



College of
Dietitians
of Ontario

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Self-Regulation: A Privilege



Deion Weir, RD
President

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.



Professionals are regulated to protect the public, meaning standards are set out by a governing body to ensure that their members are qualified, skilled and competent to practice. Self-regulated professionals have governing bodies that include members from their respective professions.

In Ontario, the *Regulated Health Professions Act, 1991*, (RHPA) specifies how health professionals are regulated and the role of colleges. Colleges are required to have committees and a council, which acts as a board of directors. They are comprised of both public and professional members. The College of Dietitians of Ontario has fifteen members on Council; seven public members and eight professional members from seven districts.

Council ensures that the public voice is heard while drawing on the expertise of the professional members. This means that the professional members are entrusted to put aside their personal interests and contribute only their professional expertise in the interest of public protection. This is what makes it a privilege to be a self-regulated professional; we are given the opportunity to participate in creating standards to improve dietetic care and protect the public.

With the ever-changing practice of dietetics, the College is continually working to ensure that standards are up to date for public safety. Council members work collaboratively to make decisions that effectively regulate the profession as dietetic practice changes. It was exciting for me to be on Council when the dietitian scope of practice was expanded to include taking blood samples through skin pricking for blood glucose testing. At that time, new practice standards were required and the College worked tirelessly to create the *Standards of Professional Practice for Collecting Capillary Blood Samples Through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)*. This is just one tangible example of how the College responds to practice changes.

Another example is the College's current initiative to move forward with its 2008 request to expand the dietetic scope of practice to include ordering laboratory tests. The College is working with members and the ministry on this initiative to ensure the best outcomes for clients. Expertise from professional members is needed to complete this work. Again, it is exciting for me to be on Council and have an opportunity to contribute to this work. What a privilege to participate in self-regulation at this time.

As a Council member it's wonderful to see the dietetic scope of practice increase to ensure effective and efficient client care. It is equally important to me that standards are in place to facilitate competent execution of that care. This is a great time for members to consider serving on Council or a committee, as the College looks at ways to regulate this potential expanse in practice. This year Districts 4, 5 and 6 will have a call for nominations to Council, consider getting involved. Your skills, knowledge and experience are essential to effective self-regulation.

Lab Ordering Authority Work Moving Forward



Melisse L. Willems, MA, LLB
Registrar & ED

Everything we do should be aimed at serving the public interest.

I recently ended an email to a colleague with “I feel very fortunate to have a job where I have many opportunities to do my best work.” Here at the College, this is what we aim to do for members: give you the guidance and tools to help you do your best work.

The request to permit dietitians to order laboratory tests in support of nutrition assessment and treatment is one of those opportunities. If the request is granted, a more streamlined process for ordering and acting upon lab work will help make the client experience more efficient and effective. Follow-up will be easier and more direct. Clients will benefit because dietitians will be better able to do their best work.

In the world of professional regulation, the appropriate role of the regulator in relation to scope of practice expansion is often a topic of discussion. It is important for regulators to always remember that our mandate is public protection, not advancement of the profession. Everything we do should be aimed at serving the public interest. The lab test ordering project is an excellent example of how regulatory bodies can and should be involved in scope of practice initiatives. While direct lab ordering authority will likely improve the day-to-day experience for many dietitians, the principal beneficiaries of this initiative will undoubtedly be clients.

We are pleased to be working with the Ministry of Health and Long-Term Care in support of this work, started a number of years ago by the College and Dietitians of Canada. Further updates about the project will be provided as they are available.

RD Laboratory Test Authority Member Survey Results

A total of 1 534 RDs (38% of total membership) participated in the survey.

In 2008, the College and Dietitians of Canada made a submission to the Ministry regarding a proposed change to the dietitian scope of practice to include the authority to request laboratory tests. This authority did not proceed at that time. In September 2017, the Ministry of Health and Long-Term Care informed the College that as part of their *Patients First: Action Plan for Health Care*, they are reviewing scope of practice requests previously submitted, but not yet implemented, by regulated health professions.

In early November 2017, the College met with the Ministry staff responsible for activities related to the proposed scope of practice changes for dietitians. The Ministry provided their new *Model for the Evaluation of Scopes of Practice in Ontario* (MESPO), a rigorous framework that guides their decision-making regarding scope of practice change requests.

In applying its MESPO framework to the 2008 submission, the Ministry identified some areas that require further clarification. This new submission by the College is meant to

provide this additional information. To assist with answering the Ministry's questions, the College asked members for feedback in a survey that was opened from November 16 to Dec 6, 2017.

FEEDBACK HIGHLIGHTS

In the survey, dietitians reported that they feel they have the necessary competence to work within their scope of practice to only order the laboratory tests that are relevant to a client's needs for nutrition assessment and monitoring.

- 96% of members who responded were in favour of proceeding with an open laboratory test ordering authority for RDs
- Members provided input into the processes and challenges of how laboratory tests are currently ordered within dietetic practice settings
- Suggestions were made for improving the processes to facilitate safe and effective client care and enable ongoing interprofessional collaboration and communication

- Ideas for future resource development were given to support RDs in the event that the authority is granted

POTENTIAL RISKS

The survey respondents also indicated there may be some risk of duplication, over-testing and increased costs to the health care system. Members mentioned that RDs would need to ensure they are continually collaborating with other health care team members to avoid duplication and over-testing. Guidelines and member education would help alleviate these risks.

