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Dietitians
of Ontario

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An Exceptional Opportunity to Serve



Erin Woodbeck, 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.

I am honoured to be addressing you as the new President of the College. I am a Clinical Dietitian working in an acute care facility in Northwestern Ontario and have been an elected Council member for the past four years including one term on the Executive Committee. I am currently also Chair of the Inquiries, Complaints and Reports Committee and have served as a member of the Quality Assurance, Legislative Issues, and Patient Relations Committees.

This is a particularly exciting time to be involved in a leadership role on College Council. We have nearly completed our first full year under the guidance of our new Registrar & Executive Director and have launched a new four year strategic plan. The Council members are a very diverse and engaged group of public and elected Council members who bring unique perspectives to all issues discussed.

The position of President is clearly an exceptional opportunity for professional development with a particular emphasis on enhancing leadership skills. As Practice Lead for the dietitians at my hospital, I welcome all occasions to improve my abilities in communication, mentoring, diplomacy and facilitation. As many others in my position have likely stated previously, the role of College President offers numerous possibilities for growth, both professionally and personally.

I have had the unique experience of being mentored by outgoing President, Susan Knowles RD, and Vice President, Barbara Major-McEwan RD, both of whom provided remarkable support and guidance. Thank you both for your support. You serve as model examples of leaders particularly within our self-regulatory system.

Self-regulation itself is somewhat controversial but I am confident in stating that the College is a prime example of successful self-regulation. I have seen countless examples first hand of Council and staff's foremost commitment to our mandate of public protection. And, I can attest to the College's reputation as a highly regarded, respected and innovative organization.

The chance to participate in such a collaborative and effective team is both educational and highly gratifying. As a member of the dietetics profession I am proud of the work that the College does. During my term as president, I hope to enhance the College's status of excellence in health regulation by helping to maintain an organization which is relevant and accessible to the public and members alike.

Understanding the Right of Clients to Make an Informed Decision



Melisse L. Willems, MA, LLB
Registrar & ED

COLLEGE VALUES

Integrity

Collaboration

Accountability

Transparency

Innovation

This year, the College's workshop series will focus on the topic of consent; consent to treatment and consent to the collection, use and disclosure of personal health information.

Each of these issues have pieces of legislation dedicated solely to them: the *Health Care Consent Act* and the *Personal Health Information Protection Act*. Why? Because being able to control what happens to our bodies and our own health information is at the heart of what it means to be a person.

This is why there is no defined minimum age for consent to treatment or control of personal health information. Once someone becomes capable of making consent decisions on their own, the law recognizes that they have a right to do so and they must be allowed to exercise that right fully. The right of clients to know what will be done to them, and to make an informed decision whether to go ahead, cannot be understated.

I am personally very excited about these workshops. I think they will educate, interest and challenge our members in a new way. Did you know that the only time you can provide treatment without informed consent is in an emergency situation? Or that there is no such thing as "global" consent? Or that inconvenience does not provide license to proceed without consent? These are all areas that will be explored during the Fall 2016 workshops.

I encourage all members, new and not-so-new, to attend one of the sessions. While our workshops are always designed to provide guidance and information to our members, we also learn from them. We expect that these sessions will be no exception. The issue of consent is an area ripe for conversation and institutional change and we think dietitians are up to the task. Come out and see if you agree. The back page of this newsletter has details about workshops in your area.

The right of clients to know what will be done to them, and to make an informed decision, cannot be understated.





Update on Vitamins and Minerals & the RD Scope of Practice

Deborah Cohen, MHS, RD
Practice Advisor & Policy Analyst

deborah.cohen@collegeofdietitians.org

It is well within the dietetic scope of practice to complete a nutritional assessment and develop a nutrition care plan for a client which includes a recommendation for a vitamin or mineral product. However, by law, there are some limitations. This article explains how the laws relative to vitamins and minerals apply to RDs in various practice settings.

ARE VITAMINS AND MINERALS DRUGS?

The Drug and Pharmacies Regulation Act, 1990, has quite a complex definition of a "drug", but what is most relevant to dietetic practice is understanding the classification of a drug as defined in the National Association of Pharmacy Regulatory Authorities (NAPRA) drug schedules database, specifically Schedules I, II and III:¹

Schedule I drugs require a prescription for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner.

Schedule II drugs require professional intervention from the pharmacist at the point of sale and possibly referral to a practitioner. While a prescription is not required, the drugs are available only from the pharmacist and must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection (behind the counter).

Schedule III drugs are available without a prescription and are to be sold from the self-selection area of the pharmacy which is operated under the direct supervision of the pharmacist (over the counter).

Unscheduled drugs can be sold without professional supervision, because adequate information is available for the client to make a safe and effective choice.

Many vitamin and mineral products are not classified as drugs. Some vitamins and minerals are only considered scheduled drugs above a certain dose. For example, iron is considered a Schedule II drug in per pill doses over 30 mg, vitamin D is a Schedule I drug in per pill doses over 1,000 IU (see "Vitamin D & Dietetic Practice", p.7).

WHAT IS NOT A DRUG

Since the definition of a drug is quite broad, it may be helpful for you to know what is not a drug. The following are not drugs:

1. Food or drinks.
2. Natural health products (with a few exceptions, e.g., pseudoephedrine or ephedrine).
3. Schedule U substances (e.g., most low doses of vitamins and minerals).
4. Exceptions listed in the provincial regulations of the *Drug and Pharmacies Regulation Act, 1990* (e.g., castor oil).

CONSULT THE NAPRA WEBSITE

To determine whether a particular product is listed under one of the NAPRA drug schedules, consult the NAPRA database at: <http://napra.ca/pages/Schedules/Search.aspx>

In most cases, when a brand name product (e.g., Materna) is not listed in the NAPRA database, it means that the drug is unscheduled or that it is not considered a drug. However, NAPRA does not list private label products (e.g., Exact, Compliments, Life Brand, etc.), so it

may be unclear whether a private label brand is a scheduled drug. To determine if a particular private label product is a scheduled drug, you may need to compare bottles of brand name products with the private label equivalents. Alternatively, you can contact a pharmacist with your specific inquiry.

Note that the NAPRA drug schedule database is updated regularly. For the most current information regarding any product, it is best to consult the NAPRA website rather than relying on print articles or resources which may be out of date.

PRESCRIBING VS. RECOMMENDING VITAMINS AND MINERALS

The *Regulated Health Professions Act, 1991* (RHPA), Section 27, states that no person may perform a controlled act while providing health care services unless they are authorized by a health profession Act or have a delegation to do so. The states that the following is a controlled act (paragraph 8), "Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept."²

Prescribing, in the context of Controlled Act 8, refers to orders (oral or written) which authorize the dispensing of a drug that requires a prescription. An RD who recommends a particular vitamin or mineral supplement, along with a recommended dose, is not prescribing as long as the product is not listed under Schedule I (requiring a prescription). It is within the dietetic scope of practice to complete a nutritional assessment and develop a nutrition care plan for a client which includes a vitamin or mineral product. Depending on the practice setting, there are some limitations on how RDs may implement such recommendations. Refer to the "Recommending Vitamins in Various Practice Settings" (next page).

