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### CDO WORKSHOPS FALL 2013

## [Enhancing the Cultural Competence of Registered Dietitians in Ontario](#)

The workshop will examine the impact of culture on how people access and benefit from health services and health information. See the back cover for details and the schedule for workshops in your area.

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# College Governance Receives Excellent Review



Elizabeth Wilfert,  
Public Councillor & President

The results of the external independent review "showed that the College of Dietitians of Ontario has solid, well-documented policies that are executed...The governing Council has the tools to ensure excellence in governance... Councillors and senior staff are aligned in their understanding and application of CDO's governance practices."

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.

A *Good Governance* ship has eight major components. Not only does it need accountability and transparency, it must be responsive, participatory, consensus oriented, effective and efficient, equitable and inclusive, and follow the rule of law. It guarantees that there are safeguards to be honest, that the views of all stakeholders are taken into account and that their voices are heard in decision-making. *Good Governance* must also be receptive to the present and future needs of the organization.

## AN INDEPENDENT FIRM INSPECTS COLLEGE GOVERNANCE

We, at the College embarked on a review of our *Good Governance* ship. An independent consulting firm was enlisted to inspect our ship top to bottom. Five key areas of best-practices were assessed for strengths and gaps: committee composition, legal and monetary stewardship, strategy, development and functioning. The inspection consisted of a thorough examination of our written policies, focus groups and one on one interviews with Council and stakeholders. There was also an on-line survey to compare what was documented to how the College's ship performs.

## A WELL-DEFINED STRATEGY, SOLID POLICIES AND ALIGNED PRACTICES

The results of the independent review "showed that the College of Dietitians of Ontario has solid, well-documented policies that are executed...The governing Council has the tools to ensure excellence in governance...Councillors and senior staff are aligned in their understanding and application of CDO's governance practices."

The consultants reported that they were 'hard-pressed' to find any holes in our vessel. Our strengths were numerous and the highlight "was the great support the staff and the Registrar offer to ensure the Council and committees have what they need."

The consulting firm reported that the "CDO strategy is clearly defined and needs minor clarifications to meet best practice standards." The gaps dealt with certain things out of our control, such as the speed at which the province appoints members of the public to sit on Council. They recommended documenting some of our practices already in place to ensure their continuance in the future as part of our *Good Governance* mindset. Although we discuss at each council and committee meeting risks and potential risks that may affect us, it was advised that a more formal 'risk management framework', which clearly defines risk and outlines financial and reputational risks, be used for reporting.

We are committed to ensuring that our governance is ship-shape. Stakeholders and RDs should trust that the College's *Good Governance* ship is seaworthy, well crewed and on course.

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# New Dietetic Competency Standard for Entry to Practice



Mary Lou Gignac, MPA  
Registrar & Executive Director

The Partnership for Dietetic Education and Practice (PDEP) is comprised of the ten provincial regulatory bodies (the Alliance of Canadian Dietetic Regulatory Bodies), Dietitians of Canada and 32 academic and practical dietetic training programs across Canada. The Partnership undertakes projects in areas of common interest to benefit the safety and quality of dietetic services and the advancement of the dietetic profession in Canada.

The College of Dietitians of Ontario has now officially adopted the new *Integrated Competencies for Dietetic Education and Practice* (ICDEP) as the competency standard for entry to practice in Ontario. The ICDEP mark a significant collaboration milestone in the history of dietetics in Canada. As the first intersectoral initiative of the *Partnership for Dietetics Education and Practice* (PDEP), the ICDEP were developed through a highly collaborative and iterative process involving RDs, dietetic education programs, Dietitians of Canada and the ten dietetic regulatory bodies across Canada.

The ICDEP articulate performance indicators for each of 30 practice competencies and sets out the broad knowledge base that is necessary to prepare learners to achieve the practice competencies at entry level proficiency. At this time, the ICDEP document represents the most comprehensive description of the knowledge, skills and judgment needed to practice dietetics safely and effectively in Canada. It is a tool that RDs as well as employers across Canada may use to guide role descriptions, job specifications and performance/quality assessment tools.