The College submitted the final report to the Ministry on December 21, 2017. The document is posted on the College website. [Access it by clicking here](#) or go to the www.collegeofdietitians.org and enter "2017 CDO submission" in the search box. Further updates will follow as available.

Thank you to all our members who responded to the survey and provided invaluable feedback.



New Privacy Breach Reporting Obligations

As of October 1, 2017, the Ontario government implemented new privacy breach reporting obligations under the *Personal Health Information Protection Act, 2004* (PHIPA). These amendments require RDs who act as Health Information Custodians (HICs) to report on seven categories of privacy breaches to the Information & Privacy Commissioner of Ontario (Commissioner). The new reporting obligations are separate from the duty of HICs to notify individuals of the theft, loss or unauthorized use or disclosure of their personal health information under subsection 12(2) of PHIPA.

The Commissioner has developed a helpful resource titled: [Reporting a Breach to the Privacy Commissioner - Guidelines for the Health Sector](#). RDs who act as HICs should refer to this resource for more details about their privacy breach reporting obligations. More than one category can apply to a single privacy breach. If at least one of the situations listed below applies, RDs who act at HICs must report it to the Commissioner.

THE SEVEN CATEGORIES OF PRIVACY BREACHES

1. Use or Disclosure Without Authority

Report snooping by an organization's personnel, health care provider or other third party (e.g. contracted external service provider).

If the breach was accidental, for example, if information is inadvertently sent by email or courier to the wrong person or if a person with authority accidentally accesses the wrong client record, reporting is not generally required. This exception for accidental use or disclosure does not apply to other types of breaches noted below in the other six categories.

2. Theft of Personal Health Information

Report stolen paper records, laptops and other stolen electronic devices containing personal health information. Also report ransomware or other malware attacks whereby personal health information of individuals was stolen.

A notice to the Commissioner is not required if the stolen information was de-identified or properly encrypted. HICs are encouraged to adopt de-identification and encryption measures to prevent privacy breaches. For more information, refer to [Health-Care Requirement for Strong Encryption](#) (Ann Cavoukian, Ph.D., Information & Privacy Commissioner of Ontario, 2010).



3. A Breach Causes Further Use or Disclosure Without Authority

The privacy breach must be reported if it is compounded by further breaches. For example, if unauthorized access to personal information could potentially lead to or has led to commercial or criminal exploitation of the information or if there is a threat to publish the information.

4. Pattern of Similar Breaches

HICs must exercise judgement to decide if a privacy breach is an isolated incident or a pattern. A series of accidental or insignificant breaches may indicate systemic problems such as malfunctioning equipment or systems, gaps in safeguards or training. Keeping a record of privacy breaches in a standard format will help HICs identify any patterns.

5. Disciplinary Action (Against a College Member)

If a member of a college is terminated, suspended or disciplined, or they resign as a result of a privacy breach, or their privileges are revoked, suspended or restricted, or are relinquished or voluntarily restricted as a result of a breach, the incident must be reported to the Commissioner.

6. Disciplinary Action Against a Non-College Member

This is similar to number 5 above, but applies to employees or agents of a HIC who are not members of health regulatory colleges. The Commissioner's Guideline provides the following scenario: "One of your registration clerks has an unpleasant encounter with a client and posts information about the client on social media. You suspend the clerk for a month." Although the clerk is not a member of a health regulatory college, HICs must report this privacy breach to the Commissioner.

7. Significant Breach

All significant breaches must be reported to the Commissioner, regardless of whether they fall into any of the above six categories. Determining whether a breach is "significant" will require careful consideration and should be made in consultation with legal counsel for the HIC to ensure that breaches are reported in appropriate cases. In assessing whether a breach is "significant", HICs can ask the following questions:

- Is the information sensitive?
- Does the breach involve a large volume of information?
- Does the breach involve many affected individuals?
- Was more than one HIC or agent responsible for the breach?

Even where there is no particular harm, a breach may be deemed significant and require a report to the Commissioner. For example, the accidental disclosure of a client's mental health assessment to other health care providers on a group email distribution list, rather than to just the client's physician, is an instance that the Commissioner considers to be a significant breach. Other examples are included in the Commissioner's Guideline.



ANNUAL REPORTING

As of January 1, 2018, HICs must begin compiling privacy breach statistics and, beginning in January 2019, they must provide the Commissioner with an annual report of the previous calendar year's privacy breach statistics. The report is to include the number of times that personal information was stolen, lost, used without authority, or disclosed without authority (with the report indicating specific numbers for each type of breach). Further guidance from the Commissioner on statistical reporting will be released later in 2017.

POLICIES AND PROCEDURES

These new privacy breach reporting requirements will present new challenges for health care providers. It is advisable that RDs who act as HICs develop internal policies and procedures to adequately detect, manage and appropriately respond to privacy breaches and their mandatory reporting obligations.

The College would like to thank Fasken Martineau DuMoulin, LLP for their e-bulletin: [Commissioner Issues Important Privacy Breach Reporting Guideline for Health Sector](#), which was used in the creation of this article.