DISPENSING & SELLING VITAMINS AND MINERALS

If the product appears on any of the NAPRA Drug Schedules (I, II, or III), then providing a sample or selling a product to a client would be considered dispensing

under the RHPA. An RD may only distribute Schedule I, II or III product samples or sell products to clients under the authority of a delegation of the controlled act of dispensing a drug. If the product is Unscheduled, not listed in the NAPRA database and/or falls under the "What is Not a Drug" section of this article (e.g., a food, drink or Natural Health Product), then RDs can legally provide samples to clients without any additional authority mechanism, subject to workplace specific policies. This applies to products with Drug Identification Numbers (DINs) such as Lactaid®, Beano®, Enteral Nutrition products as well as products with Natural Product Numbers (NPNs).

RDs may only give clients product samples when it is in the interest of the client to do so. Client safety and clinical appropriateness are the predominant considerations.

Whenever RDs provide samples or sell products to clients they may face a real or perceived conflict of interest. For more information on conflict of interest and dietetic practice, refer to the College's e-learning module: http://files.collegeofdietitians.org/en/elearning_Module_COI_2016/index.htm

Clear documentation in the client health record is essential for any recommendations of vitamin and mineral products.

SAFETY & SECURITY

Clients are placing their trust that product recommendations and samples provided by RDs are determined by client need, evidence-based, and most importantly, that they are safe. RDs have a professional responsibility to ensure the safety and integrity of any sample they provide to clients. You may wish to consult a pharmacist to ensure that you are following the appropriate protocols. Also, consider the following:

- a. All products must be stored securely;
- b. Check 'best before' or expiry date before providing samples;
- c. Keep clear records of the origin and distribution trail of the product; and

- d. Document in the client health record when a product sample was provided. Clear documentation in the client health record would be essential for any recommendations of vitamin and mineral products.

RECOMMENDING VITAMINS AND MINERALS IN VARIOUS PRACTICE SETTINGS

1. In a public hospital, RDs need an order or medical directive to recommend vitamins and minerals.

The *Hospital Management Regulation* under the *Public Hospitals Act, 1990*, states that only a physician, nurse practitioner, dentist, or midwife may order treatment or diagnostic procedures in a public hospital. In an inpatient environment, RDs may not order vitamins and minerals without the appropriate authority mechanisms. Even though this act does not fall within the controlled act of prescribing (except for Schedule I products), RDs would require a medical directive or order from one of the authorized providers listed above for a patient to receive vitamins or minerals from the hospital pharmacy.

2. In an outpatient hospital program, RDs may need an order or medical directive to recommend vitamins and minerals.

Depending on how a facility's outpatient programs operate, the inpatient restriction described above in #1 may or may not apply. For example, an outpatient department may be structured in a way that orders are required for every intervention, including vitamin and mineral product recommendations. In this case, RDs would need a medical directive to recommend vitamins and minerals to their clients.

However, most outpatient programs are structured less formally and orders are not required for every intervention or recommendation. When patients are being discharged or in outpatient hospital programs, RDs may recommend vitamins, minerals and other nutritional supplements. They may even write down the recommended dose and timing. Provided the products are not NAPRA Schedule I drugs (requiring a prescription), clients would then purchase these products on their own. As a safeguard, appropriate protocols and policies should be established within facilities.

3. In long-term care homes, there are no legal restrictions, but RDs should consult organizational policy for facility restrictions.

The *Long-Term Care Homes Act, 2016* and the *General Regulation* under this Act, do not restrict orders for treatment or diagnostic procedures. Therefore, there are no legal restrictions for RDs to write diet orders for vitamin and mineral products in a long-term care (LTC) home. However, organizational policies may set limitations. For example, some LTC homes have policies which state that RDs need a physician's co-signature to order diets and/or vitamin and mineral products. RDs should follow organizational policies accordingly and, where applicable, advocate for policies that enable more effective and efficient resident care.

4. In community practice, there are no additional legal restrictions to recommending vitamins and minerals.

Provided the product is not a Schedule I drug under NAPRA, there are no legal restrictions for RDs to recommend vitamins and minerals in family health teams, community health centres, public health programs, home care or private practice. In doing so, RDs must still act within the dietetic scope of practice and within their own knowledge, skill and judgement. RDs can also write down product recommendations, dosage and timing to assist clients with adhering to any recommendations.

1. National Association of Pharmacy Regulatory Authorities. (2016). Search National Drug Schedule. <http://napra.ca/pages/Schedules/Search.aspx>
2. *Regulated Health Professions Act, 1991*. <https://www.ontario.ca/laws/statute/91r18#BK24>

Quiz: Test Your Knowledge

about vitamins and minerals and the RD practice

Click here or go to

<http://www.collegeofdietitiansofontariosurveys.com/surveys/CDO/vitamin-mineral-article-quiz-1/>

Vitamin D and the RD Scope of Practice

The College has received several questions from RDs regarding vitamin D. According to the NAPRA Drug Schedule database, Vitamin D is considered a Schedule I drug under the following conditions and would require a prescription:

“Vitamin D in oral dosage form containing **more than** 1,000 International Units of Vitamin D per dosage form or, where the largest recommended daily dosage shown on the label would, if consumed by a person, result in the daily intake by the person of more than 1,000 International Units of Vitamin D.” (see National Association of Pharmacy Regulatory Authorities. (2016). *Search National Drug Schedule*.
<http://napra.ca/pages/Schedules/Search.aspx>)

Vitamin D products that are readily found on the shelves in health food stores and the retail aisles of pharmacies are not scheduled drugs under NAPRA. These products typically contain vitamin D in amounts of 200, 400 or 800 IU per pill. The label of such products would specify the recommended daily dose of one to two pills/day. This is acceptable as long as the label is not recommending greater than 1,000 IU/day. Typically, there is also a statement on the bottle that says: “or as directed by your health provider.” Note that even if the product has 1,000 IU per pill this is still considered *Unscheduled*. It’s only when the product contains an amount greater than 1,000 IU per pill or when the daily dosage on the label exceeds 1,000 IU that it is deemed a Schedule I prescription drug.

The College is aware that some RDs recommend clients take vitamin D supplements in dosages far greater than 1,000 IU to maintain normal blood levels or to correct low blood levels. Presumably, this would be based on medical protocols for particular patient populations (e.g., post-surgery bariatric patients) and/or evidence-based nutrition clinical practice guidelines for a particular client population.

Need to Know

RDs can make recommendations for their clients to take vitamin D above 1,000 IU. The clients then purchase the products and take the number of pills/dosage as recommended by the RD.

When doing so, the RD’s recommendation for vitamin D must be based on client need and evidence. It must be done in a manner that facilitates interprofessional collaboration, risk management protocols and appropriate documentation.

When recommending that clients take a high daily dose of vitamin D, for example 2,400 IU, RDs can suggest product(s) to look for (e.g., a per pill dose of 400 or 800 IU). This daily dose can be made up by either 3 x 800 IU pills or 6 x 400 IU pills. RDs may write down the recommended vitamin D regimen for clients and instruct them to purchase the product and take it accordingly.

