College of Dietitians of Ontario

résumé

JKAT
First Administration in January 2008

Details on back cover.

Help Needed from French-Speaking RDs
For French Language Review of JKAT Questions

Details on back cover.

Annual Report 2006/07 — p. 13
See Program Highlights — pp 20-21

New Objectives for Patient Relations

Cecily Alexander, RD
President

The *Regulated Health Professions Act* requires that health regulatory colleges in Ontario have a Patient Relations Program, and that the Patient Relations Committees advise the College Council with regard to the Patient Relations Program.

Transparency and accountability are essential components of the Patient Relations Program. According to law, the Patient Relations Committee must report annually to the Minister of Health and Long Term Care on program accomplishments and to the Health Professions Regulatory Advisory Council (HPRAC) whenever changes are made to this program.

The *Health Professions Regulatory Advisory Council (HPRAC)* has articulated new objectives and program elements for the Patient Relations Program. In addition to having measures to prevent and deal with sexual abuse of clients by members, the Patient Relations Committee's new objectives are to:

- help the health professionals regulated by the College enhance relations with their patients or clients, and by extension, the public;
- help the public understand of the range and quality of the professional services offered by members of the College;
- help inform patients or clients of their rights in dealing with members of the profession and the College, including that they will be treated in an ethical, competent, sensitive and respectful manner;
- help the public have a greater knowledge of the role of the regulatory College and how to participate in College processes and/or programs.

The College had already been working toward these objectives with its products and programs. It has worked hard to inform members about patient relations issues such as how physical and mental health issues impact on the quality of client care (*résumé* Fall & Winter 2006) and how professional boundary issues affect relations between RDs and their clients (*résumé* Fall 2004 and Winter 2005). The College will continue to support RDs by giving relevant information through tools like *résumé*, workshops and online education, that will assist them in being aware and respectful of the rights of patients and clients, and to know their obligations as professionals.

Other general information is available to the public on the College website including:

- how to contact the College;
- the Register of Dietitians which helps members of the public verify that their nutrition counsellor is an RD;
- processes for making the inquiries, complaints and report;
- College regulations, by-laws, rules, guidelines and policies.

This year, in response to HPRAC requirements, the Patient Relations Committee has been very active in establishing strategic goals, terms of reference and directions for the Patient Relations. Evaluation will be a key component of our Patient Relations Program to ensure that we meet program accountability requirements and accomplish our public and member education plans. Another focus of the Committee will be to foster a culture of awareness and respect for the professional/patient relationship throughout the organization.

Human Health Resources Initiatives in Ontario

Mary Lou Gignac, MPA
Registrar &
Executive Director

With the changing demographics and the looming loss of more and more Baby Boomers from the work force, governments at all levels are focusing on health human resources planning. Training, recruitment, and retention strategies are important features of this planning. Here is information about two ongoing initiatives.

PROFESSIONAL DEVELOPMENT FUND FOR RDS

HealthForceOntario is a comprehensive human resources provincial strategy implemented to ensure Ontario has the right number and mix of appropriately educated health care providers where they are needed. It offers many initiatives, several aimed at the recruitment and retention of physicians and nurses, and many aimed at the full range of health professionals: Some examples are a web-based employment portal, a recruitment centre for health care professionals from outside Ontario, project funding for innovation in interprofessional care and education, and a new *Access Centre for Internationally Educated Health Professionals*. Of particular interest to dietitians, is that they are eligible for funding through the *HealthForceOntario's Allied Health Professional Development Fund*. Eligible allied health professionals can apply for up to $1,500 in reimbursement. For applications to the fund: www.ahpdf.ca or www.cdo.on.ca *Home Page*.

BUILDING PUBLIC HEALTH CAPACITY IN CANADA

The College of Dietitians of Ontario has been pleased to participate on the *Pan-Canadian Task Force on Public Health Nutrition Practice* along with leaders in public health nutrition from across Canada. The Task Force has embarked on a multi-year project with support from the *Public Health Agency of Canada* (PHAC) to enhance the capacity of the public health system to provide effective nutrition programs in Canada. This work is part of a much broader focus on building the public health capacity in Canada. Many professional disciplines across Canada are involved in similar projects.

Earlier work coordinated by PHAC defined core competencies for public health professionals, officially launched on September 16, 2007. These core competencies are:

> Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach.(See *Core Competencies for Public Health in Canada:* http://www.phac-aspc.gc.ca/ccph-cesp/stmts-enon-eng.html)

Dietitians in public health, and those contemplating working in public health in the future, may wish to explore the online courses available to help develop their public health knowledge and skills. Please consult the PHAC website for more information.

Since early 2006, the *Pan Canadian Task Force on Public Health Nutrition*, formerly called the *Pan-Canadian Committee on Public Health Nutrition Competencies*, has worked to lay the foundation for its work. With strong leadership, dedicated volunteers and project

funding from PHAC, the group completed:

- A review of literature on competency development for public health nutrition professions;
- An environmental scan, including key informant interviews, to seek out current issues, gaps and opportunities in the public health nutrition field in Canada;
- A situational analysis applying the *University of Toronto Health Communications Unit* situational assessment framework that identified key issues, gaps and recommendations for next steps in the development of public health nutrition competencies; and
- A three year action plan to set direction and outline future work on work force enhancement.

Two documents are available. You may download them from www.cdo.on.ca Resource Room > Publications: scroll down to *Professional Practice*.

1. *Public Health Nutrition Competencies: Summary of Key Informant Interviews*, September 2006.

2. *Competencies for Public Health Nutrition Professionals: A Review of Literature*, September 2006. http://www.phac-aspc.gc.ca/ccph-cesp/stmts-enon-eng.html

New College Practice Advisor and Policy Analyst Carolyn Lordon, RD, M.Sc.

As Practice Advisor and Policy Analyst, Carolyn Lordon will give personalized advice members on practice issues relating to ethics, standards and the laws that affect dietitians. She will also provide education and information to help members improve their knowledge and understanding of these laws and standards.

Carolyn has a *Bachelor of Science* from *Acadia University* and a Master of Science degree from the University of Saskatchewan. Her graduate dietetic internship was completed at the Health Sciences Centre in Winnipeg. She has worked as a clinical dietitian in both inpatient and outpatient settings; as a clinical manager responsible for dietitians, diet technicians/diet clerks and the diet office software; and as an internship coordinator. Her work experiences have crossed five provinces, and included large teaching hospitals, small community hospitals and rural health centres.

In 2001, Carolyn moved to Ontario from New Brunswick, and has since watched with great interest as the College's mission and vision have evolved to include supporting Registered Dietitians as a means of protecting the public. She sees the role of the Practice Advisor and Policy Analyst as a clear demonstration that commitment and looks forward to being a part of this continuing evolution.

Liability Issues and Collaborative Practice

This series is written by Julia J. Martin, Barrister and Solicitor
Julia has practised in the area of health law regulation for many years. She has represented many health Colleges in Ontario and has also done research, spoken and written on the subject. Julia was one of the founding partners of Steinecke Maciura Leblanc and is currently practising in Ottawa.

