College of Dietitians of Ontario

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What Self-Regulation Means to Me

Susan Knowles, RD
President

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 changing practice environments.

Under the *Regulated Health Professions Act, 1991*, and the *Dietetics Act, 1991*, Registered Dietitians in Ontario have the privilege of being a self-regulated profession. This is something I have heard since I joined the College over 20 years ago. But what does this really mean?

In short, self-regulation means that we, as RDs, have the legal right to participate in the regulation of our own profession in the best interest of the public. We have an opportunity to sit as a Councillor on the College Council and to sit on College committees. This allows us to have a direct impact on our profession. As we bring our professional knowledge and experience to the decision-making table, we can offer a valued dietetic perspective on College governance and profession regulation.

My own understanding of self-regulation has evolved since I was first encouraged to run for Council by a colleague a few years ago. Initially, I thought, "what could I contribute? Do I have the skills and knowledge required?" I have realized that just being an RD is enough. As RDs, we each bring a unique set of knowledge, experiences and perspectives to the table.

Since being elected to Council in 2010, I have had the opportunity to gain more valuable skills, to grow professionally and to learn from RDs across the province. My confidence has grown from doubting my ability to participate in College work to trusting in my experience and knowledge as an RD to serve the College as President.

Many of you may be asking yourself, like I did, "what can I contribute?" There are several ways for you to participate in the regulation of your profession. Here are three suggestions:

1. **Get elected as a Councillor.** Being a Registered Dietitian is all you need. You do not need to have years of experience, nor be an expert in any particular area of dietetics, or even be well versed on Council governance. You need to be willing to bring your perspective to the Council table to make decisions related to College governance and profession self-regulation in the interest of public safety. All training is provided.
2. **Consider applying to be appointed on a committee.** Council appoints RDs to committees once a year in June. The bulk of the engaging, thought-provoking discussions take place at the committee tables. Many committee members comment that committee work is a satisfying experience. It is also at the committee level where RDs are able to network with other RDs from across the province. All training is provided.
3. **Respond to College communications.** Although responding to surveys is a less formal way to participate in self-regulation, opportunities to provide input are available to every dietitian in Ontario. Member input provides different perspectives, stimulates discussion and helps us come to better decisions. All member comments are carefully reviewed and analyzed by staff and Council before final decisions are made.

I encourage everyone to have a voice at the table. Previously, when I reviewed documents from the College for comment I usually thought to myself, "hmm…looks good, I have nothing to add" and did not submit any comments. In hindsight, I realize that all comments – even comments on what looks good — are useful as they help the College understand the membership's range of opinions. Be sure your ideas are heard. Respond to surveys if you have not done so before.

Thank you to the many members who provide input into our surveys and who participate in College work. If you have not connected with the College in the past with your thoughts and perspectives, I encourage you to do so now. The College staff and Council members value member input: it is the "self" in self-regulation.

As a result of your contribution, we are a stronger College and we are better able to meet our mandate of public protection by regulating and supporting RDs to provide safe, ethical and quality dietetic services.

How will the Registrar decide if charges are relevant to a member's suitability to practice?

Melisse L. Willems, MA, LLB
Registrar & ED

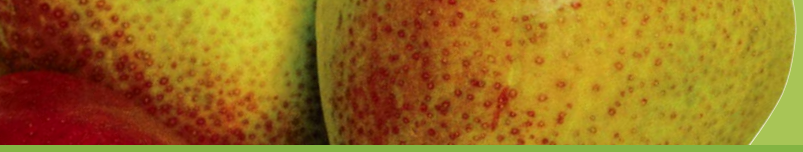
If someone were to ask you to make a decision using your discretion, what would it mean to you? You'd probably take it to mean that you were free to use your own judgement to make that decision. It would likely imply that you had the expertise and experience needed to make the decision, that you were a responsible decision-maker and that your ability to make decisions could be trusted. Registered Dietitians are a good example of this. The College expects members to use their own discretion to make competent and safe client-centred decisions in their practice, based on their knowledge and skills.

The College also makes discretionary decisions on a number of fronts. Members picked up on this recently when the College circulated draft by-laws for consultation which will require members to provide the College with information about charges, bail conditions and convictions that may be published on the College's website. The by-laws have now been approved by Council and will come into effect January 1, 2016. What concerned members who commented on the by-laws was that they give the Registrar & ED the authority to determine which charges, bail conditions and convictions are relevant to a member's suitability to practice and are to be published on the Register of Dietitians. Members wanted to know, "what does it mean to determine that something is relevant to a member's suitability to practice", and "just how is the Registrar's discretion going to be exercised?"

I was in Ottawa at the end of September giving a presentation to a number of federal and other regulators on this very topic. In particular, I discussed what regulatory discretion is and what it isn't.

WHAT IS REGULATORY DISCRETION?

Regulatory discretion is acting with reasoned judgement, relevance, good faith, proper purpose and independence. It is NOT arbitrariness. Legislation and by-laws allow for discretionary



decision-making because it encourages flexibility, context, fairness, innovation and draws on the decision-maker's expertise and looks to the particular circumstances of the situation at hand before a decision is made.

At the College, discretionary decisions are not made in a vacuum. We draw on our own expertise, member comments and feedback, collaboration with other Colleges, subject-matter experts, lawyers and accountants. We research best practices and model policies. In short, we do our homework. We think it's important that our members and the public know that.

DETERMINING A MEMBER'S SUITABILITY TO PRACTISE

The College has developed a policy to clarify some of the parameters and criteria which will guide the Registrar in determining what charges, bail conditions and offences are relevant to safe and ethical dietetics practice. The policy will come into effect January 1, 2016.

The guiding principles expressed in the policy include:

i. Whether the offence occurred while practising the profession;

ii. Whether there is any connection to the profession such that it would bring disgrace and dishonour to it;

iii. Whether the offence put an individual or the public at risk;

iv. Whether the offence is part of a pattern of behaviour or an isolated event;

v. Whether the offence can be seen to present a risk to people in the practice setting of the member; and/or

vi. Whether the offence suggests discrimination, disregard or disrespect for people based on a ground protected by the Human Rights Code (race, colour, ancestry, creed (religion), place of origin, ethnic origin, citizenship, sex (including pregnancy, gender identity), sexual orientation, age, marital status, family status, disability, receipt of public assistance).

In exercising our public protection mandate, we are committed to transparent and fair policies and processes. To view the entire policy, go to the College website at www.collegeofdietitians.org and enter, "Registrar Discretion", in the search box.