Collaboration and effective communication with the health care team are important considerations for RDs when making high-dose vitamin D recommendations. Also, consider risk management and monitoring procedures when making a recommendation over the upper tolerable limits for vitamin D as it is a fat soluble vitamin that may pose some risk in high doses.

1. National Association of Pharmacy Regulatory Authorities. (2016). *Search National Drug Schedule*.
<http://napra.ca/pages/Schedules/Search.aspx>
2. *Regulated Health Professions Act, 1991*.
<https://www.ontario.ca/laws/statute/91r18#BK24>





Practice Scenario

Sharing Personal Health Information within the Circle of Care

Rita is a Registered Dietitian at the local General Hospital. Luna, her client, was discharged home after undergoing bowel resection surgery and recovering well. Three months later, Luna was admitted into a long-term care facility under the care of a new dietitian, Linda. The details of Luna's medical history are somewhat vague in the client health record and Linda decided to contact Rita at the General Hospital to clarify the details of the bowel surgery. The General Hospital uses an electronic medical record system and Rita has access to the discharged client's health record. Can Rita disclose Luna's health information to the RD at the long-term care facility?

In this scenario, both dietitians are members of the circle of care health team. The "circle of care" refers to health information custodians and their agents who can "assume an individual's implied consent to collect, use or disclose personal health information for the purpose of providing health care, in circumstances defined in *Personal Health Information Protection Act, 2004* (PHIPA)."¹ The circle of care crosses institutional boundaries and health care providers do not need to physically work in the same facility to be part of the circle of care health team.

THE HEALTH INFORMATION CUSTODIAN

A health information custodian (HIC) is an institution, facility or private practice health practitioner that has custody or control of personal health information. The HIC is responsible for collecting, using, disclosing, retaining and securely destroying personal health information on behalf of clients. HICs may designate agents to handle personal health information on their behalf for the purposes of providing health care. An agent can be an individual or a company that contracts with, is employed by, or volunteers for a HIC.¹

As a health care provider, Rita is designated as an agent of the hospital's HIC and would be authorized to rely on an individual's implied consent to disclose their personal health

information as long as the HIC meets the six conditions necessary to assume implied consent (see below).¹ Disclosure would be barred only if the client or their substitute-decision maker had expressly indicated that they did not want their personal health information to be shared.

SIX CONDITIONS FOR ASSUMING IMPLIED CONSENT

1. The HIC must fall within the category of HICs that are permitted to rely on assumed implied consent, including:

- health care practitioners
- long-term care homes
- community care access centres
- hospitals, including psychiatric facilities
- specimen collection centres, laboratories, independent health facilities
- pharmacies
- ambulance services
- Ontario Agency for Health Protection and Promotion

2. The personal health information to be collected, used or disclosed must have been received from the client to whom the personal health information relates, from their substitute decision-maker or from another HIC.

If the personal health information to be collected, used or disclosed was received from another third party (e.g., employer, insurer or educational institution) consent cannot be assumed to be implied.

3. The HIC must have received the personal health information that is being collected, used or disclosed for the purpose of providing or assisting in providing health care to the client.

A HIC may not rely on assumed implied consent if the personal health information was received for other purposes, such as research, fundraising and/or marketing.

4. The purpose of the collection, use or disclosure of personal health information by the HIC must be for providing or assisting in providing health care to the client.

A HIC may not rely on assumed implied consent if the collection, use or disclosure is for other purposes, such as research, fundraising and/or marketing.

5. Disclosure of personal health information by a HIC must be to another HIC.

A HIC may not assume a client's implied consent for disclosing personal health information to a person or organization that is not a HIC, regardless of the purpose of the disclosure.

6. The HIC that receives the personal health information must not be aware that the client/substitute decision-maker has expressly withheld or withdrawn their consent to the collection, use or disclosure.

In most circumstances, if a client or their substitute decision-maker has withheld or withdrawn consent to the collection, use or disclosure of personal health information, HICs must comply with these wishes unless legal requirements for mandatory disclosure under PHIPA apply.

BE AWARE OF ORGANIZATIONAL POLICIES & PROCESSES

RDs who are agents of their HIC should always be aware of the policies surrounding disclosure of personal health information in their organization and follow them accordingly. As an agent of the HIC at the hospital, Rita met all six conditions listed above for sharing client health information with the dietitian at the LTC facility. However, when she consulted with the hospital's health records department, she was informed that the LTC facility had to submit a written request to the hospital's health records custodian specifying client consent before the information was released. Once the written request was received, Rita was able to share the information about the surgery with Linda.

Need to Know

Within the circle of care, sharing personal health information can make health care delivery more efficient when implied consent can be assumed. An RD, who is a HIC or an agent of a HIC, may share client health information within the circle of care when all six conditions for assuming consent are met. Before sharing client health information, always refer to organizational policies surrounding the collection, use and disclosure of personal health information.

Whenever an RD requests or discloses personal health information to or from another HIC or an authorized agent, it must be for the sole purpose of providing or assisting in providing health care to a client, including: determining suitability to transfer a client to another facility; providing ongoing care; and/or improving or maintaining the quality of care.

DOCUMENTATION REQUIRED

In all cases where an RD requests or discloses personal health information about a client from another agent, it must be clearly documented in the client's health record. In this scenario, both RDs would document the reason for accessing the discharged client's hospital health records, the nature of the information requested, what was shared, from whom the information was requested and to whom it was disclosed.

The College of Dietitians of Ontario would like to thank Eric Poon, Dietetic Intern (MHSc in Nutrition Communications at Ryerson University), for his contribution to this article.

1. Information & Privacy Commissioner of Ontario. (2015). *Circle of Care Sharing Personal Health Information for Health-Care Purposes*. <https://www.ipc.on.ca/images/Resources/circle-of-care.pdf>



New Obligations for Reporting Privacy Breaches

Effective June 2016

WHAT IS A PRIVACY BREACH?

Under the *Personal Health Information Protection Act, 2004* (PHIPA), a privacy breach is the unauthorized use, disclosure, loss or theft of personal health information. A breach includes the viewing of health records by someone who is not allowed to view them (known as “snooping”), losing a USB key with health information on it or having a briefcase containing client files stolen. There are new reporting obligations applicable to dietitians regarding privacy breaches under PHIPA, effective June 2016.

WHO NEEDS TO BE NOTIFIED?

Notify the health information custodian (HIC): If you are an agent of a HIC (the person with custody and control of the records), you need to report the breach to the responsible HIC at the first reasonable opportunity. You are an agent of a HIC if you work for a group practice, a hospital or for another regulated health professional who is designated as a HIC.

Notify the Individual Affected: When an individual’s privacy is breached, the HIC needs to notify them at the first reasonable opportunity. And, the HIC also needs to inform them that they can make a complaint about the breach to the Information and Privacy Commissioner of Ontario.

Notify the Privacy Commissioner: Once some additional regulations are passed, HICs will also have to report certain privacy breaches to the Information and Privacy Commissioner directly. Until the regulations are passed, reporting to the Commissioner is not mandatory, but may be done voluntarily.