Part II - Professional Liability Insurance - What you should know

PROTECT THE PUBLIC AND PROTECT YOURSELF

To ensure that both the public and you are fully protected in the event of an adverse event, you need to decide whether you need professional liability insurance. Even if you already have it, you should consider whether you need more to be adequately covered.

Remember, the greater the risk in your practice, the greater the need for insurance. As a general rule, if you are working in a clinical setting, you should be insured.

This article is the second part of a series on liability issues in the team setting. In particular, it examines professional liability insurance for all Registered Dietitians. It looks at the purpose of liability insurance, what coverage it provides, whether you need it, and what happens in the event of a claim or legal action against you.

THE TWO PURPOSES OF PROFESSIONAL LIABILITY INSURANCE

1. Protecting the Public

Professional liability insurance provides financial compensation for the public in the event of damages caused by you. Clients need to know that they have recourse in the event of harm. Knowing that they can access a professional's insurance, by way of a claim or law suit against a professional's liability insurance, provides them with a sense of security when they seek treatment.

2. Protecting Yourself

Professional liability insurance protects you from having to pay personally for any harm that clients suffer as a result of your conduct. If you do not have insurance and you are successfully sued for negligence, you will be personally liable for any damages awarded to the client. This means that your personal property, including real estate and investments, can be seized to pay for the damages awarded to the client. Even in cases where you are found not to have been negligent, you will still have to finance the cost of defending yourself. Funding the defence is something else that professional liability insurance will cover.

WHO PROVIDES PROFESSIONAL LIABILITY INSURANCE FOR DIETITIANS AND WHAT DOES IT COVER?

1. *Healthcare Insurance Reciprocal of Canada* (HIROC)

HIROC insures approximately 500 health care organizations in Canada including hospitals, nursing homes, community health centres, and home-care agencies. Dietitians employed by any of these HIROC subscriber organizations, are covered for negligence under the HIROC policy. You should verify your particular coverage with your employer, as each organization's policy is different.

Even if your employer is insured by HIROC, it is important to note that the HIROC policy

does not cover legal fees or costs with respect to College disciplinary proceedings or criminal prosecutions for any crimes, including fraud, theft, assault, sexual assault, or criminal negligence.[1] These are considered the health professional's personal responsibility and not the responsibility of the health care organization.

Dietitians and other health professionals employed by a health care organization are insured to the maximum amount of the organization's coverage and their legal fees are covered on top of the insured maximum. HIROC recommends that hospitals carry between $15 and $20 million in coverage. Most hospitals will carry a minimum of $10 million. This is ample coverage given that, to date, this amount exceeds the highest damages award ever made in Canada for medical negligence, few claims are made against dietitians, and most claims and actions against dietitians are settled for under $10,000. Few claims have been made against dietitians in Canada, and most claims and actions against dietitians are settled for under $10,000.[2] HIROC premiums are paid entirely by the health care organization; the individual health professional pays nothing for this insurance.

As already stated, criminal conduct by an employee is not covered under the HIROC policy. The health care organization could, however, be found legally responsible in an action if it were shown that it employed someone when they should not have. If, for example, the health professional in question had let their certificate of registration lapse or had their certificate of registration suspended or revoked by the College, and the health care organization failed to ensure that the professional's credentials were current.

2. Dietitians of Canada

The principle source of professional liability insurance for dietitians in Canada is Dietitians of Canada (DC). The annual insurance premium of approximately $80.00, in Ontario, is only available to DC members (annual membership for DC is $422.94).

The coverage provided to each subscriber is up to an aggregate or annual total of $5 million and the maximum coverage per occurrence is also $5 million. This amount includes legal expenses and there is no deductible. The aggregate amount and the per occurrence maximum are more than adequate coverage for dietitians, considering that the very few claims made against them usually settle out of court for less than $10,000.[3]

This insurance also covers legal fees in other proceedings of up to $100,000 for a successful criminal prosecution. The insured person is only entitled to the coverage if he or she is found not guilty of the charges. It also covers legal expenses of up to $25,000 if:

- a letter of complaint is made to the College of Dietitians of Ontario;
- a dietitian is subpoenaed to attend before a tribunal (including the Discipline Committee of the College);
- a dietitian is required by subpoena to testify as a witness at court or before a tribunal in relation to matters arising from any health legislation in Ontario or any incidents arising out of a dietitians role as a dietitian.[4]

There are several exclusions to coverage. No coverage will be provided by the insurer for:

(a) damages arising from deliberate, dishonest, fraudulent, or criminal acts; and
(b) any fines, penalties, punitive damages or exemplary damages ordered or awarded by the court.[5]

3. Other Insurers

You can purchase insurance from other insurers who cover health professionals. ENCON provides the policy for the Dietitians of Canada and you can also obtain your own insurance through them. ENCON does not publish any information about rates and coverage, and is not licensed to deal directly with the public. You must apply for ENCON coverage through a broker.

HOW DO YOU KNOW IF YOU NEED PROFESSIONAL LIABILITY COVERAGE?

Many health professions are required by their health regulatory college to carry professional liability insurance. In large part, this is due to the amount of risk associated with their practice. Because physicians are at the greatest risk of being sued for negligence, they are one of the

professions required to carry insurance. Within a particular profession, the amount of insurance required will vary depending on the amount of risk involved in a practice area. Obstetrics, for example, is one of the highest risk areas of medicine and, therefore, carries much more insurance than many other specialties.

Currently, dietitians are not required by the College to carry professional liability insurance. Whether they need it, depends on their practice area and the risk of adverse events occurring. Dietitians who do not have any direct contact with clients have little need for professional liability insurance, beyond what is covered by their employer or organization, because there is very little risk of an individual bringing a lawsuit against. Where the risk is minimal, you need little to no professional liability insurance; where the risk of an adverse event happening is high, then you require professional liability insurance. To determine what insurance you require if any, you need to consider your practice area and the risks presented there (see the table below).

HOW DOES THE INSURANCE WORK IN THE EVENT OF A LEGAL ACTION?

For all dietitians, carrying additional insurance is advisable to cover you in the event of a criminal prosecution or College disciplinary proceedings. Even if you have no direct client contact, there may be circumstances where you could be disciplined by the College, such as failing to maintain records or falsifying records. Similarly, you might be charged with a criminal offence in relation to your work as a dietitian as outlined above for which you will want your legal fees paid.

The law of professional liability insurance is very complex. And, because every claim or legal action is distinct, it is impossible to create a set of rules about how insurers

Practice areas for dietitians in the order of increasing risk to clients and increasing need for professional liability insurance.

Low Risk

Dietitians who are employed by private corporations that do not provide healthcare, such as food production and sales corporations, do not see clients and therefore do not require professional liability insurance. Further, in the event of a legal action against them for something they did during their employment, they would be covered by the corporate insurance.