Standards of Consent: You Spoke – We Listened

Thank you to all of the RDs who provided input into the *Draft Professional Practice Standard: Consent to Treatment and for the Collection, Use & Disclosure of Personal Health Information* (Standards) circulated from July 9 to September 9, 2015.

Your feedback was thoughtful and thorough, which has helped the College revise the draft to ensure that the Standards are relevant to safe, ethical and competent dietetic practice in Ontario. The revised draft will be submitted to Council for approval at the next Council meeting in February 2016.

FOUR MAIN ISSUES

1. Many RDs had questions about how to manage consent in acute care settings such as ICU (adults, neonates and pediatrics) where current practice is to assess and provide treatment upon admittance to the unit or upon referral from an MD, especially where timely dietetic treatment, such as nutrition support, is warranted. For example, when a patient was admitted to the hospital or to a specific unit, could an RD rely on implied consent for assessment and treatment?

Consent for treatment is always required, except in an emergency. Check with other members of the health care team to confirm whether consent for nutrition care has been obtained. If in doubt, obtain informed consent before implementing any treatment. If a client is not capable of giving consent, a substitute decision-maker must be found.

2. RDs questioned whether screening or reviewing a patient's chart as part of a nutrition assessment requires

consent, or whether implied consent can be assumed due to facility admission.

Because of this question, we added a statement in the Introduction of the Standards to clarify that as health professionals in the "circle of care" team, RDs have implied consent to screen or review a patient's chart as long as the information is used for the sole purpose of providing health care to that individual.

3. Comments showed that there was confusion among RDs as to whether consent was required for any or all changes being made to a treatment plan, for example, when making adjustments to total parenteral nutrition and enteral nutrition.

Performance indicator i,c) in Standard 1 states that consent is required for, "Significant changes to nutrition care treatment plans, different from the nature, expected benefits, material risks and material side effects of the original treatment." To clarify this statement, the Introduction now quotes Section 12 of the *Health Care Consent Act*, which specifies, "Unless it is not reasonable to do so in the circumstances, a health practitioner is entitled to presume that consent to a treatment includes, (a) consent to variations or adjustments in the treatment, if the nature, expected benefits, material risks and material side effects of the changed treatment are not significantly different from the nature, expected benefits, material risks and material side effects of the original treatment; and (b) consent to the continuation of the same treatment in a different setting, if there is no significant change in the expected benefits, material risks or material side effects of the treatment as a result of the change in the setting in which it is administered."

4. Some RDs questioned their role in determining capacity or assisting clients in the process of establishing a substitute decision-maker. They felt that other members of the health care team were better suited to these roles.

A statement has been added to the Introduction to clarify that RDs need to exercise professional judgment when applying the standards to their practice. An RD's level of involvement and competence for determining capacity to consent to nutrition treatment or establishing a substitute decision-maker often depends on their practice setting. For example, RDs working in individual vs team-based settings may have different roles. RDs in individual settings may be solely responsible for determining capacity and finding a substitute decision-maker. In team-based settings, RDs may be expected to collaborate with other team members who have the responsibility of assessing clients and establishing the appropriate substitute decision-makers. Depending on the specific setting, RDs must use their professional judgement to determine their own level of involvement in the consent and capacity process. If unsure, they have a professional obligation to clarify their role and, if necessary, to develop the appropriate competence in keeping with the Standards of Consent and the principles of client-centred care.

Additional Educational Materials

In the consultation, there were many requests for more education on the Standards of Consent. To add to the resources that are already on the College's website (enter "consent" in the search box to access them), we will be developing further educational tools surrounding the Standards of Consent to support RDs to provide safe, ethical and quality dietetic practice in Ontario.

Standards of Consent Summary of Survey Results

- 673 members (17% of total membership).
- 84% of respondents felt that the proposed Standards clearly articulated the appropriate behavioural expectations for RDs to fulfill their professional responsibilities when obtaining consent in dietetic practice.
- 89% of respondents agreed with the introduction section.
- There was strong support for the nine specific standard statements with a level of agreement ranging from 84-95%.
- 91% agreed with the conclusion section.
- 28% specified a need for future education materials.
- 8% had additional comments.

Enhancing Competence to Best Serve Clients

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An RD working in a family health team receives a referral for a client who is pregnant. At the initial visit, the RD finds out that the client had Roux-en-y gastric bypass surgery three years ago, but is otherwise healthy. The RD has never had any experience with clients who have undergone bariatric surgery and doesn't feel she has the competence to effectively counsel the client. The RD informs the client that she is unable to see her. Has the RD managed this situation appropriately?

The RD is indeed acting appropriately by acknowledging the limits to her competence. However, simply refusing the referral could be considered unprofessional and unethical, especially when clients have limited options and may not be able to access dietetic services elsewhere.

While it can be challenging for RDs in general practices (e.g., community health centres, family health teams, private practice) to keep up with all areas of nutrition and dietetics, in a family health team setting, an RD would presumably have the required knowledge, skills and competence to counsel pregnant clients. As the client is three years post-op and is otherwise healthy, the complexity of this client may not be that different from other pregnant clients. It would be most appropriate for the RD to conduct a nutrition assessment and establish a nutrition care plan for this client.

This client would be best served by the RD learning about the basic nutritional requirements for clients who have undergone bariatric surgery. She could tell the client that although bariatrics is not her area of expertise, she would do more research to complete the nutrition plan. To further her learning, she could consult reliable bariatric resources online and she could also connect with other RDs who have expertise in this area.

Bariatric surgery is a growing area of dietetic practice and RDs are a valued and essential health care provider during the post-op process. The RD would demonstrate a professional, client-centred attitude by acknowledging her limits in this area of practice and being willing to learn.

COLLEGE EXPECTATIONS

The College is not implying that RDs take on every new client that is referred to them, especially when the client's needs are well beyond the RD's expertise. There are certainly circumstances when RDs should refer clients to another RD or health care provider to ensure safe, competent and comprehensive care. The College does expect that RDs have an attitude of client-centred care, a commitment to continuing education and a desire to enhance personal knowledge, skills and judgment to best serve clients. The above scenario presents an opportunity for an RD to engage in continuing education to best serve her client.

RDs, employers, clients and other members of the public are encouraged to contact the Practice Advisory Service with questions. While the College doesn't provide specific clinical practice advice or legal advice to RDs, we can connect our members with resources, programs and other RDs who may have expertise in a particular area of practice.