REPORTING TO REGULATORY COLLEGES

The changes to PHIPA require HICs to report certain actions taken in response to privacy breaches to the appropriate regulatory College. This means that if any disciplinary action is taken against a dietitian because of their unauthorized collection, use, disclosure, retention or disposal of personal

health information, the HIC must report that fact to the College of Dietitians of Ontario. This includes situations where a HIC suspends or terminates a member’s employment or revokes or restricts a member’s privileges or business affiliation. This applies even where the member resigns in the face of such action.

The notice must be given within 30 days of the disciplinary action or resignation occurring, and it must be in writing. Additional requirements or exceptions may be set out in future regulation.

OTHER IMPORTANT CHANGES

In addition to the new obligation to report privacy breaches, the following changes have also been made to PHIPA:

- The maximum fines for privacy offences have doubled from \$50,000 to \$100,000 for individuals and from \$250,000 to \$500,000 for organizations.
- The limitation period for prosecutions of privacy offences has been removed.
- The respective responsibilities of health information custodians and agents have been clarified.
- A framework for a province-wide system of electronic health records has been introduced, but is not yet in force.

A new Quality of Care Information Protection Act, 2016 has also been passed, but is not yet in force.

UPDATED RESOURCE

See the updated version of the College’s *Privacy of Personal Information Dietetic Practice Tool Kit for Registered Dietitians in Ontario*.

<https://www.collegeofdietitians.org/Resources/Privacy-and-Confidentiality/Privacy-Toolkit/PrivacyToolk.aspx>



Dispelling Myths of the College's Professional Practice Advisory Service

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst

carole.chatalalsingh@collegeofdietitians.org

The mandate of the College is to regulate Registered Dietitians (RDs) in the interest of public protection. We believe that one of the best ways to protect the public is to support RDs in the delivery of safe, ethical and competent nutrition services. The College's Practice Advisory Service (PAS) helps fulfill this mandate. It offers guidance to RDs when they have legal, ethical and professional questions or concerns having an impact on the delivery of safe, client-centred nutrition care.

RDs can feel confident that the Practice Advisory Service is there to support them in a safe and non-punitive environment. We hope that this article will help dispel some of the myths surrounding the PAS and encourage more RDs to call any time they need guidance and support to enhance their practice.

The Practice Advisory Service is a safe environment for members to seek guidance with confidence.

MYTH: RDS MUST IDENTIFY THEMSELVES WHEN USING THE PRACTICE ADVISORY SERVICE

REALITY: We have measures in place to preserve the anonymity of members when they call. RDs can call or email the College without identifying themselves if they wish. We do not ask callers to say who they are, unless we need to get back to them with additional information. RDs always retain the choice to not identify themselves.

If a member provides their name, they will have the opportunity to answer an anonymous satisfaction survey. We use the survey results to evaluate the effectiveness of the Practice Advisory Program, improve our services and to report on program activity to the College Council and in the annual report. Participation in the satisfaction survey is voluntary and members can choose

not to respond. We appreciate all member feedback, including suggestions for improvements.

MYTH: RDS CONTACTING THE SERVICE ARE 'FLAGGED' FOR PRACTICE ASSESSMENTS

REALITY: Some RDs believe that by contacting the PAS they will be automatically 'flagged' for peer and practice and competency assessments. This is not true. Our College believes that the best way to protect the public is to support RDs in their day-to-day practice. We encourage and welcome RDs to access the PAS for support and help. RDs can trust that we do not 'flag' users, nor do we refer users of PAS to the Quality Assurance (QA) Program for practice assessment. Participation in a peer and practice assessment is determined by the QA Program through a computerized random selection process.

MYTH: THE COLLEGE PROMISES COMPLETE ANONYMITY

REALITY: The College cannot promise complete anonymity if it receives information through the PAS program that a client may be at risk or that a member has or may engage in illegal, unethical or unprofessional behaviour. This applies especially when an RD expresses a concern that another RD acted in a way that compromised a client's safety. In such cases, the College has an obligation to investigate concerns that may involve incompetence or possible incapacity. The practice advisors will inform the member that the College may need to follow-up and take action on the information they have received. RDs have an ethical, and sometimes mandatory obligation to inform the College where a client may be at risk.

MYTH: THE PRACTICE ADVISORY SERVICE PROVIDES LEGAL ADVICE

REALITY: The College's practice advisors are not lawyers and are not in a position to provide legal advice. To address



specific legal matters, RDs are advised to consult with the legal counsel in their workplace or to obtain their own legal counsel, as applicable. The College will provide members with resources surrounding legal issues and, at times, we will consult with a lawyer to inform our responses to members, but we do not provide legal advice. Also, be aware that the practice advice given to one member applies to that specific inquiry and may not be applicable in other circumstances.

MYTH: PRACTICE ADVISORS PROVIDE CLINICAL PRACTICE ADVICE

REALITY: The practice advisors do not provide clinical practice advice but can connect you with resources and other RDs who may have expertise in a particular area of practice to assist you. Practice advisors focus on ethics, standards and the laws that affect RDs in their practice. They provide education and information to help members improve their knowledge and understanding of these laws and standards. They also support policy development and decision-making around professional and regulatory obligations for RDs in all practice areas including clinical care. We encourage RDs to contact the PAS by phone or email to obtain individualized practice advice. Knowing your questions and concerns also assists us in preparing relevant education materials for members.

MYTH: THE PRACTICE ADVISORY POLICES MEMBERS

REALITY: Our purpose is not to police members. We all benefit from the one-on-one conversations that take place between the practice advisors and our members. Members can be confident that the PAS is designed solely to educate and guide members in the application of the ethics, laws and professional practice standards for safe, client-centred nutrition care. For the College, these conversations result in a better understanding of trends in dietetics and the challenges that dietitians face in their workplace every day. This knowledge enable us to focus our resources on developing standards, policies and educational materials that are most relevant for the provision of safe dietetic practice.

MYTH: RDS MUST HAVE WELL-FORMED QUESTIONS WHEN USING THE PRACTICE ADVISORY SERVICE

REALITY: We receive a variety of practice inquiries from RDs. Sometimes members are not sure if their questions are important

or relevant and some RDs simply call to discuss issues that have come up in their dietetic practice. Be assured that regardless of your inquiry, we will address your concerns in a respectful and supportive manner.

MYTH: PRACTICE ADVISORY SERVICE INQUIRIES WILL BE ANSWERED THE DAY THEY ARE RECEIVED

REALITY: A practice advisor will review your inquiry and a response will generally be provided by email or phone within one to two business days. Response times may vary depending on call volumes and the nature of the inquiry. If appropriate, questions may be directed to another College department. A number of excellent practice resources are available on the College website, and the search feature makes finding information fast and simple. Visit www.collegeofdietitians.org

MYTH: THERE ARE RESTRICTIONS IN THE NUMBER OF TIMES AN RD CAN CONTACT THE PRACTICE ADVISORY SERVICE

REALITY: There are many RDs who regularly contact the PAS. We value our "frequent flyers" and would never restrict the number of times RDs may contact the College. We enjoy developing a rapport with RDs and appreciate hearing about how issues have been resolved. We encourage RDs to contact the College whenever questions or concerns arise. Since much of our correspondence is done over the phone or email, we enjoy putting a face to a name. If you see any of the College staff out and about within your workplace or at other education events, please don't hesitate to say hello and introduce yourself.