Protecting Patients Act, 2017

How the Act Impacts the College and RDs

The Ontario government passed the *Protecting Patients Act, 2017* (the Act) in May 2017. This legislation affects the *Regulated Health Professions Act, 1991* (RHPA), which sets out the framework for the regulation of the entire health profession sector. The changes to the RHPA listed below have an impact on how we operate as a College, on RDs and the public. [Click here for a full understanding of the Act.](#)

1. DISCIPLINE COMMITTEE & INQUIRIES, COMPLAINTS, AND REPORTS COMMITTEE (ICRC)

- The ICRC can now order an interim suspension of a member's certificate of registration at any time following receipt of a complaint or appointment of an investigator, instead of only when a matter is referred for discipline or incapacity proceedings.
- Touching of a sexual nature of a client's genitals, anus, breast or buttocks will now result in mandatory revocation of an RD's registration for at least five years. This includes:
 - Genital to genital, genital to anal, oral to genital or oral to anal contact.
 - Masturbation of the member by, or in the presence of, the client.
 - Masturbation of the client by the member.
 - Encouraging the client to masturbate in the presence of the member.
 - Touching of a sexual nature of the client's genitals, anus, breasts or buttocks.
- The Minister of Health and Long-Term Care can create regulations to advise a College about how they should investigate and prosecute sexual abuse cases.

- The Discipline Committee and the Inquiries, Complaints and Reports Committee are prohibited from imposing gender-based restrictions on a member (e.g. a female member can only practise dietetics with female clients) in any case.

2. MANDATORY REPORTING OBLIGATIONS

- The Act has increased the fines for failing to report sexual abuse have increased to \$50,000 for individuals and to \$200,000 for corporations. RDs are required to file a report of sexual abuse if they have reasonable grounds to believe that another RD or health provider has sexually abused a client. The information must be obtained while practicing dietetics and come directly from the client or from another reliable third party. If you obtain the information in a social setting, not in your work setting, you are not required to report it. However, although you are not required by law to report what you have learned in a social setting (unless the abuse was of a child), in the interest of public protection, you may still wish to report it.
- Members must report to the College if they have been charged with an offence, if a court has imposed any bail conditions or other restrictions. The College changed its by-laws to require members to report this information two years ago.
- Members must report if they are registered to practise another regulated profession inside or outside Ontario. They must report any findings of professional misconduct or incompetence by those regulators. The College by-laws already require members to report this information.

3. REGISTER OF DIETITIANS

College by-laws related to the public register will be reviewed and amended to remove any inconsistency with

the revised Code provisions listed below:

- More information will remain permanently on the Register of Dietitians, which appears online. All *Specified Continuing Education or Remediation Program(s)* required by the ICRC in decisions released as of May 30, 2017, will be posted permanently to the Register of Dietitians.
- All oral cautions issued by the ICRC in decisions released as of May 30, 2017, will be posted online permanently on the Register of Dietitians.
- A copy of the allegations of every matter referred to the Discipline Committee that has not been fully resolved must be posted, along with the date and status of the referral.
- Discipline findings posted publicly on the Register of Dietitians must contain a synopsis of the finding and of the content of the reprimand (if applicable).
- All *Acknowledgments & Undertakings* must be posted on the Register of Dietitians until they are fulfilled.
- The date of death of current or former members must be posted, if known.
- The Registrar now has an explicit duty to post all information on the Register of Dietitians promptly.
- The Registrar has a duty to correct information about professional negligence or malpractice findings where the member demonstrates to the Registrar that the information is incomplete or inaccurate.
- After 90 days have passed, information about a finding that the allegations were not proved as a result of a discipline proceeding will be promptly removed from the public register (unless the member requests it stay on longer).
- The Minister is also able to make a regulation requiring additional information be placed on the Public Register.
- Colleges are required to post the dates, agendas and materials for upcoming Council meetings on their websites. If the Registrar anticipates that any of the materials relate to a portion of the hearing that is likely to be closed to the public, that portion of the materials can be withheld, but the Registrar must provide the grounds for withholding it in the package posted.

Although many of our current by-laws, standards, guidelines and policies are already consistent with the changes set out in the *Act*, there is still some work to be done. We will keep members and the public informed as changes are made.

OHIP+ Children and Youth Pharmacare

Beginning January 1, 2018, Ontarians 24 years or younger, who have OHIP coverage, will obtain free prescription medications under the Ontario Government's new *OHIP+ Children and Youth Pharmacare Program*. The following is a summary based on our understanding of the OHIP+ coverage. Members should contact the OHIP program directly for detailed and up-to-date information.

Coverage will be automatic with no up-front costs, as long as the drug is listed on the *OHIP+ Ontario Drug Benefits Formulary*. Parents, caregivers or clients will simply need to show their prescription and health card to their pharmacist for coverage.

There are over 4000 medications and nutritional products listed on the formulary; a number of them relate to dietetic practice (e.g. diabetes, genetic disorders, etc.). RDs should understand the OHIP+ program as applicable to their dietetic practice:

1. Under the *OHIP+ Children and Youth Pharmacare Program*, RDs will not have the authority to sign Ontario Drug Benefits – Nutrition Products forms for those clients who use oral/enteral nutritional supplements as their sole source of nutrition. This is due to the *Ontario Drug Benefit Act, 1990*, which specifies that an authorized prescriber is a physician or nurse practitioner. However, RDs should be aware that under the OHIP+ program, the cost of the nutritional products listed on the drug formulary will be covered for those 24 and under.
2. RDs should be aware of the nutrition-related prescription drugs on the formulary so they can best inform clients and subsequently recommend to physicians or nurse practitioners to prescribe for clients in relation to nutrition care (e.g. motility agents, enzymes, insulin regimens, etc.). This may be important for clients who would not have any other means of affording the drug outside of the OHIP+ program. As always, RD recommendations should always be client-centred and evidence-based.