Dietitians working in public health, who do not have direct client contact, have little need for professional liability insurance. In the event that harm is caused by their advice to the public, the employer's insurance should provide coverage.

Dietitians working in public health who do see individuals, families, or groups are at an increased risk of being sued and might consider obtaining insurance. For example, a dietitian who fails to report that a child is failing to thrive or is being abused is at risk of being sued.

Dietitians employed in hospitals and clinics that are insured by HIROC will have coverage for claims and legal actions for negligence.

Dietitians employed by facilities not covered by HIROC need to inquire about the facility's coverage. You want to make sure that you are fully protected for actions in negligence including your legal expenses. If you are not, then, you should get your own insurance.

Dietitians in a private practice involved with client care are at the greatest risk from actions in negligence because of that involvement and because they have no other coverage. Within this category, some dietitians may be more at risk than others, such as, those working with clients with eating disorders or the elderly. Dietitians in this group are advised to obtain the appropriate professional liability insurance for your practice.

High Risk

decide to pay out damage awards. In the case of an action or claim against the members of a healthcare team working in a facility covered by HIROC, however, here are a few general comments:

1. HIROC's responsibility is to insure the healthcare organization and its employees. It will normally consider itself to be the primary insurer if the action is against a member or several members of a healthcare team and where HIROC coverage applies. Only in rare cases, will the secondary insurer (where a team member has his/her own health professional insurance) participate in any settlement. HIROC does, however, obtain an employee's consent to represent them in any action.

2. As long as HIROC coverage applies, all employees named as the defendants are covered to the organization's maximum, and all of them will have their legal fees paid.

3. HIROC does not cover physicians, except when they are acting on behalf of the healthcare organization in an administrative capacity (e.g. chief of staff, committee member, etc.). Almost all physicians obtain professional liability coverage through the *Canadian Medical Protective Association* (CMPA).

4. The vast majority of claims and lawsuits against healthcare organizations insured by HIROC are dropped. The rest are usually settled. A few go to trial.

5. Where both a healthcare organization insured by HIROC and a physician are named in a legal action, HIROC and the CMPA will come to one of four positions:
   a. The physician or the CMPA is solely responsible, and HIROC should be let out of the action;
   b. The healthcare organization/employees are solely responsible, and the CMPA should be let out of the action;
   c. Neither HIROC nor the CMPA are responsible, so the action should not proceed or should settle without costs; or
   d. A determination of shared liability must be made amongst the defendants.

6. Actions may go to trial:
   a. if the insurers do not believe there is evidence of any negligence and can therefore defend themselves in the action;
   b. if the insurers agree there is liability but cannot agree on the apportionment of damages between them; or
   c. if the insurers and plaintiff cannot reach an agreement on a fair settlement and attempts at alternative resolution have failed.

WHAT INFORMATION SHOULD RDS OBTAIN FROM THEIR EMPLOYERS ABOUT THEIR COVERAGE?

HIROC has no objection to employees getting information about a facility's coverage. Dietitians should seek information from their facility's administration or risk management department and employers should be providing dietitians with the details of their insurance coverage. Ask your employer:

1. Are you covered under the facility's policy?
2. What is the maximum you are covered for?
3. What losses are you covered for? Are you covered only for claims and actions for negligence or for criminal and disciplinary proceedings too?
4. Are your legal fees covered?
5. What, if any, are the exceptions to your coverage?

Once you have answers to these questions, you will be able to decide whether you need any additional coverage.

1. Criminal negligence is defined in section 219 of the *Criminal Code of Canada* as when you either do something or fail to do something that it is your duty to do, and in the process display a wanton disregard for the lives or safety of other persons.
2. *Conference Board of Canada*, "Liability Risks in Interdisciplinary Care", April 2007, p. 3.
3. Ibid., pp. 29 & 31.
4. ENCON, *Policy for Errors and Omissions Insurance for Associations*, Endorsement 6, Section I.
5. ENCON, *Policy for Errors and Omissions Insurance for Associations*, sections 3 and 5.

Destroyed Health Records

Professional Practice Scenario

You were previously employed as a Registered Dietitian at a health centre that provides direct patient care. Generally, the health centre uses electronic documentation for their medical records except for the nutrition care program, where you keep a separate paper record because you do not have ready access to the electronic record. Standard practice is to make a note in the electronic record that the client was enrolled in the nutrition care program, and that a separate paper record exists. The nutrition care information contained in the paper record has never been entered into the electronic one.

Recently, you have discovered that the paper records were destroyed because the management team had understood that all information had been included in the electronic record, and that the paper record was simply duplicate information.

QUESTION 1. WHAT ARE THE MAJOR CONCERNS WITH RESPECT TO CLIENT ACCESS TO THEIR RECORDS?

QUESTION 2. WHO SHOULD BE NOTIFIED THAT THE RECORDS HAVE BEEN DESTROYED?

For answers, see page 11.

Three Strikes and We're In

Abandoned Health Records

By Dr. Ann Cavoukian

Information and Privacy Commissioner of Ontario

In May 2007, my office - the *Office of the Information and Privacy Commissioner of Ontario* (IPC) - received a letter from the *Royal College of Dental Surgeons of Ontario* (the College) stating that they had been contacted by a number of patients of a dentist in the Ottawa area with reports that the dentist's clinic (the Clinic) had closed, without notice. The patients had contacted the College to ask for assistance because of their inability to gain any access to their dental records.

Following these reports, the College made a number of attempts to contact the owner of the Clinic, but with no success. Not having the power or authority to enter the clinic premises in order to seize the records on behalf of the patients, the College contacted my office for assistance.

Based on the information provided by the College, and a personal visit to the Clinic by an IPC staff member, it was confirmed that the Clinic had been closed for some time and appeared to be abandoned. In the ensuing discussions between the IPC and College staff, it was agreed that it was of paramount importance to secure the abandoned patient files and to allow patients of the dental clinic access to their records.

As Commissioner, I decided that, in the absence of any response from the dentist at the Clinic, I would exercise my powers of seizure under the *Personal Health Information Protection Act* (PHIPA), and enter the Clinic premises to take possession of the files. The College agreed to take custody of the files from the IPC, provide secure storage and facilitate access for patients seeking to retrieve their personal health records.

In order to investigate this matter and lay the proper ground work for obtaining possession of the dental records, my office gave written notice - the first of three - to the owner of the Clinic. In the first notice, the owner was advised that: the IPC had initiated a complaint under PHIPA; that the matter was under review; and that a *Health Order* may be issued.

The notice elaborated on my decision to initiate a review because there were reasonable grounds to believe that the owner of the Clinic had not taken reasonable steps to protect the personal health information that he was responsible for against theft, loss and unauthorized use or disclosure, as required under PHIPA. Further, the owner was, in effect, denying his patients the right of access to their records. In order to ensure compliance with PHIPA and to facilitate access by patients to their dental records, the owner of the Clinic was requested to contact our office immediately to discuss how this matter could be resolved.