MYTH: ONLY RDS CAN USE THE PRACTICE ADVISORY SERVICE

REALITY: Anyone — RDs, employers, managers, interprofessional colleagues, clients and the public — can contact the PAS for confidential advice about dietetics and professional standards applicable to nutrition care. We welcome inquiries from individuals or as groups or teams. We also encourage dietetic interns and students to use the PAS to learn more about dietetic practice. Inquiries from different individuals and groups provide a broad perspective of emerging trends, insights, and issues related to dietetic practice.

DYSPHAGIA ASSESSMENT AND MANAGEMENT

In keeping with its duty to protect the public, the College undertook research to identify areas where there could be potential risks of harm to clients in dietetic practice in 2014. Results revealed that ‘swallow assessment and dysphagia management’ was one of the three highest levels of perceived risks identified by dietitians in their practice. Addressing the areas of high risk dietetic practice is important to help the College fulfill its public protection mandate.

We are committed to developing the resources and standards to support RDs to practise safely, ethically, and competently in their changing practice environments.

Given the developing context of the practice of dietetics in today’s health care and consumer environment, we continue to examine and evolve. We have recently published a new dysphagia policy, *Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario* (February 2016), which you can access on the College’s website.

NEW PRACTICE COMPETENCIES FOR DYSPHAGIA ASSESSMENT AND MANAGEMENT

To further address specific knowledge and performance indicators, a pan-Canadian working group, formed by the provincial dietetic regulators, has been working on developing *Practice Competencies for Dysphagia*

Assessment and Management. These dysphagia competencies are new and will build upon the entry to practice *Integrated Competencies for Dietetic Education and Practice* (2013) for dietitians in Canada. Together the competencies will facilitate performance indicators for the assessment and management of dysphagia in all jurisdictions across Canada.

To date, these new practice competencies for assessment and management of dysphagia were circulated for feedback with a small number of RDs and interprofessional colleagues.

VALIDATION OF DYSPHAGIA COMPETENCIES

To validate the 2016 Practice Competencies for Dysphagia Assessment and Management, a national validation consultation via online survey took place across Canada this summer. The results from this survey will enable the provincial dietetic regulators to validate the new *Competencies*. The goal of this survey is to explore how dietitians across Canada practice in the area of dysphagia assessment and management, and to ensure that the dysphagia competencies and performance indicators reflect current practice in Canada.

Thank you to all dietitians who took time to participate in the survey.





A Voluntary Undertaking is a Legally Binding Agreement

Barbara McIntyre, RD
Quality Assurance Program Manager

Some RDs who are not practicing dietetics choose to enter into a voluntary agreement with the College. They formally agree not to practice dietetics — this includes any dietetic volunteer work — and can keep their general certificate of registration and use of the “Dietitian” title; (for information about what constitutes practicing dietetics, refer to “CDO Definition of Practising Dietetics” (2012) by entering “practising dietetics” in the search box on the College Website).

This agreement is called a “voluntary undertaking”. It is a legal document signed by a dietitian and the College. The voluntary undertaking stipulates that any member who has signed such a document must notify the College in advance if they wish to return to practice. The agreement also stipulates that the member must undergo a competency assessment by the College to determine if they are competent before returning to practice.

The Voluntary Undertaking is a legally binding document and must be adhered to so that the College can ensure that RDs are practicing competently and safely. Returning to practice without notifying the College and undergoing a competency assessment is a breach of the undertaking and an act of professional misconduct under the *Professional Misconduct Regulation* (O. Reg 680/93), which states,

“Failing to carry out an undertaking given by the member to the College or an agreement entered into with the College.” O. Reg, 680/93, 1.4.

To avoid a referral to the Inquiries, Complaints, and Repots Committee (ICRC) with an allegation of professional misconduct, members who have signed a voluntary undertaking must remember to notify the College of their desire to return to dietetic practice before doing so.

Peer and Practice Assessment Changes in 2017

The Quality Assurance (QA) Program is committed to continuous quality improvement in the Peer and Practice Assessment (PPA) process. We have been collecting program data from the PPA Step 1 Multisource Feedback Survey (MSF) tools for four years. The time is right to revisit the performance of the tools and determine whether any modifications would make them more useful to assess the competence of dietitians in the interest of public protection. To that end, the College contracted Wickett Measurement Systems® to evaluate the multisource survey tools and the process for referring RDs to the PPA Step 2.

To date, the process has been found to be sound and we are confident that future revisions will ensure an even

smoother process. Some recommendations for changes were implemented in the 2016 MSF surveys. These changes included shortening the surveys to two questions per competency measured, changing the N/A option to “Don’t Know” for the Colleague surveys and requiring all participants to submit their tally sheets to the College.

In 2017, to ensure that patients and colleagues are using the full breadth of the 7-point scale, the surveys will include guidance from the College on what a “7” means vs. a “4” which is neutral.

CRITERIA FOR MOVING ONTO STEP 2

The QA Committee has discretion in making decisions about who moves to the PPA Step 2 based on the dietitian's Z (standard) score. If a dietitian does not have any low scores (but rather has most scores closer to six), they may not be asked to proceed to Step 2. Any dietitian who receives an average score of four or less from a single patient or colleague will be required to complete PPA Step 2.

In addition to RDs moving onto Step 2 because of lower Z scores or lower individual scores, two or three dietitians whose scores were above the Z score threshold will be randomly chosen to move onto Step 2.

Why? To ensure we are appropriately identifying RDs who may need remediation to ensure competence.

Some RDs assessed in Step 1 may be fortunate to have people complete the surveys who are "generous markers" and conversely, some may be unfortunate to have "markers" who score everyone low. Everyone has experienced that at some point in their careers.

Randomly choosing two or three dietitians whose Z scores and individual scores are high will help ensure that we are identifying members who may have benefitted from "markers" who rate everyone high on surveys. It will also further validate the Step 1 process as being a reliable measure of potential issues in practice.

Step 1 of the 2016 PPA has just concluded with the participation of 217 RDs. The data is being tabulated. Further details about the results of the 2-Step PPA 2016 will be published in the Winter *résumé*.

Peer and Practice Assessment Assessors Needed for PPA Step 2

The College is looking for RDs working in Patient Care, Population Health and Management from the GTA, Ottawa/Kingston, and Northern Ontario to conduct the Step 2 Peer and Practice Assessments for the Quality Assurance Program.

Send your resume by October 15, 2016

If you are a dietitian working in any of these practice areas and have at least 3 years' experience and interest in being a practice assessor, please send your resume and letter of interest in becoming a Practice Assessor by email to

qacoordinator@collegeofdietitians.org





How to Change Your Name in the College Profile

Carolyn Lordon, MSc., RD
Registration Program Manager

The College has a responsibility to keep a current Register of Dietitians which includes the names of each member. A member of the public or employer should be able to locate your information on the Register of Dietitians. For this reason, the name that you use in your professional practice must be the same as the name that appears on the Register of Dietitians.