The new competencies do not change dietetic practice in Canada; they capture changes observed in dietetics practice at the entry level in all regions of the country, most notably in areas of clinical practice and in population and public health. They also provide a clearer description of the knowledge, skill and judgment needed for proficiency in carrying out each practice competency. Learners will be required to demonstrate each of the performance indicators associated with the competency statements. These performance indicators will be assessed in one, two or all three assessment venues: academic programs, practical education programs and the *Canadian Dietetic Registration Examination* (CDRE).

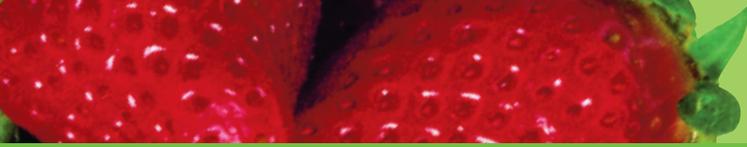
As of this Fall, the new competencies will be incorporated into education programs and subsequently, the CDRE beginning November 2014. Education program accreditation will also be based on ICDEP beginning in 2014.

The ICDEP document is available on the PDEP website at <http://www.pdep.ca>

The College of Dietitians of Ontario appreciates the efforts of literally thousands of RDs and acknowledges the leadership provided by PDEP in the creation of this important underpinning of dietetic education and practice in Canada.

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# Call for Preceptors in Dietetic Education

## ADD CHALLENGE AND INTEREST TO YOUR DAILY WORK

Preceptorship is mutually beneficial for both students and professionals. Consider sharing your experience and wisdom with dietetic interns and nutrition students. In addition to increasing productivity and visibility in your workplace, you will experience professional growth and satisfaction as your students bring new ideas while developing needed competencies.

## HELP SHAPE THE FUTURE OF YOUR PROFESSION

The *Code of Ethics for the Dietetic Profession in Canada* pledges that RDs “promote excellence in the dietetic profession to support the training and education of future members of the profession.” Dietitians of Canada and the College of Dietitians of Ontario are committed to the education & training of interns and students so that they can become competent and compassionate professionals that will best serve the public. It is through continuous learning and mentorship that RDs help shape the future of the profession to bring innovative ideas and attract competent employees to their workplace.

## DEVELOP YOUR SKILLS AS A PRECEPTOR

There are a number of free resources available to help foster effective teaching skills in novice preceptors as well as to enhance skills of those more experienced. For example, Conestoga College offers a free 4-hour workshop for professionals on the essential principles of teaching.

If you’re not able to commit to a workshop, there are many on-line educational training modules that may be better suited to your busy schedule (see list of resources on the right). University and internship programs may also offer their own resources and workshops to help you in your role as a preceptor in dietetic education.

## HOW TO GET STARTED

Visit the DC website to contact internship/practicum program directors at:

<http://www.dietitians.ca/Career/Internships-Practicum-Programs/DC-Internship-Selection-Process/Internship-Program-Descriptions.aspx>

## RESOURCES

NOTE: Access the website links easily from the electronic copy of *résumé* at [www.cdo.on.ca](http://www.cdo.on.ca) > Resources.

- Conestoga — Interprofessional Preceptor Workshop: <https://portal.conestogac.on.ca/StudentPortal/Default.aspx?mgid=0&smid=5&ssmid=0&Key=COLB0050&CRSID=25095>
- Western — On-line Preceptor: <http://www.ipe.uwo.ca/preceptor/index.html>
- BC Preceptor Development Initiative: <http://www.practiceeducation.ca>
- University of Manitoba Preceptor Handbook: [http://umanitoba.ca/faculties/nursing/media/Preceptor\\_Handbook.pdf](http://umanitoba.ca/faculties/nursing/media/Preceptor_Handbook.pdf)
- Vancouver Coastal Health — Preceptor Resource Guide: [http://dieteticsinternship.landfood.ubc.ca/dietetics\\_internship\\_docs/Preceptor\\_Resources/preceptorship%20guide.pdf](http://dieteticsinternship.landfood.ubc.ca/dietetics_internship_docs/Preceptor_Resources/preceptorship%20guide.pdf)
- Public Health Ontario — Preceptor Resource for Public Health Units: <http://www.oahpp.ca/resources/projects/srke/student-education-and-preceptor-support/resources.html>
- Western Preceptor Education Program: <http://www.preceptor.ca/register.html>
- CNFS University of Ottawa: <http://www.cnfs.ca/formation/lart-de-superviser-des-stagiaires> (French).
- McGill — Supervision Modules: <http://www.mcgill.ca/spot/clinicaleducation/supervision/>