After receiving no response from the owner within a set time frame, a second notice was sent demanding that steps be taken to obtain the records and deliver them to my office immediately. With no response to the second notice, I issued a third, and final, notice notifying the owner of the Clinic that my office was intending to enter the Clinic premises and seize all patient records, pursuant to my powers as Commissioner under PHIPA. In my final notice, I provided the date that this would occur and indicated that the records would then be placed in the custody and control of a representative of the College.

Given the possibility that the owner of the Clinic may not have wished to cooperate, I contacted the Chief of the Ottawa Police Service (Ottawa Police) and requested their assistance in carrying out my duty as Commissioner in entering the Clinic. The Chief readily agreed to assist, including making arrangements for a locksmith to be present at the Clinic when entry was to occur and notifying neighbouring businesses of what was about to transpire, so as not to cause any alarm. My utmost gratitude goes out to the Chief, as the assistance and cooperation of the Ottawa Police was critical to achieving the goal of securing the patient records. Not only did the Chief kindly offer his assistance, but he also ensured that a police officer was present at the time of entry, in the event that an alarm had to be disengaged or some other unforeseen circumstances that may have arisen.

On the designated day of entry, an investigator from my office, a representative of the College and a police officer entered the Clinic. The investigator, with the assistance of the police officer and the locksmith, successfully entered and seized the dental records in question. In addition, five computer hard drives, that could have potentially contained additional health information of patients, were also seized, along with a number of dental moulds. Custody of the records, hard drives and dental moulds were immediately turned over to the representative of the College as agreed, who transported them to secure storage at the College's offices in Toronto.

The first step undertaken by the College, following the seizure of the records, was to notify the patients who had initially contacted the College wishing to obtain their dental records. Then, the College created an inventory of files and began notifying patients of the Clinic as to the whereabouts of their files and how to gain access to them.

While this is not the first case in Ontario concerning abandoned health records, it is nonetheless a noteworthy incident for my office. This case marked the first time that I exercised my powers as Commissioner under PHIPA to enter the premises of a health professional in order to seize patient files. Although it is highly unlikely that I will need to use these powers on anything but an exceptional basis, the exercise proved to be extremely effective in ensuring that abandoned patient files were secure and that patients could exercise their rights of access to their health records.

This investigation is also an excellent example of how different organizations with varying mandates, can work together successfully to achieve a positive outcome. The coordinated efforts of the Ottawa Police, the College, and the IPC were critical to the successful recovery of the dental records of the patients involved in this complaint. I was delighted with the outcome.

Destroyed Health Records

Answers to scenario questions (page 9)

QUESTION 1. WHAT ARE THE MAJOR CONCERNS WITH RESPECT TO CLIENT ACCESS TO THEIR RECORDS?

Answer

There are two concerns in this scenario. The major concern is that, because the records have been destroyed, clients will not have access to their complete medical record, should they request it. Whether the record is reviewed for the purposes of ongoing care, an audit, or in response to a complaint, what remains is an electronic record with an incomplete picture of the assessment and care provided.

Also at the heart of this issue, is a concern about the different record-keeping practices compromising client access to health records in this organization. When it is necessary to keep "private" health records outside of the "official record", the health information custodian, (in this case, the organization) needs to ensure that policies and procedures reflect the existence of the "private" notes, and that the management team is fully aware of this practice.

QUESTION 2. WHO SHOULD BE NOTIFIED THAT THE RECORDS HAVE BEEN DESTROYED?

Answer

You should notify both the College and the organization's privacy officer. It would be a good idea for you to inform the College of this situation, so that if the College had to review the records of any of the patients involved (e.g. for an audit, or to investigate a complaint), the reviewer would be aware that the information in the record is incomplete.

Ultimately, however, this is an organizational issue and you should also notify the organization's privacy officer. As the health information custodian, the facility has a legal obligation to ensure that its practices protect the integrity of health records. The privacy officer will have to do an internal investigation from a risk management point of view. Depending on the sensitivity of the information in the records, the organization should let their patients know that some records have been destroyed and that they may receive an incomplete record should they request a copy of their medical record in the future.

This would be a good opportunity for a dietitian to help the organization to review its record-keeping policies to prevent this situation from happening again. The policy should address the issue of the private notes, ensuring that:

- both the private notes and the electronic record are cross-referenced to indicate that they are not the complete record;
- the location of the other record is noted in each record;
- proper safeguards for security and retention exist; and
- there is an appropriate process established for the destruction of records.

RECORD KEEPING RESOURCES

College of Dietitians of Ontario. *Record Keeping Guidelines for Registered Dietitians* (2004), pp. 28-29.

CDO Proposed Regulation: *Records Relating to Members' Practice*, www.cdo.on.ca > Resources > CDO Bylaws & Regulations.

résumé (www.cdo.on.ca > Resources > Publications)
Spring 2007: *A Systematic Approach To Record Keeping In Public Health*.
Fall 2005: *Records Relating to Members' Practice: Answers to your questions*.

Richard Steinecke & CDO. *Jurisprudence Handbook for Registered Dietitians in Ontario* (2003), "Record Keeping", Chapter 6,p. 71.

Information and Privacy Commissioner of Ontario
(http://www.ipc.on.ca)
> *Retaining and Disposing Information*
(http://www.ipc.on.ca/index.asp?navid=20)
> *Electronic Records: Maximizing Best Practices*
(http://www.ipc.on.ca/images/Resources/elecrec.pdf)

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from July 10 to Oct 2, 2007.

Name	Reg. ID	Date
Renee Bowers RD	11068	16/08/2007
Erica Carson RD	11028	27/07/2007
Hai Ying Chen RD	11060	13/07/2007
Maryam Dadkhah RD	10755	13/07/2007
Joanne B. Edwards-Miller RD	10939	13/07/2007
Nina Gauthier RD	11042	17/07/2007
Elizabeth Hanway RD	11283	24/09/2007
Norma MacKinnon RD	4042	24/09/2007
Debbie Morson RD	10937	13/07/2007
Fatima Z.Punjani RD	10494	17/07/2007
Jennifer Radman RD	11035	25/07/2007
Gurbir Rana RD	3407	27/07/2007
Andrea E.Smith RD	4223	28/08/2007
Marika Strader RD	11177	14/09/2007
Maureen Tilley RD	11027	13/07/2007
Melanie Wiebe RD	10992	28/08/2007