Article 42 of College *By-Law 1: General* requires that the name entered in the Register is the name that appears on the member's degree or diploma in dietetics. The Registrar is permitted to enter a different name in the Register if:

- The member requests their name to be changed in the Register, and
- The Registrar is satisfied that the member has validly changed their name, and
- The Registrar is satisfied that the name change is not being requested for an improper purpose that would be misleading to the public

Registered Dietitians are required by law to inform the College within 30 days of any changes in their contact or employment information. It is considered professional misconduct if members fail to advise the College about changes in your contact information (this would include a change in your name) within 30 days.

I WANT TO CHANGE MY NAME IN MY COLLEGE PROFILE WHAT DO I NEED TO DO?

To change your name in the college's Register, you will need to contact the College in writing and provide one

or more supporting documents:

1. Confirming your identity by clearly linking the existing name in the College's register with your new name, and
2. Confirming that you have validly changed your name.

For some people, this will require two documents and for some people it will require only one document:

- Amal gets married and wants to change her name. She provides a copy of her marriage certificate, which confirms that Amal Alamuddin (her name currently on the Register) married George Clooney, and she provides a copy of her Ontario driver's license, which confirms that she has validly changed her name to Amal Clooney.
- Reginald changes his name and provides a name change certificate from the Ontario government. The name change certificate shows both his old name (Reginal Dwight) and his new name (Elton John).
- Roseanne Arnold (her name currently on the Register) is getting divorced and wants to change her name back to her maiden name. She provides a copy of her marriage certificate, which shows that Roseanne Barr (her maiden name but a not name that the College has on file as she initially registered with her married name) had married Tom Arnold. She also provides a copy of her Ontario driver's license, which shows that she has validly changed her name back to Roseann Barr.

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from April 1, 2016 to June 30, 2016.

| Name | Reg. No. | Date | Name | Reg. No. | Date | Name | Reg. No. | Date |
|----------------------------|----------|------------|----------------------------|----------|------------|--------------------|----------|------------|
| Diana Al-Farajji RD | 13767 | 25/05/2016 | Karen Fung RD | 14336 | 25/05/2016 | Jessica Newhook RD | 14115 | 25/05/2016 |
| Kathryn Alp RD | 14326 | 25/05/2016 | Audrey Giguere RD | 14478 | 14/06/2016 | Shavonne Nice RD | 14354 | 27/06/2016 |
| Holly Amos RD | 14386 | 30/05/2016 | Isabelle Gosselin RD | 14134 | 26/05/2016 | Nicole Norris RD | 14355 | 27/06/2016 |
| Amani Awad RD | 14144 | 25/05/2016 | Shilin He RD | 14319 | 25/05/2016 | Michelle North RD | 14352 | 02/06/2016 |
| Alessandra Barba RD | 14456 | 24/06/2016 | Thida Ith RD | 14396 | 19/04/2016 | Natalie Novy RD | 14156 | 25/05/2016 |
| Orysha Bithrey RD | 14404 | 05/04/2016 | Michelle Jaelin RD | 14218 | 02/06/2016 | Stephanie Oak RD | 14339 | 30/05/2016 |
| Bryndis Blondal RD | 14349 | 30/06/2016 | Neda Kiani RD | 11724 | 03/06/2016 | Nadia Pabani RD | 14341 | 30/06/2016 |
| Michelle Boere RD | 14299 | 25/05/2016 | Sylvia EunHyoung Kim RD | | | Natasha Paulic RD | 14358 | 25/05/2016 |
| Jacynthe Boudreau RD | 14189 | 25/05/2016 | | 13758 | 25/05/2016 | Vanessa Pike RD | 14472 | 17/06/2016 |
| Lindsay Bowthorpe RD | 14476 | 17/06/2016 | Maya Kuzmin RD | 14275 | 25/05/2016 | Daniel Pisani RD | 14298 | 25/05/2016 |
| Marie- Chantal Brunette RD | | | Émilie Laramée RD | 14225 | 30/06/2016 | Deneize Puri RD | 13798 | 25/05/2016 |
| | 12892 | 25/05/2016 | Mathilde Lavigne-Robichaud | | | Chloé Rouleau RD | 14360 | 03/06/2016 |
| Susan Camargo RD | 13770 | 25/05/2016 | | 14300 | 25/05/2016 | Maria Rumeo RD | 14270 | 25/05/2016 |
| Tara Cagy RD | 14217 | 25/05/2016 | Eve Laws RD | 14256 | 25/05/2016 | Hafsah Samad RD | 12177 | 07/06/2016 |
| Nancy Chang RD | 14413 | 25/04/2016 | Chloé Le Quééré RD | 12515 | 14/06/2016 | Niloofer Sanei RD | 12330 | 02/06/2016 |
| Zhiyu Leslie Chang RD | 14367 | 25/05/2016 | Catherine Lin RD | 14400 | 07/06/2016 | Andrea Scalzo RD | 14347 | 25/05/2016 |
| Nesrine Cheikh RD | 14194 | 25/05/2016 | Yan Liu RD | 12915 | 25/05/2016 | Jennife Seaman RD | 14350 | 25/05/2016 |
| Catherine Ciampini RD | 12257 | 10/05/2016 | Cindy Lui RD | 14340 | 25/05/2016 | Monika Sharma RD | 13068 | 26/05/2016 |
| Nicole Clowe RD | 11611 | 29/04/2016 | Kristi MacMillan RD | 14399 | 14/06/2016 | Eman Soliman RD | 12940 | 25/05/2016 |
| Alysha Coughler RD | 14353 | 17/06/2016 | Alannah Maxwell RD | 14345 | 21/06/2016 | Ashley Spiegel RD | 14324 | 07/06/2016 |
| Laura Dias RD | 13981 | 25/05/2016 | Alexia McDonald RD | 14442 | 25/04/2016 | Chloe Turgeon RD | 14424 | 15/04/2016 |
| Alexia Edwards RD | 14380 | 02/06/2016 | Mojgan Mirzaeian RD | 12346 | 03/06/2016 | Liane Wally RD | 14468 | 07/06/2016 |
| Alia El Kubbe RD | 14272 | 02/06/2016 | Patrick Mooney RD | 14372 | 27/06/2016 | Olivia Wolter RD | 14357 | 25/05/2016 |
| Lily Fatemi RD | 14342 | 30/06/2016 | Rona Mosavimehr RD | 12654 | 02/06/2016 | Melanie Yeung RD | 14344 | 24/06/2016 |
| Yuliya Fedotova RD | 12775 | 30/05/2016 | Sana Motlekar RD | 14250 | 27/06/2016 | Renee Young RD | 14383 | 31/05/2016 |
| Atara Fenig RD | 13032 | 30/06/2016 | Austina Mui RD | 14364 | 25/05/2016 | Sophia Zheng RD | 14385 | 30/06/2016 |
| | | | Samantha Nesrallah RD | 14382 | 07/06/2016 | Joanne Zhou RD | 14398 | 30/06/2016 |