PRACTISING COMPETENTLY — A PROFESSIONAL AND LEGAL DUTY

RDs have a professional and legal obligation to maintain their competence through self-reflection and continuing education to best serve their clients. In the Code of Ethics for the Dietetic Profession in Canada, RDs pledge "to maintain a high standard of personal competence through continuing education and an ongoing critical evaluation of professional experience." The Professional Misconduct Regulation states that it is professional misconduct for RDs to treat or attempt "to treat a condition that the member knew or ought to have known was beyond his or her expertise or competence."

The Regulated Health Professions Act, 1991 (RHPA), contains a number of stipulations regarding incompetence. Notably, it states that a member is "incompetent" if "the member's professional care of a patient displayed a lack of

knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted."

Each of these documents emphasizes your professional and legal obligations for practicing within your level of competence while also maintaining or developing competence to best serve clients.

WHAT IS COMPETENCE?

According to the Merriam–Webster Dictionary (2015), competence is "the ability to do something well; the quality or state of being competent." The College has identified three main components of competence:

1. Appropriate knowledge, skills and judgment;
2. A client-centred professional attitude; and
3. Continuously upgrading knowledge, skills and judgment.

All RDs are considered to be competent when first entering the practice of dietetics as a result of their extensive education and training. The question is whether individual knowledge, skills or judgment grow or dissipate over time. The answer depends on the other two components of competence: attitude and upgrading.

A CLIENT-CENTRED PROFESSIONAL ATTITUDE

An essential component of safe dietetic practice is having an open attitude focused on what is best for clients. An open attitude will help you reflect on your practise honestly and acknowledge the limits to your competence. RDs are competent when they:

- Reliably demonstrate the knowledge, skills and judgment necessary to provide a service; and/or
- Perform and manage the outcomes of carrying out a procedure safely, effectively and ethically in accordance with current best practices and standards of practice for the dietetic profession.

Limits to competence may arise as your area of practice develops, if you are considering working in a new area of dietetics or when personal or work place issues are overwhelming. Knowing what needs to be done and not doing it because of time pressures, personal problems or lack of motivation may put clients at risk.

For example, RDs do not have to accept every client (especially where lack of time and resources will affect client care) but they do have a responsibility to offer safe, ethical and competent service to clients they do take on. When unable to provide high-quality services because of workload or skill limitations, an RD may be demonstrating a professional attitude by refusing to take on new clients as long as the workload or skill limitations are unavoidable. However, the RD might advocate for more services or apply triage principles to screening clients effectively. Once a client is accepted, an RD has a professional responsibility to promptly assess and address their client's dietetic needs. If an RD identifies gaps in her knowledge or skills, professional judgement and an open attitude will help them determine when to pursue more education to best serve clients or when it would be in the client's best interest to refer them to another RD or health care provider.

SELF-DIRECTED LEARNING AND UPGRADING

A commitment to continuing education and a desire to enhance personal knowledge, skills and judgment are the first steps in acquiring and improving competence. In order to improve knowledge, skills and judgment, RDs should always take an evidence-based approach.

Every year, the College's Quality Assurance Program requires RDs to complete a *Self-Directed Learning (SDL) Tool* to assist them with reflection, continuing education and upgrading of competence. This provides RDs with an opportunity to reflect on their practice and set goals for continuing education and upgrading of their skills throughout their career.

Opportunities for continuous learning include consulting literature, accessing PEN (*Practice-Based Evidence in Nutrition*), taking courses, attending conferences, and consulting with those who have experience in a particular area. RDs may benefit from reviewing CDO's e-learning module on Evidence-Based Practice and a recent *résumé* article titled, "What is Professional Judgment?".

Disclosing Personal Health Information to a Children's Aid Society

An RD who works in a family health team (FHT) receives a call from a Children's Aid Society (CAS) requesting information about a client for an investigation they are conducting. The CAS agent informed the RD that the client's MD initiated the report on suspected child abuse and asked her to disclose information relating to the client's nutrition assessment and care plan. The RD called the College seeking guidance on whether she may disclose such information to the CAS. The FHT, not the RD, is the health information custodian in her workplace.

According to the Personal Health Information Protection Act, *2004,* health information custodians (HICs) are permitted to disclose information to a CAS so that it can carry out its statutory functions:

> "43. (1) A health information custodian may disclose personal health information about an individual,…
>
> (e) to the Public Guardian and Trustee, the Children's Lawyer, a children's aid society, a Residential Placement Advisory Committee established under subsection 34 (2) of the Child and Family Services Act or a designated custodian under section 162.1 of that Act so that they can carry out their statutory functions."

In this scenario, the FHT is the HIC. The RD is an agent of the HIC and will therefore need to contact the designated information or privacy officer of the FHT, or refer to her organization's privacy policies to ensure she has the authority to disclosure personal health information to the CAS. Only with such authority may the RD subsequently disclose the relevant information as requested. If the RD were the HIC, e.g., in a private practice setting, she would be free to disclose the relevant information to a CAS agent upon request.

MANDATORY REPORTING OBLIGATIONS

In the above scenario, what would the RD's obligations be if she personally suspected child abuse of the client? In Ontario, anyone, including RDs, has a duty under the Child and Family Services Act (CFSA) to report incidents of suspected child abuse. For a report under the CFSA only reasonable grounds to "suspect", not "believe", is needed. This means that the degree of information suggesting that a child is in need of protection can be quite low. Situations where members are required to make a report to the CAS are numerous and varied. Review the CFSA to ensure that you are fully aware of all of your reporting obligations.

Failure to make a report that is required under the CFSA is a serious matter. It is an offence for an RD not to make a report when the information is obtained in the course of practising dietetics. In some cases, RDs can be prosecuted and fined. Generally, failing to make a mandatory report (such as suspected child abuse) also constitutes professional misconduct under the College's Professional Misconduct Regulation and carries significant consequences.

A mandatory report is not a breach of confidentiality, even where a client does not want a report to be made. In these cases, an RD's obligation to maintain client confidentiality is specifically waived by the RHPA and the CFSA.

If an RD who is not a HIC has a situation arise that triggers the duty to report to CAS, they do not need authorization from their HIC to do so. However, in the interest of transparency, the College suggests that RDs inform their manager, employer or the health information officer of their organization when they make a report.

More information on mandatory reporting obligations:

- Jurisprudence Handbook for Registered Dietitians in Ontario, Chapter 3, p. 29
- Go to the College website at www.collegeofdietitians.org and enter the search word "mandatory" in the search box in upper right hand corner of the page.

