colleges, the Alliance Canadian Dietetic Regulatory Bodies, and the Professional Association, Dietitians of Canada, to make recommendations.

- Some Colleges include participation in Council and committee work with a professional body in their profession as within the definition of practising/scope of the domain of the profession. However, information is limited around any specific threshold hours for regulatory work.
- Some colleges include redeployed work that requires regulated healthcare professionals who can fulfill roles and, depending on the duties they are asked to perform, will use many of the competencies they are expected to hold and maintain throughout their careers (e.g., communication and collaboration, management and leadership, professionalism, and ethics). In addition, some colleges provide a threshold of hours for regulated members who are redeployed, e.g., count up to 50% of required hours in one year.
- Some Colleges include the performance of controlled or restricted acts with the appropriate authorization (e.g., provide restricted activities authorized by the regulations).

EQUITY IMPACT ASSESSMENT

The Professional Practice Program will evaluate the impact of the Draft Policy on Determining Currency Hours with a revised Definition of Practising Dietetics via survey to dietitians three years after implementation. Given that the Definition of Practising Dietetics and the Draft Policy on Determining Currency Hours reflect practice hours' currency, it is unlikely that these will exacerbate negative impacts.

RECOMMENDATION

That Council approves, in principle for consultation, the proposed Draft Policy on Determining Currency Hours in Dietetic Practice for Registered Dietitians with revisions to the Definition of Practising Dietetics (Appendix 1) as recommended by the Quality Assurance and Professional Practice Committees.

Next Steps, if approved:

Should Council approve, in principle, the Draft Policy on Determining Currency Hours in Dietetic Practice for Registered Dietitians including the proposed revisions of the Definition of Practising Dietetics, staff will complete the following steps:

1. Circulate for Consultation – Make any revisions directed by Council and circulate the proposed Draft Policy on Determining Currency Hours in Dietetic Practice, including the modifications to the Definition of Practising Dietetics to dietitians and other relevant systems partners' feedback.
2. Analyze Feedback and Revise – Analyze the feedback received from the consultation and incorporate it into the proposed Draft Policy on Determining Currency Hours in Dietetic Practice, including any further modifications to the Definition of Practising Dietetics.

May need to go to Quality Assurance and Professional Practice Committee depending on results of the consultation.

3. Final Council Approval - Present to Council for final approval of the proposed Draft Policy on Determining Currency Hours in Dietetic Practice, including the final modifications to the Definition of Practising Dietetics for Registered Dietitians.
4. Publish and Communicate Broadly - Policy on Determining Currency Hours in Dietetic Practice, including the revised Definition of Practising Dietetics for Registered Dietitians on the College website and developing a communication plan for education to dietitians other relevant system partners, including the public.
5. Incorporate into College Programs: Include the final Policy on Determining Currency Hours in Dietetic Practice with final Definition of Practising Dietetics for Registered Dietitians into College publications and program tools such as the Quality Assurance Program and Professional Practice Resources.

ATTACHMENTS

- Appendix 1 - Draft Policy Determining Currency Hours in Dietetic Practice for Registered Dietitians in Ontario Revised Definition of Practising Dietetics



Policy

Policy on Determining Currency¹ Hours for Dietitians in Ontario

Effective Date

1.1 This policy takes effect on - TBD

Preamble

The purpose of the College's monitoring of members practising fewer than 500 hours in 3 years² is:

- To meet statutory obligations under the College's Registration Regulation ([O. Reg. 593/94](#)) under the [Dietetics Act, 1991](#)³, S.O. 1991, c.26, Part 1: Registration, Section 5 of the College of Dietitians of Ontario (the "College") which requires:

"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. "

AND

- To provide a measure that assures the public and interested parties that dietitians registered in Ontario practise safely, competently, and ethically.

Policy Purpose

To set out criteria for members to accurately complete their annual renewal declaration requirements regarding dietetic practise hours currency requirements.

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.

² The College is required to establish and operate a Quality Assurance Program for its members to encourage and assist members in being the best dietitians possible. The program is non-punitive and participation is mandatory.

³ Under the *Dietetics Act*, the College has the mandate to regulate the dietetics profession. Its duty is to serve and protect the public interest. The College does not exist to advance the interests of the dietetic profession; this is the role of professional associations. Still, there is no doubt that a well-regulated profession preserves its reputation and stature.