TEMPORARY CERTIFICATES OF REGISTRATION

Name	Reg. ID	Date
Puja Bansal RD	11195	31/08/2007
Heather Beath RD	11178	25/07/2007
Gillian Berfelz RD	11168	26/07/2007
Laura Beth Briden RD	11225	31/08/2007
Abigail Brodovitch RD	11215	31/08/2007
Ashley Brown RD	11170	13/08/2007
Jennifer Brown RD	11217	31/08/2007
Edith Buzaglo RD	11187	05/09/2007
Christine Carpenter RD	11186	31/08/2007
Poh Mun Cho RD	11198	30/09/2007
Laura Chouinard RD	11188	05/09/2007
Lisa Ciotoli RD	11141	31/07/2007
Parnell Krystal Culhane RD	11218	28/08/2007
Angie Daouk RD	11214	28/09/2007
Kathryn Ennis RD	11269	31/08/2007
Theresa Etchells RD	11173	07/09/2007
Jeannette Fenner RD	11296	28/09/2007
Sandra Fitzpatrick RD	11161	13/07/2007
Denise Gabrielson RD	11176	28/08/2007
Tanya Genys RD	11144	31/08/2007
Sophie Girard RD	11152	31/08/2007
Kelly Goheen RD	11167	03/08/2007
Laura Goodwin RD	11275	28/09/2007
Michelle Gotkind RD	11171	25/07/2007
R. (Becky) Leigh Grant RD	11216	31/08/2007
Rebecca Hailstone RD	11286	11/09/2007
B. Hartman-Craven RD	11207	05/09/2007
Billie Jane Hermosura RD	11183	27/08/2007
Kristy Hogger RD	11153	13/07/2007
C.laudia Marie Hoyos-Tello RD	10793	21/09/2007
Kristen Imfeld RD	11163	30/07/2007
Mika Kato RD	11166	13/08/2007
Jessica Kelly RD	11266	14/09/2007
Tanya Kowalenko RD	11151	11/09/2007
Michael Lankin RD	11204	05/09/2007
Miriam Leibowitz RD	11142	13/07/2007
Samantha Lin RD	11185	31/08/2007
Minxue Liu RD	11220	21/09/2007
Yunnie Luk RD	11219	20/09/2007
Jenna MacIsaac RD	11226	24/09/2007
Brianne MacKenzie RD	11261	31/08/2007
Raili Macleod RD	11222	31/08/2007
Nada Maher RD	11085	30/08/2007
Dharambir Kaur Mann RD	11206	07/09/2007
Leah Marsh RD	11180	31/07/2007
Emma L .Martelluzzi RD	11136	17/07/2007
Shannon McManus RD	11156	20/08/2007
E. Moghaddam-Bozorgi RD	10945	17/07/2007
Tania Morrison RD	11169	13/08/2007
Tova Nathanson RD	11273	31/08/2007
Trevor Noseworthy RD	11276	11/09/2007
J. Adhiambo Omoro RD	4082	30/09/2007
Joanna M. Ornoch RD	11182	27/07/2007
Jennifer Pablo RD	11289	21/09/2007
Brendine Partyka RD	11118	13/07/2007
Radha Pooran RD	11115	17/07/2007
Joanna Rabinowicz RD	11184	31/07/2007
Jennifer Robinson RD	11265	24/09/2007
Jodi Robinson RD	11189	28/09/2007
Ashley Sacks RD	11148	31/07/2007
Christine Salama RD	11172	14/08/2007
Varmeet Kaur Sarna RD	4012	06/09/2007
Natalie Schembri RD	11278	21/09/2007
Laura Scott RD	11221	05/09/2007
Paula Seifried RD	11270	05/09/2007
Erin Senn RD	11179	14/08/2007
Laura Shantz RD	11128	25/07/2007
Tameika Shaw RD	11272	11/09/2007
Catherine Shea RD	11197	27/08/2007
Baljinder Singh RD	11129	17/07/2007
Adrienne Slichter RD	11228	24/09/2007
Susan Smith RD	11145	31/08/2007
Julie Snider RD	11193	13/08/2007
Sheri Stillman RD	11279	24/09/2007
Nadia Stokvis RD	11282	14/09/2007
Monica Tello RD	11277	20/09/2007
Elaine Cornelien van Oosten RD	11130	25/07/2007
Anisha Walli RD	11194	05/09/2007
Candace Raylene Weaver RD	11268	14/09/2007
Alyson Werger RD	11223	24/09/2007
Carolyn West RD	11191	03/08/2007
Melissa Westoby RD	11155	27/07/2007
Helen Wong RD	11208	24/09/2007

RESIGNED

Name	Reg. ID	Date
Nicole Marie Aylward	3598	30/07/2007
Daniel Catte	11101	30/07/2007
Angela Hollett	4353	18/07/2007
Kim Kesseler	4388	05/09/2007
Norma Van Walleghem	11103	30/07/2007

RETIRED

Name	Reg. ID	Date
Helen Brown	2062	05/09/2007
Lesia Koba	2360	16/07/2007

College of Dietitians of Ontario

annual report

Cecily Alexander, RD
President

Mary Lou Gignac, MPA
Registrar &
Executive Director

A Renewed Mission

Supporting RDs in All Areas of Dietetic Practice

In 2006, Council revisited its mission statement to clearly articulate the College's commitment to all Registered Dietitians in Ontario in the interest of providing safe, ethical and competent dietetic services to the public. The new statement reads:

> *The College of Dietitians of Ontario exists to regulate and support all Registered Dietitians in the interest of the public of Ontario.*
>
> *We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians in their fields of practice.*

With this renewed mission in sight, Council and Staff developed a new strategic plan for 2007 to 2010. Three key goals were identified as priorities for the next three years:

Goal 1. Supporting the CDO membership in all areas of dietetic practice.
Goal 2. Supporting public access to the services of Registered Dietitians.
Goal 3. Developing a CDO regulatory standards framework.

We wish to thank all Registered Dietitians who have given their valuable input by answering College surveys throughout the year. Your comments will help assure that the College uses its resources effectively to develop programs and initiatives that best support dietetic practice in the interest of public protection.

www.cdo.on.ca
1810-5775 Yonge Street
Toronto, ON M2M 4J1
416-598-1728 /800-668-4990 / reception@cdo.on.ca

Executive Committee


Cecily Alexander, RD
President


Don Evans
Vice-President


Fiona Press, RD
Third Officer

Other Council Members


Harpal Buttar, Ph.D.


Daniella Catallo, RD


Jane Dummer, RD


Laurel Hoard, RD


Julie Kuorikoski, RD


Irene Lees, RD


Francis Omoruyi


Jeannine Roy-Poirier, Ph.D.


Carole Wardell


Elizabeth Wilfert

Non-Council Members


Nicole Carnochan, RD


Linda Hines, RD


Susan Skopelianos, RD


Pat Vanderkooy, RD


Laura West, RD

Not Shown
Fiona Aris, RD

Staff

Mary Lou Gignac, MPA
Registrar &
Executive Director

Sarah Ahmed, CMA — Controller

Sue Behari McGinty MHSc., RD — Quality Assurance Manager

Carolyn Lordon, MSc., RD — Practice Advisor & Policy Analyst

Mihaela Mihu, MSc.— Registration & IT Coordinator

Antiope Papageorgiou, MA — Quality Assurance & Information Coordinator

Monique Poirier, MA — Executive Office & Communications Coordinator

Leila Nadjafova — Administrative Assistant

Elsene Randall — Program Assistant

Executive Committee

President & Chair
Cecily Alexander RD

Vice-President
Don Evans,
Public Appointee

Third Officer
Fiona Press RD

In keeping with the *Regulated Health Professions Act,* the Executive Committee reviews referrals from the *Registrar & ED*, the Complaints Committee and the Quality Assurance Committee and approves the Registrar & ED's appointment of investigators for professional misconduct or incompetence. The Executive Committee meets between Council meetings. It has all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke by-laws.