Addressing Member Anxiety about the PPA Process

Barbara McIntyre, RD
Quality Assurance Program Manager

The College's Quality Assurance (QA) Program has three mandatory components to ensure that members are competent to practice throughout their careers as Registered Dietitians (RDs). All active members must participate. One of these components is the two-step *Peer and Practice Assessment* (PPA): Step1 is a multi-source feedback method used to gather input from peers, colleagues and patients; and Step 2 involves a behaviour-based interview by a peer assessor who is an experienced dietitian and who is familiar with the member's area of practice.

Annually, 10% of College members are randomly selected to participate in the PPA. Being selected causes anxiety for many RDs. However, despite the initial fears of the participants, the majority of RDs selected meet the minimum requirements for Step 1 and do not, therefore, need to submit to Step 2. Since 2012, only two members have required remedial direction from the QA Committee after their Step 2 assessment.

It seems to me that no amount of reassurance will totally eliminate the anxiety that RDs express when they are chosen for the PPA. However, I will address some common myths and concerns which I hope will help.

PPA Results for 2015

PPA ACTIVITY	Step 1	Step 2
Random Selection	241	NA
Deferrals	33 (13.7%)	1
Direct Patient Care	161 (77.4%)	12 (7.5%)
Non-Patient Care	47 (22.6%)	2 (4.3 %)
Deferrals from 2014	N/A	3
TOTAL PARTICIPANTS	208	17

FOUR COMMON MYTHS AND CONCERNS

1. I will lose my license to practice if I do not do well in the PPA process.

Nothing could be further from the truth. The QA Program is meant to ensure competency and to provide direction to members who need help in certain areas of their practice. In such cases, the QA Committee can direct a member to successfully complete a specified continuing education or remediation program.

PPA results are not shared with anyone except the member. In fact, anything that happens in QA stays in QA! The only exceptions are where a member:

- fails to participate in the PPA process without requesting a deferral;
- fails to comply with direction from the QA Committee; or
- if in the opinion of the QA Committee, the lack of skill or judgement cannot be dealt with in the QA program.

In these instances, the member file would be referred to the Investigations, Complaints, and Reports Committee.

2. I work in long term care, ICU, NICU, etc., I cannot get patients to complete the surveys.

While it may be more difficult in some practices to obtain surveys, with few exceptions most members in the past four years were able to obtain the required number of surveys. The worst that could happen if you fail to obtain an adequate number of surveys despite your best efforts, is that you will simply go to Step 2 for a more in-depth look at your practice.

3. I failed Step 1, now all of my colleagues will think I am incompetent.

This is a comment I usually hear from members who move on to Step 2. First, you did not fail Step 1. Your scores were simply lower than the cut score. In fact, like all health professionals in Ontario, the scores of members

who move on to Step 2 are still high, but below the established cut score. In fact, most of the time, it simply means that your practice is different enough from others that it requires a different form of assessment. Having the PPA Step 2 ensures that the College does not rely solely on the Step 1 *Multi-Source Feedback Survey* to make a final determination of competency.

4. The questions in the surveys do not reflect my area of practice.

RDs from all major areas of practice participated in the development of the survey questions. Only the questions which the RDs felt applied to all areas of practice were included. Further, anyone completing the PPA survey can choose *Not Applicable (NA)* where appropriate, and these questions are not included when tabulating the score.

CONTINUOUS IMPROVEMENT PROCESS

We are currently analyzing the data for the last four years of the PPA and, depending on the results of this analysis, we may adjust the cut score for Step 1. As the process evolves, we will be looking at different methods of scoring Step 1, and continually improving the overall PPA process for assessing members.

Forging a New Path in our Registration Processes

Developing a New Competency Assessment Process for Internationally Educated Dietitians

Diane Candiotto, MNSP, RD and Cristina Cicco, MHSc, RD
Project Coordinators, Competency Assessment Schema for Internationally Educated Dietitians

Over the last ten years, the number of internationally educated dietitians (IEDs) registering with the College of Dietitians of Ontario has been increasing. Currently, there are approximately 220 IEDs registered in Ontario. Each contributes to the profession by bringing new ideas, unique, global expertise and the necessary linguistic and cultural competency needed to serve Ontario's diverse population.[1] IEDs currently undergo a credential-based assessment when they apply to the College, unless they were educated and trained in a country that has a reciprocity agreement with Ontario (e.g., Australia).

In April 2014, in collaboration with a multi-province and multi-stakeholder advisory group, the College began a three-year project to develop a new competency assessment process for IEDs, based on a direct assessment of their knowledge and skills, to replace the current credential-based assessment. Piloting, launch and evaluation of the new assessment process is planned for 2016.