This includes:

- i. What counts as dietetic practice; and
- ii. Criteria considerations when determining whether certain activities contribute to meeting the College's minimum 500 hours/3 years dietetic practise hour currency requirement.

Criteria to Determine What Counts as a Practise Hour

Consider these overarching criteria when deciding whether a task counts as dietetic practise hours:

1. The activity or task falls within the **updated** College definition of practising dietetics (Appendix i), and this definition assists dietitians in determining which tasks count as practise hours.
2. The activity or task falls within the performance of a delegated controlled act according to [Practising Under the Delegation of Controlled Act](#) Standards while practising dietetics.
3. The activity or task considered outside of the dietetic scope of practice has transferability to dietetic practice, reflects the knowledge and skills outlined in the [Integrated Competencies for Dietetic Education and Practice \(ICDEP\)](#), and requires the status of regulated health professional.

For example:

- Dietitians as health care professionals were asked by their employers to perform redeployment duties using the competencies they are expected to hold and maintain throughout their careers (e.g., communication and collaboration, management and leadership, professionalism and ethics). For this policy, redeployment should be understood as employment (either new or continuing) within the public health system to perform activities that are non-traditional for dietitians in support of the public health response to prevent or alleviate the effects of the COVID-19. These activities include but are not limited to contact tracing, health screening, assisting clients/patients with activities of daily living, supporting immunization clinics, or other related healthcare functions.
- Given the above, for the 2022 renewal year, dietitians who are redeployed will be able to count up to 330 currency hours out of the required 500 currency hours requirement for the preceding three years (e.g. November 1, 2019, October 31, 2022). In addition, any time spent on practising dietetics will be counted as usual.

Applying the Criteria to Determine Practise Hours

- a) 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.
- b) Using the criteria above, members should exercise their professional judgement and make practise hour determinations based on the individual circumstances related to their specific role and practice setting while considering the following abilities⁴:

⁴ Adapted from the College of Massage Therapist of Ontario (2021). Retrieved from <https://www.cmta.com/rmts/quality-assurance-program/strive/>

- a. Being reflective and committed to safe, competent, ethical practice
 - b. Practising with integrity, humility, honesty, diligence and respect
 - c. Valuing dignity and worth of all persons regardless of age, race, culture, creed, sexual identity, gender, body weight, ableness and/or health status
 - d. Complying with legal requirements and professional obligations
 - e. Applying the principles of sensitive practice and functioning in a client-centred manner
 - f. Working within areas of personal knowledge and skills
 - g. Maintaining a safe work environment
 - h. Maintaining personal wellness consistent with the needs of the practice
 - i. Using an evidence-informed approach to your work
- c) Members should compare their roles and responsibilities in their employment and/or volunteer work to the College's definition of practising dietetics.
 - d) If a dietitian works within food, nutrition, health or health education, health research or health management-related settings, these are considered practising dietetics.
 - e) Out of province dietetic practice counts towards practice hours, provided members practise dietetics according to the definition of practising dietetics (dietitians must follow jurisdictional requirements as applicable).
 - f) The definition of practising dietetics is quite broad and includes various practice areas and workplace settings. Practising dietetics does not only include dietitians who work directly with patients/clients.
 - g) Know that professional development is not practising dietetics. While professional development can help a dietitian maintain or increase competency, it is not practicing dietetics; it is professional development.

Monitoring

The policy will be monitored annually.

References

College of Dietitians of Ontario. 500 Hours (2020). Retrieved from <https://www.collegeofdietitians.org/programs/quality-assurance/500-hours-of-practice.aspx>

College of Dietitians of Ontario. What Counts as a Practice Hour (2021). Retrieved from <https://www.collegeofdietitians.org/cdo-masterpage/resources/newsletters/2021-issue-1-may/what-counts-as-a-practice-hour.aspx>

Knowles, M. (1980). The Modern Practice of Adult Education. Chicago, IL: Association/Follet Press

Appendix I : Proposed Revised Definition of Practising Dietetics (Revisions highlighted in Red)

The College definition of practising dietetics, this definition assists dietitians in determining which tasks count as practice hours.