ACTIVITY

- Received an orientation to the *Carver Policy Governance Model* to reinforce governance and management roles.
- Provided leadership in the coordination of the 2006 strategic planning process. Formed a Steering Committee to support the process between September and November Council meetings.
- Hired a consultant to lead the process.
- Established a new objective performance appraisal process for the Registrar & ED based on performance indicators.
- Reviewed 2007/08 work plans and the budget for recommendations to Council.
- Received four referrals over the past year from the Registrar & ED related to professional misconduct, competence and fitness to practice. The Committee took no further action in one case, approved two voluntary undertakings, and has one case still under review.

Complaints Committee

Chair
Laurel Hoard, RD

Professional Members
Julie Kuorikoski, RD
Pat Vanderkooy. RD

Public Appointees
Harpal Buttar, Ph.D.
Carole Wardell

The *Regulated Health Professions Act* requires the College to follow a process to receive complaints concerning members' professional conduct, competence or fitness to practice. This process is designed to ensure procedural consistency and fairness to both the complainant and the member.

ACTIVITY

The Complaints Committee received four complaints from April 1, 2006 to March 30, 2007. No further action was taken on two of these complaints; one complaint was withdrawn, and one remains in abeyance.

Discipline Committee

Chair
Harpal Buttar, Ph.D.,
Public Appointee

Professional Members
Daniela Catallo, RD
Nicole Carnochan, RD
Irene Lees, RD

Public Appointees
Don Evans
Francis Omoruyi

The Discipline Committee is responsible for holding hearings about allegations of professional misconduct or incompetence by members. Matters requiring a discipline hearing are referred to the committee by the Executive or Complaints Committee. During a disciplinary procedure, the Discipline Committee, in consultation with its lawyer, provides a fair process for hearing evidence and determining member conduct. The Discipline Committee determines an appropriate action in order to protect the public in keeping with the *Regulated Health Professions Act* and regulations under the *Dietetics Act*. Discipline hearings are normally open to the public and a report of discipline decisions must be featured in the annual report.

ACTIVITY

- For the 2006/07 fiscal year, there were no referrals to the Discipline Committee.
- Members of the Committee attended workshops on the disciplinary process held by the *Federation of Health Regulatory Colleges of Ontario*.

Fitness to Practice Committee

Chair
Harpal Buttar, Ph.D.,
Public Appointee

Professional Members
Daniela Catallo, RD
Nicole Carnochan, RD
Irene Lees, RD

Public Appointees
Don Evans
Francis Omoruyi

The Fitness to Practice Committee provides a fair review of all matters regarding the potential incapacity of members to practice safely. Due to physical, mental or emotional reasons, or perhaps due to substance abuse, members suspected of incapacity are referred to the Fitness to Practice Committee by the Executive Committee, which will appoint a Board of Inquiry to investigate cases of suspected incapacity. After reviewing the report from the Board, the Executive Committee may refer the member to the Fitness to Practice Committee for an incapacity hearing. Based on the evidence given at the hearing, the Fitness to Practice Committee makes a finding about capacity, and may either move to revoke or suspend the member's Certificate of Registration or impose terms, conditions and limitations on the Certificate of Registration.

ACTIVITY

- No issues of suspected incapacity were referred to the Committee in this fiscal period.

Patient Relations Committee

Chair
Pat Vanderkooy, RD

Professional Members
Cecily Alexander, RD

Fiona Aris, RD

Julie Kuorikoski, RD

Sue Skopelianos, RD

Public Appointees
Harpal Buttar, Ph.D.

Francis Omoruyi

The *Regulated Health Professions Act* requires regulatory colleges to have a Patient Relations Program for preventing or dealing with sexual abuse of patients. The program must provide member education, guidelines for the professional conduct of members with their patients, training for the College's staff and information to the public. The College of Dietitians of Ontario has a zero tolerance policy for any form of patient abuse.

The Patient Relations Committee is responsible to coordinate the program, and will process requests for funding for therapy and counselling should any patient suffer sexual abuse by a member of the College.

ACTIVITY

- The Patient Relations Committee created new terms of reference.

Registration Committee

Chair
Linda Hines, RD

Professional Members
Cecily Alexander, RD

Jane Dummer, RD
(from Feb 2007)

Irene Lees, RD

Public Appointees
Jeannine Roy-Poirier, Ph.D.
(from Feb 2007)

Don Evans

Elizabeth Wilfert

If the Registrar has doubts about whether applicants have met registration requirements, the Registration Committee receives those referrals under section 15 of the *Regulated Health Professions Act*.

ACTIVITY

- Reviewed 61 applications.
- Heard a presentation from the Ryerson University International *Dietitians Pre-Registration Program* (IDPP) outlining their curriculum and practicum and adapted submission requirements for entry-level packages of IDPP graduates were adapted.
- Implemented several changes in the procedures for preparing and reviewing applicant files and for writing decisions to increase efficiency.
- Reviewed a report from a language expert regarding possible new language evaluation procedures and requirements.
- Reviewed and ipgraded submission guidelines.
- Reviewed and revised a draft list of approved courses for applicants needing upgrading and Canadian content to complete requirements for registration.

Quality Assurance Committee

Chair
Fiona Press, RD

Professional Members
Daniela Catallo, RD

Laurel Hoard, RD

Laura West, RD

Public Appointees
Elizabeth Wilfert

Carole Wardell

The *Regulated Health Professions Act* mandates the College's Quality Assurance (QA) Committee to identify quality standards which promote excellent dietetic care. It also make program proposals to Council for implementation by the College.

ACTIVITY

- The QA committee held a total of seven face-to-face meetings and four teleconferences in 2006/2007.
- Approved the blueprint for the the *Jurisprudence Knowledge and Assessment Tool* (JKAT) which was developed by a group of 13 RDs representing all areas of dietetic practice. Developed three versions of the JKAT:

  1) for RDs in clinical practice who see patients or RDs who supervise RDs who see patients;
  2) for RDs who see patients in a private practice setting; and
  3) a general JKAT for RDs who do not see patients.

  Fifteen item writers produced more than 150 questions for all three JKAT versions and eight other RDs reviewed the items for clarity, accuracy and relevance of the questions.

  In March and April 2007, 151 RDs participated in the pilot test of the JKAT; an evaluation of the pilot showed positive responses. Policies and procedures are being developed for the launch in January 2008.
- Researched a new Practice Assessment (PA) model. The Committee, staff and 13 RDs from all areas of dietetic practice, including management, public health, and academic/research, participated in a formal consultation led by a facilitator in October 2006. An in-depth review was conducted of other regulated College programs and of the *Stage One* and *Stage Two PA* (2001-2006) evaluation. The Committee concluded that the *Stage Two PA* behavioral-based interview can be modified to form the basis of a new practice assessment model. The Committee will continue to refine the model based on consultation with members.
- Held preliminary discussions relating to *The Self-Directed Learning Tool* (SDL) to increase its relevance to all members in all areas of dietetic practice. The Committee will be working over the next year to aggregate the SDL Tool information.