PROVISIONAL CERTIFICATE OF REGISTRATION

Carley Nicholson 13737 27/06/2016

TEMPORARY CERTIFICATES OF REGISTRATION

| Name | Reg. No. | Date | Name | Reg. No. | Date | Name | Reg. No. | Date |
|-----------------------------|----------|------------|-------------------------|----------|------------|----------------------|----------|------------|
| Emmanuella Anabaranze RD | | | Bailey Franklyn RD | 14459 | 10/05/2016 | Lisa Maselli RD | 14434 | 05/05/2016 |
| | 14416 | 07/04/2016 | Chantale Gagné-Piché RD | | | Brittany McMullan RD | 14449 | 05/05/2016 |
| Sanaz Baradaran-Dilmagha RD | | | | 14412 | 12/04/2016 | Jessica Munn RD | 14410 | 10/05/2016 |
| | 14437 | 27/06/2016 | Leah Hancock RD | 14433 | 05/05/2016 | Zuvia Naseem RD | 12051 | 10/05/2016 |
| Laura Baum RD | 14429 | 05/05/2016 | Rachel Hicks RD | 14426 | 20/05/2016 | Aida Panahi RD | 12962 | 21/06/2016 |
| Catherine Biden RD | 14452 | 05/05/2016 | Fiona Ho RD | 14425 | 05/05/2016 | Laura Penny RD | 14419 | 05/05/2016 |
| Susan Bird RD | 14447 | 05/05/2016 | Julia Huber RD | 14489 | 27/06/2016 | Sara Perissinotti RD | 14430 | 05/05/2016 |
| Vanessa Boily RD | 14392 | 05/04/2016 | Nicole Jackson RD | 14448 | 05/05/2016 | Ashley Phillips RD | 14427 | 05/05/2016 |
| Liana Bontempo RD | 14439 | 10/05/2016 | Lauren Kennedy RD | 14453 | 05/05/2016 | Jules Phorson RD | 14441 | 25/05/2016 |
| Emily Campbell RD | 14411 | 05/05/2016 | Jennifer Kennes RD | 14420 | 05/05/2016 | Anne-Marie Sawula RD | 14462 | 10/05/2016 |
| Rida Chaudhary RD | 14466 | 25/05/2016 | Sababa Khan RD | 13911 | 17/06/2016 | Véronique Séguin RD | 14470 | 14/06/2016 |
| Catherine Chong RD | 14432 | 05/05/2016 | Taylor Klein RD | 14414 | 11/05/2016 | Lili Sopher RD | 14443 | 12/05/2016 |
| Stephanie Consky RD | 14446 | 05/05/2016 | Carol Marie Koebel RD | 2815 | 27/06/2016 | Larissa Valentine RD | 14423 | 14/06/2016 |
| Lauren Craig RD | 14479 | 30/06/2016 | Krista Kolodziejczyk RD | 14402 | 08/04/2016 | Leanne Veenstra RD | 14407 | 05/05/2016 |
| Janice Daciuk RD | 2818 | 12/04/2016 | Kristine Kopechanski RD | 14463 | 07/06/2016 | Laurie Walker RD | 14417 | 05/05/2016 |
| Ariane Dandar RD | 14457 | 14/06/2016 | Tenzin Lama RD | 14455 | 05/05/2016 | Elise Williams RD | 14450 | 05/05/2016 |
| Birkley Davis RD | 14440 | 05/05/2016 | Lillian Lau RD | 14467 | 14/06/2016 | Connie Jing Yu RD | 14473 | 07/06/2016 |
| Shelby Dowdell RD | 14418 | 05/05/2016 | Jillian Leslie RD | 14431 | 05/05/2016 | | | |
| | | | Erin MacKinnon RD | 14436 | 05/05/2016 | | | |

RESIGNATIONS

| | | |
|------------------|-------|------------|
| Andrea Booth | 14070 | 20/06/2016 |
| Rina Chua-Alamag | 1840 | 14/06/2016 |
| Nadine Day | 3691 | 28/06/2016 |
| Evelyn Ho | 11726 | 18/04/2016 |
| Laurie Michael | 12487 | 12/05/2016 |
| Im Peng Ng | 14073 | 01/04/2016 |
| Laura Vollet | 14052 | 25/04/2016 |

RETIRED

| | | |
|-----------------|------|------------|
| Beverly Bacon | 1039 | 30/06/2016 |
| Teresa Comiskey | 2608 | 29/04/2016 |
| Davina Doorly | 2704 | 30/04/2016 |
| Michelle Hier | 2593 | 30/04/2016 |

SUSPENSION

In accordance with Section 20 (1) of *General Regulation O.Reg. 593/94*, the Certificate of Registration has been suspended for failure to provide evidence of professional liability insurance when such evidence was requested by the College.

| | | |
|--------------|------|------------|
| Vida Stevens | 1801 | 15/06/2016 |
|--------------|------|------------|

REVOCATION

A Certificate of Registration that was suspended for failure to pay fees is automatically revoked after it has been suspended for six months.

| | | |
|--------------------|------|------------|
| Nancy Fenton | 1688 | 08/06/2016 |
| Marcey Quenneville | 3488 | 08/06/2016 |



Council Meeting Highlights - June 2016

EXECUTIVE COMMITTEE

Erin Woodbeck RD,
President
Alida Finnie RD, Vice
President
Suzanne Obiorah RD
Shelagh Kerr

COUNCIL MEMBERS

Elected Councillors

Andrea DiMenna RD
Alida Finnie RD
Alexandra Lacarte RD
Suzanne Obiorah RD
Nicole Osinga RD
Roula Tzianetas, RD
Deion Weir, RD
Erin Woodbeck RD

Public Councillors

Shelagh Kerr
Ruki Kondaj
Julie McKendry
Elsie Petch
Ray Skaff
Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Khashayar Amirhosseini, RD
Dianne Gaffney, RD
Renée Gaudet, RD
Susan Hui, RD
Sobia Khan, RD
Kerri LaBrecque, RD
Grace Lee, RD
Marie Traynor, RD
Cindy Tsai, RD
Ruchika Wadhward, RD
Krista Witherspoon, RD

CLINIC REGULATION WORKING GROUP

Council voted to support the report of the Clinic Regulation Working Group that is being submitted to the Ministry of Health and Long-Term Care. In early 2015, the Clinic Regulation Working Group was formed to explore stronger oversight of clinics in Ontario. The report will outline the current gaps in clinic oversight, present the thorough research conducted by the Clinic Regulation Working Group to date, provide analysis of its consultation feedback and recommend that the Ministry explore the matter further in the interest of ensuring quality care in clinics for the people of Ontario. The submission does not include a recommendation for clinic regulation; rather, it sets out the background information and invites the Ministry to decide how to move forward, if at all.