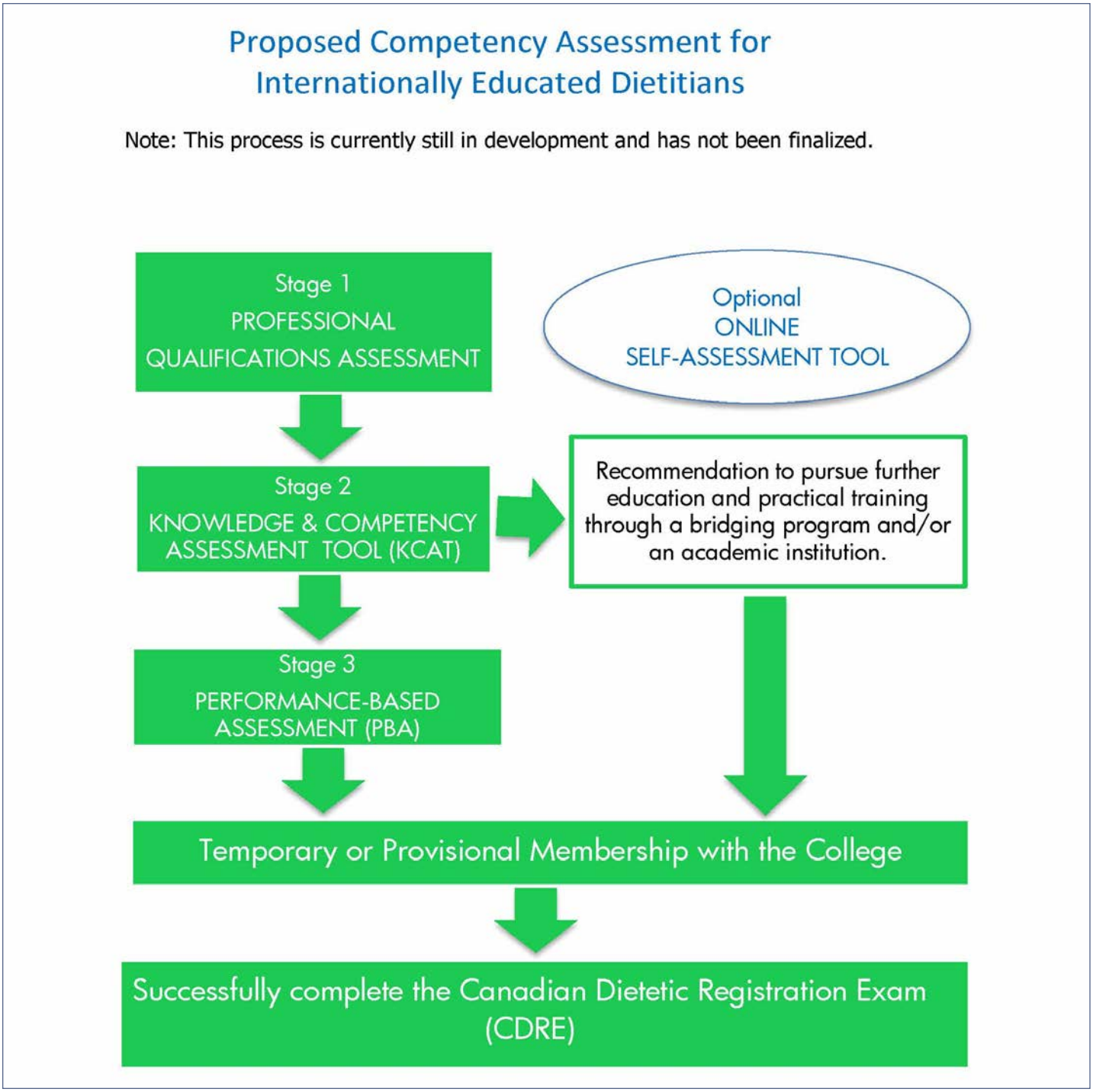
This project is funded by the Ontario Ministry of Citizenship, Immigration and International Trade.

WHY WAS A NEW ASSESSMENT NEEDED?

The paper-based credential assessment presents many challenges such as barriers in obtaining the required the documents (e.g., transcripts and course descriptions from many years back), being unable to provide sufficient descriptions of educational experiences, confusing variances in the translation of documents, or being unable to gain recognition for informal learning (e.g., through work experience).

These challenges often cause delays in the assessment process and result in high direct and indirect costs. One IED applicant explained, "Immigrating to Canada has been both positive and challenging. One of the hardest things I faced was having my credentials assessed. After completing an undergraduate degree, practical training and a Masters, and working as a dietitian for several years, when I sought registration in Ontario, I found myself having to travel back to my home country to find course syllabi and get them translated for assessment. It was difficult and took many months." (IED personal communication, 2013)

1. Office of the Fairness Commissioner (2013). *A Fair Way to Go: Access to Ontario's Regulated Professions and the Need to Embrace Newcomers in the Global Economy*. Toronto: Queen's Printer for Ontario. Retrieved from: http://www.fairnesscommissioner.ca/files_docs/content/pdf/en/A%20Fair%20Way%20to%20Go%20Full%20Report%20ENG%20Jan%202013.pdf



From the regulator's point of view, credential-based assessments do not always enable a valid assessment of knowledge, competency, and readiness for practice. The new competency assessment process will be a more direct assessment of current knowledge, skill and the IED's ability to apply these for safe, competent and ethical dietetic practice in Canada. It will also enhance the fairness, objectivity and validity of the IED assessment process.

NEW COMPETENCY ASSESSMENT COMPONENTS

The diagram above shows the proposed new competency assessment process for IEDs. Note that the new competency assessment is currently in development and has not yet been finalized.

Stage 1. Professional Qualifications Assessment

The Professional Qualifications Assessment is a mandatory first stage. When they apply to the College, IEDs must

demonstrate that they have completed a degree and practical training reasonably related to dietetics. This includes a World Education Services assessment and transcript review. They must also demonstrate that they have completed training that qualifies them to practice or to be officially recognized as a dietitian in another jurisdiction. If English or French is not an IED's language of instruction, the College requires a language assessment, with minimum scores achieved, to determine proficiency in reading, writing, speaking and understanding either English or French. If the professional qualifications are not met, applicants will receive feedback about alternative careers or training options. If the qualifications are met, candidates will move to Stage 2 of their competency assessment.

Stage 2. Computer-Based Knowledge and Competency Assessment Tool (KCAT)

Once their eligibility has been determined, IEDs will complete a computer-based examination called the *Knowledge and Competency Assessment Tool* (KCAT). This tool will allow the College to assess IEDs on their foundational knowledge and competency. Based on the KCAT outcome, IEDs will either:

- receive a recommendation to pursue further education and practical training (may be achieved through a bridging program and/or an academic institution); or
- move on to Stage 3, the Performance-Based Assessment.

Stage 3. Performance-Based Assessment (PBA)

The PBA may include simulations, case-based learning, interviews and/or on-site assessments to allow IEDs to demonstrate their knowledge and skill. Some exploration of options have occurred, however, the format of the PBA is yet to be determined.

After successfully completing the PBA, IEDs may be eligible for a temporary or a provisional certification of registration.

Optional Online Self-Assessment Tool

The online self-assessment will be an optional, but strongly recommended, step. IED applicants to the College can complete this self-assessment anytime prior to or during the competency assessment process. The purpose of this self-assessment will be to orient IEDs and help them:

- Explore the scope of dietetics;
- Better understand the standards of dietetics in Canada (i.e. the Integrated Competencies for Dietetic Education and Practice) and compare their level of knowledge and skill to these standards; and
- Increase their awareness of dietetic resources that support learning.

INVALUABLE GUIDANCE FROM THE LARGER DIETETIC COMMUNITY

The College has been fortunate to embark on this journey with the Project Partners and Advisory Committee (PPAC), comprised of representation from:

- The Saskatchewan Dietitians Association
- The College of Dietitians of Manitoba
- The Nova Scotia Dietitians Association
- The Newfoundland & Labrador College of Dietitians
- Dietitians of Canada
- Bridging Programs: The *Internationally Educated Dietitians Pre-Registration Program* in Ontario and the *University Bridging Process* in Nova Scotia
- IEDs and Preceptors

The PPAC is an expert panel that provides guidance on the consultative process, and assists in developing and evaluating the new assessment tools.