Registration Statistics

APPLICATIONS — 205

(includes 1 prof. corporation)

Canadian Trained — 159

Internationally Trained — 46

ATTRITION

62 RDs resigned

NET GROWTH

90 new RDs

COMMITTEE REFERRALS

The Registration Committee considered referrals from 2006/2007 and from previous years. Some were carried over into the next fiscal year:

2006/07 — 56 referrals

2005/06 — 54 referrals

2004/05 — 39 referrals

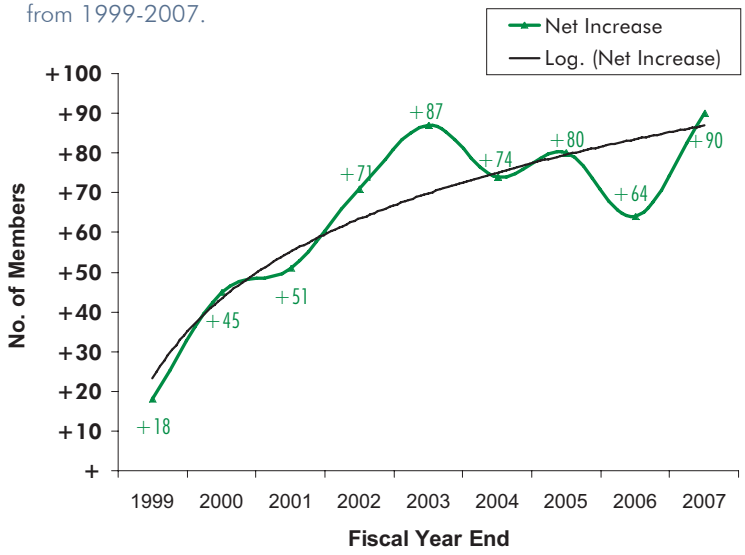
Decisions

Admitted — 39

More Training Required — 21

Refused — 17

Rate of growth in the number of RDs from 1999-2007.



Membership Statistics

NUMBER OF RDs BY DISTRICT

DISTRICT	TOTAL	MEMBERS	TEMP.
1 South Western	316	316	0
2 Central Western	527	526	1
3 Central Eastern	1,189	1,170	19
4 Eastern	401	394	7
5 North Eastern	118	115	3
6 North Western	62	62	0
7 Out of Province	62	60	2
8 Out of Country	47	47	0
Total	**2,722**	**2,690** 98.8%	**32** 1.2%

Females **2,650 (98.5%)**

Males **40 (1.5%)**

EMPLOYMENT STATUS FOR GENERAL MEMBERS ONLY

ACTIVE (employed)	NON-ACTIVE (unemployed)
309	7
499	27
1,122	48
376	18
113	2
60	2
56	4
34	13
2,569 95.5%	**121** 4.5%

DISTRIBUTION OF RDs BY DISTRICT AND AREA OF PRACTICE

Dist	Clinical/ one-to-one	Food & Nutrition Mgmt.	Sales & Marketing	Policy Develop. & Program Planning	Clinical Nutrition Mgmt.	Education & Research	Other
1	207	44	11	45	28	72	50
2	319	47	31	100	39	128	77
3	692	146	94	189	92	297	186
4	229	47	21	81	31	90	2
5	82	13	2	18	10	18	14
6	43	9	3	11	8	13	7
Total	**1,572** 42.4%	**306** 8.2%	**162** 4.4%	**444** 12.0%	**208** 5.6%	**618** 16.7%	**400** 10.8%

Members that have more than one area of practice — approximately 916

TOP WORK SETTINGS

Some members have more than one work setting.

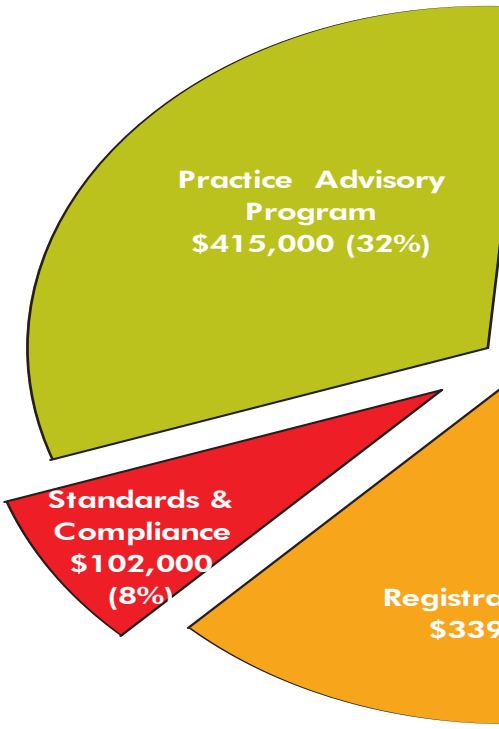
40.6%	Hospital including rehabilitation centres.
14.5%	Chronic care/LTC residence, group home, home for the aged.
10.4%	Private practice and counselling.
9.3%	Public health department.
8.6%	Community health centre/agency/clinic, elementary and secondary schools.
6.4%	Business, including food industry & retail.
5.7%	University/community college.
5.3%	CCAC/home care program or agency serving the CCACs.
4.4%	Government agency.
4.2%	Other.

Practice Advisory Program

This program supports compliance with standards and provides advice, assistance and education to members on practice issues such as standards, laws, ethics and regulations.

Highlights

- 24% of College members attended the *Controlled Acts and Authority Mechanisms* workshops. The workshop slides are posted on our website.
- Responded to 271 enquires about practice and ethical issues.
- Published the *Infection Control Guide for Registered Dietitians in Community Settings* in October 2006.
- Published Professional Practice articles in *résumé* regarding PHIPA and the lock-box provision (Spring 2006), CDO policies and practices for RDs who take an extended leave of absence (Summer 2006), infection control (Fall 2006), a new College dysphagia policy, and changes in treatment and consent (Winter 2007).



Standards & Compliance

The College develops programs and standards to assist individuals to exercise their rights under the *Regulated Health Professions Act,* and to ensure that dietitians are competent to practice. The Patient Relations Program, for example, is mandated to educate College members to prevent and address sexual abuse of patients. The Discipline, Fitness to Practice and Complaints Committees all have procedures and policies to ensure that complaints and reports about dietitians are handled in a fair, transparent and effective way, for both the public and dietitians.