For more information on *OHIP+ Children and Youth Pharmacare* refer to the following link:
<https://www.ontario.ca/page/learn-about-ohip-plus>



Boundary Guidelines The Development Process

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst

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At its March 2017 meeting, Council approved, in principle for the purpose of consultation, the draft *Boundary Guidelines for Dietitians in Ontario*. The Guidelines clarify the laws and principles that RDs must put into practice to maintain professional therapeutic relationships with their clients. The goal is to improve RD knowledge about maintaining professional boundaries to ensure safe and ethical dietetic practice.

The draft was circulated to members for input via an online survey. The great majority of members who responded found the guidelines easy to understand and clear. However, we received some valuable feedback which allowed us to improve the document for even greater clarity.

The Boundary Guidelines were given a new title to reflect that this document is specifically about the therapeutic RD-client relationship. The document was also restructured for better flow. Colour was added to titles and subtitles. Boxes, callouts and pictures were also added to improve readability, making the text less dense. The text was revised to avoid complex language, repetitive words or phrases. We also included a new section about separating professional from personal communications on social media.

Council approved the Boundary Guidelines for Professional Therapeutic RD-Client Relationships in June 2017. It can be accessed anytime from the College website at www.collegeofdietitians.org by entering "boundary guidelines" in the search box.

Beyond Boundary Basics

In the last two years, we have focused on expanding our knowledge through research and listening to members to deepen our understanding of professional boundaries and the RD-client therapeutic relationship. It has been an exciting journey. The many discussions among College staff, stakeholders and members, helped us develop a better understanding of just how critical it is to maintain well-defined professional boundaries for safe and trustworthy therapeutic relationships.

We have created new tools to support RDs in their learning

about boundaries and help build public awareness about the value of healthy and respectful RD-client therapeutic relationships. The Boundary Guidelines provided the foundational principles for creating three new videos for members and the public. We are also in the process of creating a video quiz. Of course, we will also be creating a learning module based on the workshops this fall. As soon as the quiz and the learning module are ready, we will share them with you.

Click on the images below to view the three new videos.



Is it OK to go on a date with a former client?

Recently, Jamie, an RD, was asked out on a date by a former client. Jamie had seen the client for just one counselling session two months earlier. When discharging their client, Jamie provided them with contact information for follow-up questions. The client then contacted Jamie for a date. Jamie is not sure whether to accept or refuse the date. Since the therapeutic relationship ended two months ago, is it OK to accept the invitation to go on a date?

MINIMUM ONE YEAR PERIOD AFTER A CLIENT IS NO LONGER A CLIENT

RDs are not permitted to have a romantic or sexual relationship with a former client for a minimum of one year from the date at which the RD-client therapeutic relationship has ended beyond all doubt. The period of one year is the minimum waiting period required. Since Jamie ended the therapeutic relationship only two months ago, date the client be considered sexual misconduct.

Relationships and communications with clients can be confusing. Because Jamie provided follow-up contact information, it is possible that the client understood that the therapeutic relationship was ongoing or, perhaps, thought that Jamie was open to another type of relationship. It is important to be aware of how actions and words can affect clients. Be very clear and precise in your communications with clients to avoid misunderstandings.

WHEN IS IT OK TO DATE A FORMER CLIENT?

When considering a romantic relationship with a former client, use professional judgement and proceed with caution. The therapeutic relationship has to be clearly documented and ended beyond all doubt for the minimum period of one year before a romantic or sexual relationship can begin. Keeping

in mind the power imbalance between a health professional and their client, before dating or having a sexual relationship with a former client, an RD should carefully consider:

- The duration of the therapeutic relationship: A romantic relationship with a former client is more likely to be inappropriate where an RD treated the client over a number of years than a romantic relationship with a client with whom there was only one consultation.
- The client's vulnerability: The more vulnerable a client is, the more likely it is that having a romantic relationship with them at any point after the end of the one-year period would be an abuse of the power of the RD and potentially harmful to the client; and
- Continuing care for other members of the former client's family: If an RD continues to care for other members of a client's family, the combination of personal and professional relationships may be inappropriate.

USE THOUGHTFUL, REASONED, ETHICAL DECISION-MAKING

Whether or not a romantic relationship could be ethically acceptable depends on the duration of the therapeutic relationship, the frequency of RD-client interaction and the former client's vulnerability. An RD may decide that it would never be appropriate to form a romantic relationship with a former client.

Although the ethics of a relationship may be situational, a regulated health professional could still be found guilty of disgraceful, dishonourable and unprofessional conduct towards a former client, if that client was abused in any way.



Co-signing Student and Intern Documentation

Deborah Cohen, MHS, RD
Practice Advisor & Policy Analyst

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Several RDs have contacted the College asking if they must co-sign student and intern documentation. In many cases, employers are developing a co-signature policy and would like to know if the College has an official position on this matter.