We are also working with the larger dietetic community and stakeholder groups, including dietitians from all areas of practice (nutrition care, population/public health and management), Registration Committee members from the College, university educators, representatives from the IDPP, preceptors, and IEDs to develop project deliverables.

The College and the PPAC wish to thank all those who have reached out, and continue to reach out, to be a part of this project. Your input has been invaluable.

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Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from July 1 to October 31, 2015.

Name	Reg. No.	Date
Nada Abu Al-oon RD	14037	20/07/2015
Chelsea Allen RD	13855	16/07/2015
Shiva Amani RD	13639	21/07/2015
Claudia Audet RD	14221	24/08/2015
Sarita Azzi RD	14062	20/07/2015
Courtney Ballantyne RD	13994	07/07/2015
Alana Barry RD	14079	03/07/2015
Meghan Blair RD	12273	02/09/2015
Maira Botelho Perotto RD	12287	03/07/2015
Diana Chard RD	12206	10/07/2015
Hui Xuan Chew RD	14040	17/07/2015
Samantha Cooper RD	14028	16/07/2015
Lissa D'Amboise RD	14076	20/07/2015
Alexia Dufour RD	13690	16/07/2015
Annelise Duval RD	12396	28/07/2015
Marie-Shanna Fleurantin RD	14078	17/07/2015
Amanda Freeman RD	13999	07/07/2015
Anna Maria Fruscione RD	13987	10/07/2015
Atefeh Golpaie RD	13742	14/07/2015
Cheri Ho RD	14057	03/07/2015
Nicole Holdsworth RD	10603	22/10/2015
Jenille Hutchinson RD	12374	06/10/2015
Jackie Kachuik RD	14042	07/07/2015
Adonica Keddy RD	4443	18/08/2015
Pamela Lai RD	12032	01/10/2015
Mélissa Martineau RD	14071	10/07/2015
Kaity McLaughlin RD	14056	14/07/2015
Jillian Murray RD	14012	10/07/2015
Chad Nippard RD	14296	14/09/2015
Rebecca Noseworthy RD	12097	27/08/2015
Charlotte Nutt RD	14054	15/07/2015
Michelle Park RD	14029	02/07/2015
Kate Parsons RD	14075	27/07/2015
Peiman Pournaghshband RD	13775	14/07/2015
Alyssa Quon RD	14049	16/07/2015
Maryse Reinhardt RD	13963	10/07/2015
Mohamed Rezk RD	14065	16/07/2015
Laura Scott RD	11221	16/07/2015
Lindsay Shopman RD	11904	16/09/2015
Emily St. Aubin RD	14031	14/07/2015
Shirley Tam RD	13992	15/07/2015
Norma Van Walleghem RD	11103	24/09/2015
Jana Vinayagamoorthy RD	13998	17/07/2015
Fergie Wallwin RD	13978	16/07/2015
Ye Yuan RD	12841	03/07/2015
Catherine Zammit RD	13993	10/07/2015
Jenny Zawaly RD	11362	16/09/2015

PROVISIONAL CERTIFICATE OF REGISTRATION

Samer Al-Bazz	13035	28/09/2015

TEMPORARY CERTIFICATES OF REGISTRATION

Aya Algheriany RD	14282	27/08/2015
Pascalyn Annoh RD	14211	15/07/2015
Rosemary Baric RD	14118	15/07/2015
Emma Barrett RD	14206	09/07/2015
Chantal Belanger RD	14162	11/09/2015
Sarah Berg RD	14202	08/07/2015
Kyla Blackie RD	14234	28/07/2015
Meaghan Boddy RD	14291	21/09/2015
Julia Campbell RD	14124	08/07/2015
Tara Capy RD	14217	15/10/2015
Ada Castren RD	14238	28/07/2015
Samantha Chabior RD	14209	17/07/2015
Kristy Chang RD	14205	08/07/2015
Brenda Charlemont RD	14191	21/08/2015
Pui Chi Cheng RD	14179	11/08/2015
Alex Chesney RD	14286	27/08/2015
Taylor Clark RD	14241	17/08/2015
Carina Crupi RD	14243	17/08/2015
Elisa D'Andrea RD	14306	15/09/2015
Rola Dabbagh RD	14246	04/08/2015
Michele Davies RD	14297	15/09/2015
John Paul Del Monte RD	14301	11/09/2015
Geneviève Desjardins RD	14122	12/08/2015
Steven Dubé RD	14196	08/07/2015
Roxanne Dubé RD	14289	21/09/2015
Alia El Kubbe RD	14272	29/09/2015
Tania Ferrante RD	14302	11/09/2015
Ainsley Filion RD	14127	09/07/2015
Dominika Gembliuk RD	14094	15/07/2015
Victoria Giannotta RD	14161	15/07/2015
Isabelle Gosselin RD	14134	08/07/2015
Clodie Gravel RD	14171	21/08/2015
Martina Guidolin RD	14164	07/07/2015
Lori Halton RD	14226	28/07/2015
Yasmin Hamid RD	14137	17/07/2015
Shilin He RD	14319	21/10/2015
Erica Horner RD	14129	15/07/2015
Charley-Anne Horodziejczyk RD	14220	15/07/2015
Kirstie Huneault RD	14274	17/08/2015
Jaime Ilchyna RD	14228	28/07/2015
Laura Jewer RD	14258	17/08/2015
Vanessa Kan RD	14245	28/07/2015
Rebecca Kinio RD	14271	10/08/2015
Bracha Kopstick RD	14277	23/09/2015
Maya Kuzmin RD	14275	23/09/2015
Michelle Kwan RD	14218	15/07/2015
Lucia Kwok RD	14170	02/07/2015
Julie Lachance RD	14149	08/07/2015
Emma Lacombe RD	14185	21/08/2015
Émilie Laramée RD	14225	27/08/2015
Véronique Lavoie RD	14167	12/08/2015
Eve Laws RD	14256	21/08/2015
Nadia Leblanc Pagie RD	14190	30/07/2015
Darquise LeDuc RD	14240	30/07/2015
Keely Lo RD	14235	28/07/2015
Alessandra Magisano RD	14237	28/07/2015
Bridget Mahoney RD	14155	11/09/2015
Leah McBlain RD	14263	05/08/2015
Karly Meincke RD	14200	28/07/2015
Hilary Milward RD	14182	17/07/2015
Parastoo Moghimi RD	11449	08/07/2015
Carolyne Mondoux RD	14178	05/08/2015
Antonia Morganti RD	14208	08/07/2015
Rona Mosavimehr RD	12654	13/07/2015

TEMPORARY CERTIFICATES, CONTINUED...