Highlights

- Investigated 4 new complaints and 2 new reports.
- Offered ongoing public education via the College web site, the *Yellow Pages*, radio ads, posters, post cards and pamphlets about the benefits of using the services of highly qualified RDs and how to locate them.
- Asked Ontario RDs for their input into the new essential competencies developed for dietitians in Canada through the *Alliance of Canadian Dietetic Regulatory Bodies*.
- Made submissions to Health Professions Regulatory Advisory Council regarding amendments to the *Regulated Health Professions Act* which will come into effect on June 4, 2009.
- Sent information to RD employers about the value of the online Register of RDs to verify that the RDs they hire are qualified to practice.

Distribution of College Funds

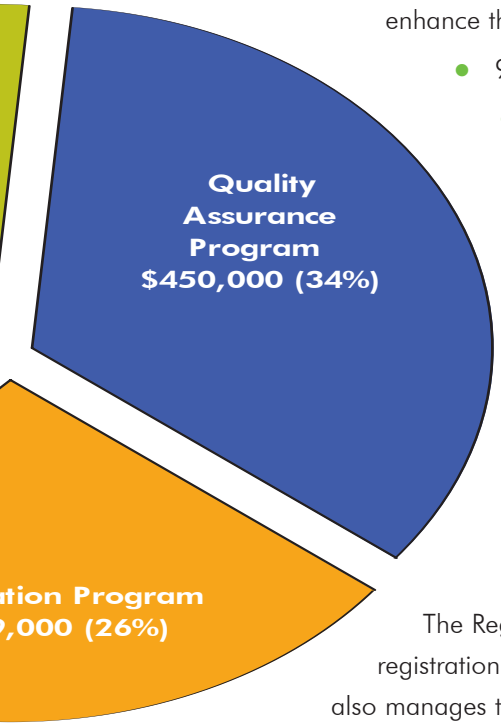
Direct costs, related committee and administrative expenses such as office rent and staff salaries, have been apportioned to the four categories in the chart above. These percentages fluctuate annually depending on College initiatives.

Quality Assurance Program

The Quality Assurance (QA) Committee develops, operates and monitors learning and assessment tools to support RDs in continuing competency and education to enhance the delivery of high quality dietetic services. The tools are the *Self-Directed Learning (SDL) Tool*, the *Jurisprudence Knowledge and Assessment Tool* (JKAT), practice assessment and remediation.

Highlights

- Developed and tested te *Jurisprudence Knowledge and Assessment Tool* for launch in January 2008.
- Reviewed practice assessment practices and participated in a consultation process to evaluate, revise and enhance the College's *Practice Assessment Program*.
- 90.6% online submission rate for the SDL Tool (2005 = 84.5%).
- Late SDL Tool submissions decreased from 3.2% in 2005 to 2.6% in 2006.
- 66 members from district 3, 5 and 6 completed *Stage 1 Practice Assessment* and one member was required to complete *Stage 2*.
- Decided, in principle, to require members who have not practised for more than three years to undergo a practice assessment within a year of their return to work.



Registration Program

The Registration Program establishes regulations and standards, and assesses qualifications for registration to ensure that only qualified and competent applicants become dietitians in Ontario. It also manages the annual membership renewal process, and maintains the register of members. A key activity is to monitor and investigate misuse of the "dietitian" title, to ensure that only registered members of the College are using the title in Ontario.

Highlights

- Registered 90 new dietitians, the greatest number of new RDs in College history.
- 72% of members renewed online (65% in 2005). Only 3 members experienced online problems with their payments in 2006, an accuracy rate of over 99.9%.
- Aplications from internationally trained applicants increased from 20 in 2005 to 31 in 2006.
- Late renewals by members were reduced by half to 2.6% in 2006 from 5.3% in 2005.
- Ongoing action to monitor the misuse of the dietitian title resulted in over 900 names being removed from the *Yellow Pages* directory *Dietitians/Dieticians* listings; one person left her clinical practice because she was not a dietitian as she had claimed. Several individuals and health clubs ceased their advertising claiming that they had qualified RDs on staff when they did not.

College of Dietitians of Ontario

Auditors' Report

To the Council
of the College of Dietitians of Ontario

We have audited the financial statements of the *College of Dietitians of Ontario* as at March 31, 2007 in accordance with Canadian generally accepted auditing standards and expressed an unqualified opinion about these statements in our report of May 30, 2007.

The information presented in the accompanying *Condensed Statement of Operations and Changes in Fund Balances* is derived from the above mentioned financial statements and in our opinion presents fairly the information therein.

Kopstick Osher
Chartered Accountants, LLP

TORONTO, ONTARIO
MAY 30, 2007

Copies of the 2007 audited financial statements are available upon request.

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES FOR THE YEAR ENDED MARCH 31, 2007

	2007	2006
Revenue		
Membership fees	$ 1,344,036	$ 1,251,258
Other income	55,897	117,453
	1,399,933	1,368,711
Expenses		
Salaries and benefits	645,262	612,782
Contracted services	60,405	22,187
Council and committee expenses	147,282	146,218
Communication Initiatives	59,411	59,845
Administration	267,712	211,410
Professional services	50,998	64,515
Amortization	75,332	68,123
	1,306,402	1,185,080
Revenue over Expenses	93,531	183,631
Fund balances, beginning of year	1,065,843	882,212
Fund balances, end of year	$ 1,159,374	$ 1,065,843

Allocation of Fund Balances As at March 31, 2007

	2007	2006
Investment in capital assets	$ 316,986	$ 370,207
Internally restricted [1]	837,169	690,419
Unrestricted	5,219	5,217
Fund balances, end of year	$ 1,159,374	$ 1,065,843

1. Internally restricted funds are reserved for:
- Strategic planning initiatives
- Future hearings
- Investigations
- Therapy and counselling of sexually abused patients
- Development of examinations
- Development of programs

These funds are not available for other purposes without the approval of Council.

JKAT REMINDER

First Administration in January 2008

From January to March 2008, all English-speaking general members will be required to complete the new *Jurisprudence and Knowledge Assessment Tool*. Members will be given three attempts to achieve a cut score of 80%.

Members who are not required to write the JKAT in 2008 are:

- RDs who participated in the 2007 JKAT pilot;
- RDs who have taken the Stage One Practice Assessment in 2004, 2005 and 2006;
- French-speaking members who will complete their JKAT in 2009.

If you are completing the JKAT in 2008, you will be notified in writing in January 2008.

WHAT IS THE JKAT?

For answers and details about this new tool, see *résumé* Summer 2007, "The JKAT Pilot - A Success", pp. 7-9

JUST IN TIME FOR THE JKAT

The second edition of the *Jurisprudence Handbook for Registered Dietitians in Ontario* will be mailed to you in January 2008. Please make sure that the College has your most current address on file.

Help Needed from French-Speaking RDs

For French Language Review of JKAT Questions

We are looking for French RD to review the translated questions for the JKAT. This is a wonderful opportunity to familiarize yourself with the JKAT questions, responses, rationale and references before you complete your tool in 2009. At the same time, you will be making a valuable contribution to the College's Quality Assurance Program.

Please contact Monique Poirier,
Executive Office & Communications Coordinator at
416-598-1725. ext. 222 or poirierm@cdo.on.ca