The College does not require RDs to co-sign documentation in a health record that has been completed by nutrition students or dietetic interns. This decision is an organizational one. It is up to the work setting, internship program, academic institution or other organization where the students or interns being trained to develop these policies.

LOOK FOR ORGANIZATIONAL POLICIES

RDs should consult with their organization to see if there are any policies in place that address student or intern co-signature requirements. For risk management purposes, some organizations require that nutrition students and dietetic interns must always have their records co-signed by an RD. Others have policies that specify when a co-signature is needed and when it is not.

The reasons for co-signature should be clear and documented in policy. Reasons could be to confirm teaching, to denote that the service has been reviewed, or to verify that the information in the note is correct and that the RD agrees with its content. This can help with establishing accountability for record-keeping of all parties involved.

WHAT ABOUT PUBLIC HOSPITALS?

If a student or intern is documenting a diet order or other treatment under a medical directive in a public hospital, the facility would need to determine whether this is permitted

and whether this order for treatment may be implemented with or without an RD's co-signature.

STUDENTS AND INTERNS SHOULD HAVE THEIR OWN USER NAMES AND PASSWORDS TO ACCESS HEALTH RECORDS

Any student or intern documenting in an electronic medical record should have a unique user ID and password to log into client health records. This ensures that anyone making a notation in a record can be tracked. It also protects the privacy and security of clients because when the students and interns leave, access to client health records can be denied by deleting their user name and passwords. RDs can consult with their IT department and other health care providers in their facility to establish best practices in co-signing electronic documentation in a consistent manner.



MAKE SURE THE STUDENT OR INTERN IS COMPETENT

Provision 17 of the College's *Professional Misconduct Regulation* says that it is professional misconduct to assign dietetic functions to anyone who is not competent to perform those functions. Any organizational policy requiring RD co-signatures should address the competence of the students and interns before they can be asked to perform client care or staff relief and document independently.



Why Quality Assurance?

Barbara McIntyre, RD
Quality Assurance Program Manager

"I am a competent Professional, so why does the College make me jump through so many quality assurance hoops?" Many of you have likely had this conversation with your dietitian colleagues and friends.

THE SHORT ANSWER: IT'S THE LAW.

Every health profession regulatory college in Ontario is mandated by law to have a Quality Assurance Program. As per the *Dietetics Act, 1991*, Part II, s25, the program must contain:

- "(a) continuing education or professional development designed to,
 - (i) promote continuing competence and continuing quality improvement among the members,
 - (ii) address changes in practice environments, and
 - (iii) incorporate standards of practice, advances in technology, changes made to entry to practice competencies and other relevant issues in the discretion of the Council;
- (b) self, peer and practice assessments; and
- (c) a mechanism for the College to monitor members' participation in, and compliance with the quality assurance program."

BUILDING PUBLIC TRUST IN THE PROFESSION

Quality assurance is about ensuring continuing competence and safe care. Continuing professional development reflects a practitioner's commitment to safe care. Gray (1997) states that, "continuing competence is the goal of public protection and the heart of professional practice".¹ To paraphrase a popular quote, "it is not enough to be doing things right, you have to be seen doing them right". The components of the QA program give you the opportunity to be seen doing things right.

Your commitment to lifelong learning is evident in the goals you set annually in the *Self-Directed Learning Tool*. Your knowledge of laws governing your practice is reviewed every five years with the *Jurisprudence Knowledge and Assessment Tool*. Annually, 10% of members are chosen to undergo a *Peer and Practice Assessment*; and to date all have been found to be practicing competently.

The Quality Assurance Program helps us all to demonstrate our commitment to continuing competence for safe dietetic practice and public protection. This builds public trust in what we do as a College and in the quality services offered by competent, safe and ethical Registered Dietitians.

1. Gray, R. L. (1997). *Developing and maintaining professional competence*. New York: New York State Society of Certified Public Accountants

Quality Assurance Results 2017

PEER AND PRACTICE ASSESSMENT

Total Participants	219
Above Cut Score (Z>-1.88)	208
Below Cut Score (Z≤-1.88)	10
Below Cut Score-(not moving on to Step 2)	7*
Below Cut Score-(moving on to Step 2)	3*
Above cut score (moving on to Step 2)	4**
Referred to QA Committee: decision pending	1
Total moving on to Step 2	7

* 7/10 participants with Z score was ≤-1.88 but with survey scores closer to 6 than to 5 are not required to move onto Step 2.

** 2% of clinical and non-clinical participants with results above the cut score are randomly selected to move on to Step 2.

JURISPRUDENCE KNOWLEDGE AND ASSESSMENT TOOL

Total Participants	610
Completed Successfully	607
Failed after 3 tries	1
Non-Compliant	2

Note: The member who failed has been directed by the QA Committee to study the pertinent sections of the legislation and review the questions which were answered incorrectly on the JKAT.