Sana Motlekar RD	14250	06/10/2015
Karine Mousseau RD	14188	10/08/2015
Geneviève Noël RD	14152	11/09/2015
Isabel Normandin RD	14128	20/08/2015
Brianne Ozimok RD	14214	15/07/2015
Christianne Patry RD	14165	08/07/2015
Krista Peraza RD	14247	04/08/2015
Nicole Pin RD	14213	05/08/2015
Daniel Pisani RD	14298	21/10/2015
Heidi Pola RD	14280	21/08/2015
Olena Polulyakhova RD	14244	17/08/2015
Geneviève Quevillon RD	14204	12/08/2015
Rennu Rahul RD	14216	04/08/2015
Maya Ram RD	14267	10/08/2015
Meghan Reddy RD	14239	10/08/2015
Kelly Ann Ringrose RD	14236	28/07/2015
Katherine Rivard RD	14166	11/09/2015
Emily Robins RD	14251	30/07/2015
Rebecca Roufaël RD	14252	21/08/2015
Rubby Rudhar RD	14309	22/09/2015
Maria Rumeo RD	14270	12/08/2015
Rosary Saad RD	14222	12/08/2015
Emily Saunders RD	14121	16/07/2015
Stefanie Savoie RD	14260	05/08/2015
Michael Sedlak RD	14203	17/07/2015
Sarah Selves RD	14276	17/08/2015
Ferdeela Shah RD	14168	15/07/2015
Misha Sinha Roy RD	14278	02/09/2015
Marika Smit RD	14103	15/07/2015
Donna Smith RD	14284	06/10/2015
Izabela Smolik RD	14269	10/08/2015
Mikaela Snooks RD	14131	11/09/2015
Mari Somerville RD	14315	06/10/2015
Josée Sovinsky RD	14140	30/07/2015
Ashley Spegel RD	14324	29/10/2015
Carly Spraggett RD	14230	28/07/2015
Rawan Suleiman RD	14266	14/08/2015
Stephanie Tibelius RD	14096	15/07/2015
Paige To RD	14259	11/09/2015
Brittney Urban RD	14207	21/08/2015
Leah Van Dolder RD	14105	21/07/2015
Anne-Marie Van Engelen RD	14097	15/07/2015
Holly Viaene RD	14255	04/08/2015
Abigail Vilbar RD	14254	12/08/2015
Rebecca Vukan RD	14242	30/07/2015
Nicole Whyte RD	14294	02/09/2015
Eric Williamson RD	14215	15/07/2015
Natasha Wood RD	14199	23/07/2015
Madison Wood RD	14227	28/07/2015
Iris H.L Wu RD	14231	30/09/2015
Jessy Younes RD	14264	21/09/2015
Jordan Zietsma RD	14268	10/08/2015
Vanessa Zoras RD	14229	28/07/2015

RESIGNATIONS

Rahaf Al Bochi	12437	26/10/2015
Margaret Bellefountaine	3017	13/10/2015
Melissa Blasko	12269	10/09/2015
Meagan Bourret	13813	30/09/2015
Claudia Bradley	12763	23/10/2015
Mélissa Brien	13054	01/10/2015
Brittany Brown	12424	31/10/2015
Leah Cahill	10824	30/10/2015
Isabelle Carrière	13928	27/10/2015
Alle Choi	12887	16/10/2015
Catherine Ciampini	12257	09/10/2015
Nicole Clowe	11611	30/10/2015
Tara Coady MacKinnon	3421	30/10/2015
Janice Daciuk	2818	31/10/2015
Stéphane Decelles	12858	30/10/2015
Carole Desmeules	2012	07/09/2015
Alessandra DiMattia	13889	02/10/2015
Sarah Justine Dimitropoulos	4324	09/10/2015
Brenda Erdman-Freedman	2388	26/10/2015
Atara Fenig	13032	29/10/2015
Marie Fortin	4141	25/10/2015
Jaëlle Gagné	13936	31/10/2015
Shannan Grant	10752	22/09/2015
Cary Greenberg	1210	30/10/2015
Beth Hayhoe	11287	07/10/2015
Stephanie Irvine	12345	20/10/2015
Mika Kato	11166	29/07/2015
Payel Khosla	4026	31/10/2015
Darren Scott Klassen	12063	31/10/2015
Katherine Knight	12222	05/10/2015
Cynthia Lapointe	13968	29/07/2015
Elizabeth Mersereau	1261	30/10/2015
Kristi-Jayne Miller	4122	22/07/2015
Catalin Manuel Moldovan	13811	30/09/2015
Rebecca Orgill Toner	4474	28/10/2015
Kara Parsons	12719	20/08/2015
Aarohi Patel	14030	31/10/2015
Doreen Pippy	12311	13/10/2015
Kendra Read	11656	27/07/2015
Holly Reimer	11019	19/07/2015
Marie-Christine Robitaille	13880	12/08/2015
Kaila Saunders	13971	15/10/2015
Marie-Claude Sirois	13859	10/10/2015
Brittany Thomas	14308	13/10/2015
Melodie Tomas	12325	30/10/2015
Zsolt Toth	10723	30/10/2015
Donna E. Townsend	2640	13/07/2015
Leticia Troppmann	4054	27/10/2015
Carolyn Wall	13909	23/10/2015
Lorie Yantzi	12201	28/10/2015

RETIRED

Helen Bishop MacDonald	1348	20/10/2015
Pauline Brazeau-Gravelle	1232	30/10/2015
Christiane Brillant	2119	31/10/2015
Stephanie Brindle	1567	22/10/2015
Helen Chan	2018	22/10/2015
Susan Close	1825	28/10/2015
Louise Corriveau	1988	03/07/2015
Mary Davies	2384	02/10/2015
Mary Ellen Deane	2339	31/10/2015
Claire Downey	2205	25/09/2015
Mary Durnford	1466	31/10/2015
Phyllis Duxbury	1664	31/10/2015
Shanti Dwarika	3566	31/10/2015
Janet Greenglass-Kosky	3023	31/10/2015
Mary Grensewich	2899	30/04/2015
Donna Hardy	2871	30/10/2015
Meera Jain	2659	28/10/2015
Yolanda Jakus	1417	30/10/2015
Suzanne Kittmer	2565	31/10/2015
Marilyn Knox	1916	30/09/2015
Susie Langley	1752	14/10/2015
Leela Law	1396	19/09/2015
Wendy Levin	2189	24/09/2015
Bonnie MacDonald	2523	30/10/2015
Ann McIntyre	2691	30/10/2015
Constance Menger	2232	30/09/2015
Margaret Ann Munoz	1449	21/08/2015
Barbara Pidgen	3873	31/10/2015
Elizabeth Pincombe	1835	05/10/2015
Linda Plant	1851	31/10/2015
Janet Vercillo	1710	31/10/2015
Joanne Wilson	2293	30/10/2015