BY-LAW AMENDMENT REGARDING REGISTRAR PERFORMANCE AND COMPENSATION REVIEW COMMITTEE AND AUDIT COMMITTEE COMPOSITIONS

Council approved revisions to the compositions of the Registrar Performance and Compensation Review (RPCR) Committee and the Audit Committee, so that each committee will now be made up of members of the Executive Committee plus one other Council member who is not on the Executive Committee.

DEVELOPING STANDARDS & GUIDELINES RECORD KEEPING

Council approved the revising and restructuring of the current *Record Keeping Guidelines* to develop *Standards & Guidelines for Record Keeping*. In 2014, the College revised its *Record Keeping Guidelines for RDs in Ontario (2014)*. The College asked RDs for feedback on the revised guidelines in a survey conducted January/February 2016. As a result of feedback from members, staff recommended that Council develop formal standards that will clearly articulate record keeping requirements for dietetic practice. Watch for updates on this project.

AGREEMENT TO MOVE AHEAD WITH THE STANDARDS & GUIDELINES FOR CONFLICT OF INTEREST

Council approved for staff to move ahead with the development of *Standards & Guidelines for Conflict of Interest*, to clarify the professional practice expectations surrounding matters related to conflict of interest for RDs in Ontario.

ELECTION OF THE EXECUTIVE COMMITTEE FOR 2016-2017

The members of the Executive Committee for 2016-2017 were elected as follows:

President: Erin Woodbeck RD
Vice President: Alida Finnie RD
Third Member Suzanne Obiorah RD
Fourth Member: Shelagh Kerr

Welcome to the College

COUNCIL 2016 ELECTION RESULTS



Andrea DiMenna, RD, CDE
Elected, District 1

Andrea has practiced in various areas of dietetics such as clinical care, public health, and long-term care. She is a Certified

Diabetes Educator and is completing a Master's of Science in Human Nutrition. She brings a wide range of experiences and skills to Council and is looking forward to working in the public interest.



Roula Tzianetas MHA, MSc, CHE, RD
Elected, District 3

Roula Tzianetas obtained her BSc in Foods and Nutrition from Ryerson University, her MSc in Human Nutrition at the University of British

Columbia and MHA at the University of Toronto. In 2005, Roula took on the role of Dietetic Internship, Education and Research Coordinator at Mount Sinai Hospital. For four years she chaired the Dietetic Educators Leadership Forum of Ontario and was a member on the task force for dietetic education and practical training. She has worked as a sessional lecturer for the MPH program (nutrition) at U of T and the IDPP program at Ryerson University for over three

years. She presently is the *Project Manager, Clinical Innovations and Operations* at Saint Elizabeth Health Care, and oversees implementation of various community based initiatives and advocates for dietitians.



Deion Weir, RD, MS
Elected, District 3

Deion Weir graduated from Ryerson University. She obtained her Master's Degree at Central Michigan University where she

investigated the efficacy of early oral feeding post lower gastrointestinal surgery. Deion has over eleven years of hospital-based clinical dietetic experience and over two years of home care experience. She held the position of professional practice leader for the clinical dietitians at Humber River Hospital where she also provided leadership for clinical dietetic education.

Deion is passionate about providing patients with safe, competent and ethical care. In her current role as a leader in clinical informatics at Markham Stouffville Hospital, Deion is a resource for all registered and regulated health professionals for documentation standards.

NEW COMMITTEE APPOINTEES



Grace Lee, M.Sc., RD., CDE
Discipline Fitness to Practice Committee

Grace obtained a Master of Science degree in Human Biology and Nutritional Sciences at the University of Guelph (1999).

Since 2004, she has worked at the Diabetes Education Center at the Scarborough Hospital. Grace was a member of the College's Quality Assurance Committee from 2010-2016. Serving on the Discipline and Fitness to Practice Committees, she looks forward to expanding her knowledge about the laws, regulations and policies that govern discipline and fitness to practice hearings. She is also committed to investing her efforts to accomplish the committee's goals and making a contribution to the public and profession as whole.



Ruchika Wadhwa RD, CDE
Registration Committee

At Bombay University, India, Ruchika completed her BSc in Nutrition (1993) and her Post Graduate Diploma in Dietetics and

Applied Nutrition (1994). In India, she was involved in direct client care, in mentoring nutrition students, developing operating procedures, training new hires, facilitating continuing education and as a facilitator to "Train the Trainer". In Canada, she completed the *Internationally Educated Dietitians Pre-registration Program*, Ryerson University, Toronto (2010-2011) and currently works as a dietitian at the Scarborough Centre for Healthy Communities (Mar 2013 to present). Ruchika has also contributed to quality improvement initiatives in work processes, policies and has mentored dietetic candidates seeking registration in Canada.



Fall 2016 CDO Workshop

Unpacking Consent: Regulatory & Professional Obligations for Dietetic Practice

Have you ever been in a situation where you are unsure of your responsibilities for consent? When do you need consent? Who gives consent? Is it implied or express, (written or oral)? When should you document consent? What if there are disagreements? Is consent required for providing group education, communicating online, using social media, and collecting, using and sharing information?

If your head is spinning, you are not alone!

The fall 2016 CDO workshops will dive deep into the topic of consent. Participants will learn how to apply the new Standards for Consent by applying them to real situations from diverse dietetic practice areas and settings. If you are an educator, learn how the concepts of consent can advance client-centred care and contribute to curriculum development and preceptoring interns.

COLLEGE UPDATES

We will also review the College highlights over the past year including activities from the Registration, Quality Assurance, Practice Advisory & Patient Relations Programs.

Presenters will be available after the workshops to address further questions.

Register Online

Login to your Member Dashboard on the CDO website and click on "Upcoming Workshop" link on the right hand side of the page.

| | | | |
|-----------------------------|--|--|---|
| Barrie | September 23, 1-4pm | Oshawa | October 4, 1-4pm |
| Belleville | November 8, 1-4pm | Ottawa | October 6, 1-4pm |
| Brampton | September 20, 1-4pm | Owen Sound | September 29, 1-4pm |
| Dryden | September 27, 1-4pm | Peterborough | November 9, 1-4pm (12-1pm: lunch networking) |
| Guelph | October 26, 1-4pm | Sarnia | November 17, 1-4pm |
| Hamilton | October 25, 1-4pm | Sault Ste. Marie | September 30, 1-4pm |
| Kingston | November 7, 1-4pm | Scarborough | November 23, 1-4pm |
| Kitchener | September 22, 1-4pm | Sudbury (with OTN in Timiskaming, Timmins & Moose Factory) | October 19, 1-4pm |
| Lindsay | November 10, 1-4pm | Thunder Bay | September 26, 1-4pm |
| London | November 16, 1-4pm (12-1pm: lunch networking) | Toronto - UHN | October 5, 1-4pm |
| Mississauga | November 22, 1-4pm | Toronto - Ryerson | November 15, 1-4pm |
| Niagara/St Catharines | November 4, 1-4pm | Toronto - St. Michael's | November 3, 9am-12pm |
| North Bay | October 18, 1-4pm | Toronto - Sunnybrook | October 20, 1-4pm |
| North York General Hospital | November 24, 1-4pm | Windsor | October 13, 6-9pm |
| Oakville | October 27, 1-4pm | | |