Council Meeting Highlights

EXECUTIVE COMMITTEE

Deion Weir RD, President
Suzanne Obiorah RD, Vice President
Ruki Kondaj
Erin Woodbeck RD

COUNCIL MEMBERS

Elected Councillors

William Franks RD
Alexandra Lacarte RD
Suzanne Obiorah RD
Nicole Osinga RD
Roula Tzianetas RD
Dawn Van Engelen RD
Deion Weir RD
Erin Woodbeck RD

Public Councillors

Marie-Louise Chartrand
Shelagh Kerr
Laila Kanji
Ruki Kondaj
Ray Skaff
Soliman Abdel Fattah Soliman
Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Khashayar Amirhosseini RD
Alida Finnie RD
Dianne Gaffney RD
Renée Gaudet RD
Sobia Khan RD
Kerri LaBrecque RD
Cindy Tsai RD
Ruchika Wadhwa RD
Krista Witherspoon RD

Council Meeting September 29, 2017

COUNCIL EDUCATION SESSION ABOUT FIDUCIARY RESPONSIBILITIES

Richard Steinecke, LLB, gave a presentation about College governance that explained the fiduciary responsibilities of Council and the importance of maintaining public trust in the College. He stressed how individual Councillors, and Council as a collective, are accountable for principled and effective oversight of the College. Everyone on Council carries a responsibility for maintaining public confidence that the College always works ethically in the interest of the public.

ENVIRONMENTAL SCAN FOR 2018-2019 WORK PLANNING

M. Willems, Registrar & ED, provided an environmental scan of the regulatory and dietetic practice environments for Council discussion and feedback necessary for the 2018-19 work planning and budgeting work. An update was also given on the recent response by the Ministry on the scope of potential practice changes proposed to permit RDs to order lab tests.

Welcome to a New Councillor



MARIE-LOUISE CHARTRAND, PUBLIC MEMBER

Welcome to the College, Marie-Louise Chartrand holds a B.Comm., Honours in Accounting, from the University of Ottawa and a Ministry of Education of Ontario Supervisory Officer qualification (Business).

Prior to her retirement in 2016, Marie-Louise held posts as the Manager of Finance and Computer Services and interim Superintendent of Business with the Carleton Roman Catholic Separate School Board, Regional Superintendent of Business and Finance with the Ministry of Education's eastern office, and Controller of Finance and Executive Financial Advisor with the Ottawa-Carleton District School Board, Director, Administrative Services and Specialized Education Centres (preschool centres) for the Centre psychosocial d'Ottawa. Prior to working in education and mental health services, she was an auditor with Touche Ross & Co. Chartered Accountants.

Marie-Louise has served on provincial Ministry committees regarding dispute resolution and special education, as president of school councils, president of Douance Ontario, a program for gifted French students, and as a long-serving director on the Board of members of not-for-profit agencies in Ottawa.

Marie-Louise also served as a public member to the Ontario College of Teachers in October 2010. During her seven-year term, she served on the Finance (Chair), Discipline, Fitness to Practice, Investigation, Accreditation, Accreditation Appeal, Editorial Board, Election and Nomination committees.

Council Meeting - December 15, 2017

SUBMISSION REGARDING THE PROPOSED AUTHORITY FOR RDS TO ORDER LABORATORY TESTS FOR NUTRITION ASSESSMENT AND MONITORING

Council approved the submission to the Ministry of Health and Long-Term Care (Ministry) regarding the proposed authority for dietitians to order laboratory tests. In September 2017, the Minister informed the College that, as part of his Ministry's *Patients First: Action Plan for Health Care*, they were reviewing the 2008 submission requesting that ordering of laboratory tests be included in the dietitian scope of practice.

The College included feedback from a member survey, comments from dietetic educators and feedback from other health colleges.

CYBER-SECURITY AND PASSWORD POLICIES

Council reviewed the College's cyber security and password policies necessary for preserving the security of our data and technology infrastructure.

COMMUNICATIONS UPDATE

Strategic Direction

The Communications Manager provided an update of College communications for 2017. College communications are aligned with the College's Strategic Plan (2016-2020), especially:

GOAL 2: Competent Members Engaged in Effective Informed Practice, specifically that the College is committed to providing specific and relevant support to dietitians in all areas of dietetic practice.

GOAL 3: Stakeholders Recognize the College as an Accountable Regulator for Public Protection. To achieve this goal, the College is committed to educating the public, members and other stakeholders about how it fulfills its public protection mandate through innovative communications.

GOAL 4: A Collaborative Partner. The College looks for opportunities to collaborate with other organizations to advance our public protection mandate.

About Professional Boundaries

This year, communication projects focused mainly on professional boundaries. They were designed to inform both

members and the public about how important it is to maintain strong professional boundaries to preserve trust in the RD-Client therapeutic relationship. The boundary projects included the College workshops which took last Fall and the creation of three videos currently posted on our YouTube channel. A new web page with links to College resources about professional boundaries, a learning module based on the Fall workshops and a video-quiz are currently being developed. See page 11, *Beyond Boundary Basics*, for more details.



Public Information

The College's public information plan included the promotion of videos and articles about professional boundaries, quality assurance and practice standards. They were featured on our Facebook and Youtube channels, online in Zoomer and Carp magazines, and in community newspapers, blogs and websites.

Collaboration with other Colleges

The College worked with the *Federation of Regulatory Health College of Ontario* to create a website and a video to explain how Ontario health regulators work to protect the public. The ontariohealthregulators.ca website offers information in ten languages. It directs people to the websites of the 26 Ontario health regulators for reliable information about their regulated health professionals. Click the image to view the video:



Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from August 31 to November 21, 2017.