- a) "Dietetic Practise **can be in a paid or unpaid capacity (e.g. volunteer work)** for which members use food & nutrition-specific knowledge, skills and judgment while engaging in:
 - i. the assessment of nutrition-related to health status and conditions for individuals, **groups** and populations;
 - ii. the management and delivery of nutrition therapy to treat disease;
 - iii. the management of food services systems; building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means;
 - iv. the management, education or leadership that contributes to the enhancement and quality of dietetic and health services."
- b) For greater clarity, the dietetic practice includes the following activities:
 - I. Assessing nutrition status in clinical settings to provide meal plans, nutrition guidance or advice and/or formulating therapeutic diets to manage and/or treat diseases or nutrition-related disorders.
 - II. Assessing, promoting, protecting and enhancing health and the prevention of nutrition-related diseases in populations using population health and health promotion approaches and strategies focusing on the interactions among the determinants of health, food security, and overall health.
 - III. Managing food and management services and developing food services processes in hospitals and other health care facilities, schools, universities, and businesses.
 - IV. Conducting research, product development, product marketing, and consumer education to develop, promote and market food and nutritional products and pharmaceuticals related to nutrition disorders or nutritional health.
 - V. Assessing compliance of long-term care homes to meet the Ministry of Health and Long-Term Care standards related to nutrition and hydration of residents.
 - VI. Developing or advocating for food and nutrition policy.
 - VII. Teaching nutrition, food chemistry, or food service administration to students in **dietetics or other professions, schools**, the food and hospitality industry, and/or other healthcare providers.
 - VIII. Planning and engaging in direct food & nutrition research.
 - IX. Communicating food & nutrition information in any print, radio, television, video, Internet or multi-media format.
 - X. Directly managing, supervising or assuring the quality of front-line employees engaged in any previously mentioned dietetic practice circumstances.
 - XI. **Developing regulations, programs, and policies to deliver safe, ethical, and quality dietetic service to protect the public (including participation in Council and committee work, College assessors, Item writers and/or staff with a Dietetic Regulatory or Health Professional body).**

The College does not consider the following activities as practising dietetics:

- Holding a position solely in non-dietetic management (e.g., Vice President or Administrator of a hospital or other organization).
- Holding a position solely in human resources (HR), information technology (IT), or risk management.
- Engaging in sales or marketing of pharmaceuticals that are not related to nutrition.
- Assessing facility processes to meet accreditation standards.



College of
Dietitians
of Ontario

Council Briefing Note

Topic:	Confirmation of Committee Appointments made by the Executive Committee
Purpose:	Decision Required
Strategic Plan Relevance:	Governance Modernization and Enhancing Public Trust
From:	Melanie Woodbeck, Registrar & Executive Director

ISSUE

To confirm recent committee appointments made by the Executive Committee to 1) the new Governance Committee, and 2) assigning Sharanjit Padda, the College's new public appointee to the Registration Committee and ICRC.

PUBLIC INTEREST RATIONALE

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

BACKGROUND

As per 8.7 the [College's by-laws](#), the Executive Committee may make appointments to fill any vacancies in the membership of a committee, subject to confirmation by Council at its next meeting.

Governance Committee

Council approved the creation of the Governance Committee at its December meeting and determined that, for expediency, the Executive Committee could approve the committee slate following the Registrar's solicitation of Council and Committee members for their interest.

At its meeting of January 11th, the Executive Committee reviewed the slate of candidates. The committee approved, via email on January 17th, the following Council and Committee members to the Governance Committee: Santhikumar Chandrasekharan, Megan Charlish, Lesia Kicak, John Regan, Cindy Tsai, and Ann Watt (chair). Megan Charlish has resigned as a committee member with the College effective February 4, 2022.

[March 24, 2022]

New Public Appointee

Effective February 10, 2022, Sharanjit Padda has been appointed to the College as a public member of Council for a 3-year term.

At the February 23rd meeting, the Executive Committee appointed Mr. Padda to the Registration and ICRC committees.

Please refer to Appendix 1 for the Proposed Committee Composition Document with the changes in red.

RECOMMENDATION/NEXT STEPS

That Council confirm the Governance Committee slate and the appointment of public member, Sharanjit Padda, to the Registration and ICRC Committees.

ATTACHMENT

- Appendix 1: Proposed Committee Composition Document

Appendix 1: Proposed Committee Composition Document

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