Council Meeting Highlights - October 2015

EXECUTIVE COMMITTEE

Susan Knowles RD, President

Barbara Major-McEwan RD, Vice President

Erin Woodbeck RD

Najmudin Hassam, Public Councillor

COUNCIL MEMBERS

Elected Councillors

Alida Finnie, RD
Susan Knowles, RD
Alexandra Lacarte, RD
Abigail Langer, RD
Barbara Major-McEwan, RD
Suzanne Obiorah, RD
Nicole Osinga, RD
Erin Woodbeck, RD

Public Councillors

Najmudin Hassam
Shelagh Kerr
Julie McKendry
Elsie Petch
Ray Skaff
Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

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

STRATEGIC PLANNING DAY - OCTOBER 22

Council considered the results of an environmental scan which included a summary of comments from 451 RDs who provided input during the *Strategic Planning Consultation* for the College's new strategic plan (2016 to 2020) to identify issues that have the greatest impact on safe dietetic practice, client-centred care and public safety in dietetics.

We wish to thank all of the RDs who participated in the environmental scan and gave their input through the Strategic Planning Survey. Council, committees and staff continue to work on the strategic plan. The final draft will be submitted to Council for approval at the February 2016 Council meeting.

COUNCIL MEETING - OCTOBER 23

Budget

Council reviewed a half-year report of College expenses and noted that the expenses were less than budgeted by 1%. Council approved $56,065 to be transferred from the Hearings Reserve Fund to cover legal fees related to a College discipline matter.

Standards of Consent

Council considered the comments submitted by members regarding the draft *Professional Practice Standard: Consent to Treatment and for the Collection, Use & Disclosure of Personal Health Information* (Standards of Consent) circulated from July 9 to September 9, 2015. The draft will by revised and resubmitted for Council approval at the February 2016 Council meeting.

The College to participate as a full partner in the Clinic Regulation Working Group

This year, a working group of health regulatory colleges has been exploring the regulation of clinics in Ontario to strengthen the protection of the public interest. The Working Group has developed a preliminary clinic regulation model for consultation, and they intend to use feedback from stakeholders to help improve and refine the model. The model recommends new legislation that would closely mirror the *Regulated Health Professions Act, 1991*. Clinics would be regulated by a separate regulatory body, whose Council would be comprised of representatives from the health regulatory Colleges and members publicly appointed by government. After discussion, Council voted to join the working group as a full partner. Next steps will include a consultation with stakeholders, including College members.

Welcome to New College Councillors

JULIE MCKENDRY, CA, PUBLIC MEMBER

Julie achieved her Chartered Accountant designation in 2007. She articled in both northern and southwestern Ontario with a direct focus on not-for-profit organizations, municipalities, and owner-managed businesses. Beginning in the fall of 2008, she became involved with the healthcare industry as a financial consultant. In 2011, she became the Financial Controller for the Royal Victoria Regional Health Centre, followed by the role of Director of Finance with Georgian Bay General Hospital in 2013. In 2014, Julie joined the Community Legal Clinic – Simcoe, Haliburton, Kawartha Lakes, as their Administrator.

Julie has been involved in a number of civic and charitable organizations including volunteer at the Institute for Chartered Accountants tax free clinics, volunteer for the *Habitat for Humanity Women's Build* and local canvasser for the *Canadian Cancer Society*.

RAY SKAFF, PUBLIC MEMBER

Ray Skaff has been the driving force behind successful multimillion-dollar partnerships, projects, and events for more than 25 years. His leadership experience is well established in the communications, entertainment, and not-for-profit industry, including extensive expertise with diverse media and marketing platforms, business development trends, and government & community agencies.

In 2007, Ray was one of the first inductees in the Algonquin College Media Hall of Fame in Ottawa, Canada. The award was created to recognize trailblazers and role models in the Media Industry. Ray also played a significant role in defining the Television Broadcasting curriculum as Chair of the Algonquin College Advisory Board and continues to sit on various boards and committees in North America. Ray is always willing to mentor young professionals, and he's actively involved in community work.

Welcome to New Appointed Committee Members

KHASHAYAR AMIRHOSSEINI, MBA, RD, CDE

Khashayar Amirhosseini graduated from Shahid Beheshti University in Iran with a Bachelor of Nutritional Sciences. He completed the *Internationally Educated Dietitians Pre-registration Program* (IDPP) at Ryerson University and his MBA at Carleton University. Khashayar currently works at *Baycrest Health Sciences* as a Manager and Professional Practice Chief and as a consulting Registered Dietitian at *Compass Group Canada*, Rekai Centre. Khashayar has been involved in College work as a member of the Project Partners and Advisory Committee for the *Competency Assessment Schema Project for Internationally Educated Dietitians*, as an item writer and exam reviewer of the *Knowledge and Competency Assessment Tool* and as an assessor for the QA Program.

KERRI LABRECQUE, RD, CDE

Kerri obtained her Bachelor of Science in dietetics at McGill University in 2015. Since 2008 she has been working as a dietitian at The Ottawa Hospital in the endocrinology department. While working at the hospital, she gained experience as a professional practice coordinator, lecturer at the University of Ottawa, a co-author of a peer-reviewed journal article and a member of many committees including quality and safety, and the *Inter-Professional Model of Patient Care*. She enjoys solving professional practice issues, mentoring and public speaking.

CINDY TSAI, RD

Cindy obtained a Bachelor of Science degree in Nutritional Sciences from McGill University, and is currently completing a Master of Education in Developmental Psychology and Education at University of Toronto. Since becoming a dietitian, she has worked in the long-term care and community health centre settings in the Greater Toronto Area. Presently, she delivers workshops that aim to improve health care communication between clinicians and their patients living with chronic conditions as a part of Toronto Central LHIN Self-Management Program.