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Tanya L'Heureux RD	12821	31/10/2017	Ayesha Sarathy RD	12106	17/11/2017			
Jessica Bihari RD	14141	12/09/2017	Melissa Marlow RD	4456	14/09/2017	Lindsay Shopman RD	11904	11/10/2017
Andrea Glenn RD	12963	26/09/2017	Kaylynn Mateus RD	12577	18/09/2017	Nour Wattar RD	14912	31/10/2017
Lynda Hinch RD	14924	28/09/2017	Im Peng Ng RD	14073	19/09/2017			

TEMPORARY CERTIFICATES OF REGISTRATION

Nadia Anjum RD	14907	07/09/2017	Hélène Fiolek RD	14938	09/11/2017	Sarah Ngunangwa RD	14905	26/10/2017
Valène Aylwin RD	14815	13/09/2017	Marie-Pier Fontaine RD	14901	13/09/2017	Rebekah Nitschmann RD	14941	19/10/2017
Julie Bates RD	14875	29/09/2017	Mélissa Fortier RD	14897	04/10/2017	Alexandra Otis RD	14890	07/09/2017
Victoria Beggs RD	14844	27/09/2017	Victoria Fraser RD	14841	04/10/2017	Monica Potts RD	14939	13/10/2017
Katherine Bélisle RD	14846	13/09/2017	Sheree Gopie RD	14896	29/09/2017	Elizabeth Raymond RD	14900	21/09/2017
Renee Berdusco RD	14916	21/09/2017	Tiffany Huang RD	14911	25/10/2017	Richelle Richmond RD	14894	13/09/2017
Claire Bowley RD	14914	21/09/2017	Michael Huston RD	14944	09/11/2017	Alexandria Risi RD	14926	17/10/2017
Marie-Ève Caron RD	14887	07/09/2017	Lindsay Johns RD	14881	06/10/2017	Josée Robin RD	14870	07/09/2017
Emilie Comtois-Rousseau RD	14830	07/09/2017	Nikolas Kielburger RD	14932	29/09/2017	Yami Salam RD	14819	07/09/2017
Patricia Desrochers RD	14927	21/09/2017	Rebecca King RD	14876	13/09/2017	Julie Seguin RD	14834	13/09/2017
Ashley Doucette-Tamane RD	14915	06/10/2017	Rosanna Lee RD	14809	21/09/2017	Bethany Staubitz RD	14917	27/09/2017
AlexandraDubuc RD	14845	13/10/2017	Lisa Makeeva RD	14884	21/09/2017	Kelsey Stojkovic RD	14919	27/09/2017
Amanda Dufault RD	14903	07/09/2017	Liane Malette RD	14871	21/09/2017	Katherine Sutherland RD	14842	07/09/2017
Mai Elhayek RD	14867	25/09/2017	Erin Meloche RD	14817	27/09/2017	Sarah Taylor RD	14888	13/09/2017
Hazel Ann Fernandez RD	14918	13/10/2017	Dina Mohamed RD	14859	21/09/2017	Nola Thompson RD	14906	08/09/2017
			Arianne Morissette RD	14892	17/10/2017	Andrea Tucci RD	14899	07/09/2017
			Kristen Murray RD	14913	21/09/2017	Jessica Zabroky RD	14365	24/10/2017

RETIRED

Gail Anderson	1570	21/11/2017	Lise Gagnon	1077	21/11/2017	Debra Lee Schebesch	1415	21/11/2017
Valerie Austin	1758	21/11/2017	Alicia Cera Garcia	2110	21/11/2017	Marsha Sharp	2297	21/11/2017
Janet Baker	2421	21/11/2017	Donna Marie Gates	2275	21/11/2017	Patricia Showers	2314	21/11/2017
Betty Best	1735	21/11/2017	Jennifer Gilbert	1750	21/11/2017	Sari Simkins	1128	21/11/2017
Joanne Beyers	1827	21/11/2017	Anita Gleeson	2337	21/11/2017	Katharine Slater	2687	21/11/2017
Anne Birks	1749	21/11/2017	Susan Green	1974	21/11/2017	Wendy Swett	1926	21/11/2017
Beverly Brockest	2622	21/11/2017	Jacquelyn Hall	1042	21/11/2017	Phyllis Tanaka	1463	21/11/2017
Kathryn Camelon	1070	21/11/2017	Irene Krause	2845	21/11/2017	Marie-Claude Thibault	2442	21/11/2017
Julie Campagna	1126	21/11/2017	Phyllis Levesque	1977	21/11/2017	Tina Tralman	2048	21/11/2017
Gilles R. Cloutier	4156	21/11/2017	Susan Logan	1364	21/11/2017	Joan Triandafillou	2758	21/11/2017
Pamela Cranfield	1869	21/11/2017	Heather Mann	2531	21/11/2017	Mary Turfryer	1425	21/11/2017
Susan C. Daubaras	3141	21/11/2017	Sharon McDonald	1255	21/11/2017	Sarah Vogelzang	1614	21/11/2017
Elizabeth Denton	2389	21/11/2017	Wendy McLarty	10606	21/11/2017	Joy Walker	1716	21/11/2017
Linda Dietrich	1595	21/11/2017	Cynthia Miller	1887	21/11/2017	Margaret Wasilewski	2285	21/11/2017
Helen Ann Dillon	1814	21/11/2017	Patricia Miller	2469	21/11/2017	Donna Weldon	1877	21/11/2017
Kathleen Dragosz	1656	21/11/2017	Lorna Miller-Komulainen	2468	21/11/2017	Pat White	2588	21/11/2017
Vicki Edwards	2307	21/11/2017	Leslie Orpana	1963	21/11/2017	Ellen Wodchis	1971	21/11/2017
Lois Ferguson	2757	21/11/2017	Frances Raine	1939	21/11/2017	Bernice Yee	1733	21/11/2017
Jill Fraleigh	1643	21/11/2017	Susan Roza	1401	21/11/2017			