# Complex Issues & Consent to Treatment

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## PRACTICE SCENARIO

Anna, a 75 year old woman with esophageal cancer has been transferred to a palliative care unit. Up until this point, Anna has been capable of making her own treatment decisions. Her recent medical decline has led to bouts of confusion, with episodes of deep sleep and occasional unconsciousness. She has extensive family support including her adult twin children, six grandchildren, and several brothers, sisters, and cousins (her husband passed away five years ago).

The Winter 2013 issue of *résumé* reviewed the basics of consent to clarify the fundamental concepts of the *Health Care Consent Act (HCCA), 1996*. The scenario above addresses three complex issues surrounding consent to treatment:

1. Establishing a substitute decision-maker;
2. Conflicts between substitute decision-makers; and
3. End-of-life care.

### 1. ESTABLISHING A SUBSTITUTE DECISION-MAKER

Under the HCCA, a client must provide informed consent for treatment. If a client is not capable of providing informed consent, a substitute decision-maker must be identified to make decisions on the client's behalf.

Where a substitute decision-maker has not yet been established, section 20(1) of HCCA provides the hierarchy of who is eligible to provide act as a substitute for a client. As a last resort, section 20 (5) specifies that the *Office of the Public Guardian and Trustee* can also take on the responsibilities of a substitute.<sup>1</sup>

### "List of persons who may give or refuse consent

1. The incapable person's guardian of the person, if the guardian has authority to give or refuse consent to the treatment.
2. The incapable person's attorney for personal care, if the power of attorney confers authority to give or refuse consent to the treatment.
3. The incapable person's representative appointed by the Board under section 33, if the representative has authority to give or refuse consent to the treatment.
4. The incapable person's spouse or partner.
5. A child or parent of the incapable person, or a children's aid society or other person who is lawfully entitled to give or refuse consent to the treatment in the place of the parent. This paragraph does not include a parent who has only a right of access. If a children's aid society or other person is lawfully entitled to give or refuse consent to the treatment in the place of the parent, this paragraph does not include the parent.
6. A parent of the incapable person who has only a right of access.
7. A brother or sister of the incapable person.
8. Any other relative of the incapable person."
9. The *Office of the Public Guardian and Trustee, Ontario*, as a last resort.<sup>1,5</sup>

In order for someone to act as a substitute decision-maker they must be willing, capable and available.<sup>2</sup> In-person availability is not mandatory, provided the substitute decision-maker can be contacted in a timely manner via any

means such as phone, email, text or video conferencing. In most cases, a family member, as outlined in the HCCA hierarchy above, would automatically have the right to make these decisions on behalf of the client. A person established as a client's *Power of Attorney for Personal Care (POAPC)* takes precedence over any family member for consent to treatment decisions. Personal care includes health care, nutrition, shelter, clothing, hygiene and safety.<sup>3</sup>

In this scenario, there was no pre-established power of attorney, therefore, the health care team assigned Anna's twin children the role of the substitute decision-makers. They agreed to share this responsibility and, as per the requirements of the HCCA, also agreed to act in the best interest of their mother, take into consideration the values and beliefs that their mother held while still capable and involve their mother (as best as possible) in any decision-making.

### **Consent and Capacity Board**

Where a client does not have any family or other assigned substitute decision-maker, someone else (e.g., a client's friend) may apply to the *Consent and Capacity Board (Board)* to be appointed as the client's representative for personal care decisions. This process requires submitting an application to the Board followed by a hearing.<sup>4</sup> At the hearing the applicant will be asked to present information to help the Board decide whether they should be appointed as the substitute decision-maker for the incapable person.