RESIGNATIONS

Meghan Barnes	11052	02/10/2017	Marwa Elkelani	14484	31/10/2017	Chad Nippard	14296	17/10/2017
Alana Barry	14079	02/11/2017	Serena Eng	14370	02/10/2017	Janet Adhiambo Omoro	4082	14/11/2017
Kelly Barry	2855	31/10/2017	Anne Garrett	1853	31/10/2017	Nisha Pai	12425	30/10/2017
Judy Baxter-Foreman	2373	31/10/2017	Audrey-Anne Gaumond	14563	07/11/2017	Catherine Palmer	4244	31/10/2017
Naila Sabrina Bedford	11138	13/11/2017	Alexandra Godin	14261	10/10/2017	Alexandra Pépin	14502	16/10/2017
Emily Bell	14095	31/10/2017	Beth Gould	1621	31/10/2017	Piraveena Piremathasan	14778	14/09/2017
Karen Bell	2287	07/11/2017	Rebecca Green-LaPierre	12277	06/10/2017	Olena Polulyakhova	14244	31/10/2017
Angela Besanger	4070	25/10/2017	Jenna Hart	14823	20/11/2017	Chanel Robinson	14249	20/10/2017
Rosanne Blanchet	13012	31/10/2017	Erin Hindley	10893	31/10/2017	Roxanne Roschuk	4273	31/10/2017
Nancy Boisvert	12596	31/10/2017	Julia Hunter	14612	17/10/2017	Sarah Nicole Rowe	4386	13/10/2017
Pierre-Luc Bouchard	13874	31/10/2017	Lyla Ibrahim	12914	05/10/2017	Marika Smit	14103	27/10/2017
Line Boulanger	1554	01/09/2017	Karem Kalin	3760	31/10/2017	Lili Sopher	14443	20/10/2017
Jenny Boutillier	12636	02/10/2017	Anita Karp	12501	31/10/2017	Janice Stewart	3087	28/10/2017
Jennifer Bowman	3653	31/10/2017	Melissa Kazan	14322	31/10/2017	Nadia Stokvis	11282	31/10/2017
Lauren Bryce	12649	16/10/2017	Tanya Kowalenko	11151	27/10/2017	Lisa Taraba	1410	31/10/2017
Farida Butt	14672	17/11/2017	Carmen Kwok	13633	25/09/2017	Emily Templeton	12066	31/10/2017
Courtney Ceponis	12792	09/10/2017	Lindsey Megan Lenters	12121	31/10/2017	Alex Thompson	12082	01/11/2017
Carole Chang	10422	20/11/2017	Avalon Li	14655	31/10/2017	Rasmi Tith	13768	06/10/2017
Nancy Chang	14413	12/11/2017	Rachael Martin	14689	06/10/2017	Danielle Trudeau	12539	31/10/2017
Noémie Charpentier	14507	31/10/2017	Lesley Lyn Moisey	10648	27/10/2017	Vasiliki Vogdou	12545	31/10/2017
Nicole Clowe	11611	15/10/2017	Stephanie Morgan	14692	31/10/2017	Virginia Wesson	1886	29/10/2017
Brianna Colenutt	12189	30/10/2017	Barb Morris	1363	31/10/2017	Lisa Wong	4220	28/10/2017
Geneviève Desjardins	14122	31/10/2017	Stephanie Munoz	14634	08/11/2017	Madison Wood	14227	31/10/2017
Karling Draper	11597	20/10/2017	Emily Murray	13892	30/10/2017	Ann Wouters	2179	29/10/2017
Valerie Dukelow	3904	31/10/2017	Cristy Nippard	14331	28/09/2017	Myrna Wright	2824	21/10/2017

Have your job duties changed?

Are you starting a new job?

Important information for dietitians who are changing jobs or areas of practice.

One of the conditions for all certificates of registration, is that dietitians are required to notify the College within 30 days if there are any changes to their:

- Home address or telephone
- Work address or telephone
- Job title
- Email address
- Practice status

CONSIDER THE IMPACT ON YOUR LIABILITY INSURANCE

You should also consider whether changes to your practice or your new job have an impact on your professional

liability insurance. If you have been relying on your employer for insurance coverage, in your new position confirm the status of your coverage:

- Are you covered by your new employer's insurance or, if you are in a new role, are you still covered by your employer's insurance?
- Does your new employer's insurance satisfy all of the requirements set out in College By-law No. 5?
- If the College requires you to provide proof of insurance coverage, will your employer be able to provide appropriate documentation within 14 days?