### **Office of the Public Guardian & Trustee, Ontario**

If there is no family member or representative available to be appointed as a substitute decision-maker, the health practitioner who is proposing the treatment or the health care provider overseeing a client's care (e.g., case manager) is responsible for contacting the *Office of the Public Guardian and Trustee, Ontario*. Staff of the *Public Guardian and Trustee* will then take on the responsibilities of a substitute decision-maker and make informed care decisions on the client's behalf once they have confirmed that the client is indeed incapable and that no other substitute is available. The *Office of the Public Guardian and Trustee* is called to act on behalf of a client only when there are no other legal substitutes available.<sup>2,5</sup>

## **2. CONFLICTS BETWEEN SUBSTITUTE DECISION-MAKERS**

Making decisions about the health care of a family member can often be difficult. Because of the sensitive nature of making treatment decisions on behalf of another person, varying opinions may arise. Where there are disagreements about whether to give or refuse consent between two or more equally-ranked substitute decision-makers (e.g., two children), section 20(6) of the HCCA specifies that the *Office of the Public Guardian and Trustee, Ontario* shall make the decision in their place.<sup>1</sup>

Anna's twin children attended a meeting with the health care team to discuss their mother's prognosis. They were asked whether they wish to pursue any further treatment including options for tube feeding, and/or hydration administered intravenously.

Anna's twins agreed that they did not wish to pursue tube feeding but could not agree on whether to pursue hydration administration intravenously. One child felt that this would be prolonging her mother's life and that her mother wouldn't agree to that. The other felt that without adequate hydration, her mother would suffer in her end-stages of life. It was noted that their mother did not have a living will.

According to the HCCA, Anna's twins were equally-ranked substitute decision-makers. Because they could not agree, the *Office of the Public Guardian and Trustee, Ontario*, was contacted to make a decision.

## **3. END-OF-LIFE CARE**

End-of-life/palliative care decisions should always respect client-centred decision-making and engage the client in exploring treatment options. It is the goal that clients or their substitute decision-makers actively participate in choosing the best available options, based on informed discussions and any known goals, values and beliefs of the client.<sup>6</sup>

Treatment decisions can vary depending on the client's condition and the amount of treatment that the client or their substitute decision-maker wishes to accept, refuse, or even withdraw. Ongoing communication is crucial to ensure optimal end-of-life decision-making.<sup>6</sup>

## Family Involvement

“Family may include the biological family, the family of acquisition (related by marriage/contract), and the family of choice and friends.”<sup>6</sup> The client or substitute decision-maker determines who will be involved in the care decisions and who will be present at the bedside. It is the responsibility of the health care team to know with whom they may share information about a client’s health status. Just because a family member is present in the room or at the bedside, doesn’t warrant implied consent to disclose personal health information.

The representative from the *Office of the Public Guardian and Trustee, Ontario*, consulted with Anna’s children, other family members, the health care team, and also did extensive research regarding hydration and end-of-life care. After much deliberation and discussion with all those involved, the representative decided not to pursue any further treatment for Anna. Comfort measures were provided and Anna passed away peacefully four days later, with much of her family at the bedside.

## Ethical Issues for RDs

RDs must respect the end-of-life decisions made by a client or their substitute decision-maker even when the decisions to accept, refuse or withdraw treatment are not in agreement with their own ethics, values and beliefs.

If an RD and/or health care team feel that the substitute decision-maker is not acting in the client’s best interest and is putting the client at risk, they can apply to the *Consent and*

*Capacity Board*. If the Board determines that the substitute decision-maker did not comply with their responsibilities under the HCCA, the Board can direct them to do so. If the substitute decision-maker is deemed not to have the capacity to give consent or does not comply with the Board’s direction, another person may be appointed. For more information on *Managing Conflicts Between RDs & Substitute Decision-Makers*, refer to the Fall 2009 issue of *résumé*.

1. **Health Care Consent Act. (1996).** [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_96h02\\_e.htm#BK24](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm#BK24)
2. **Office of the Public Guardian and Trustee, Ontario.** (2012). *Powers of attorney and “living wills” questions and answers.* <http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/livingwillqa.pdf>
3. **Office of the Public Guardian and Trustee, Ontario.** (2000). *A Guide to the Substitute Decisions Act.* <http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.pdf>
4. **Consent and Capacity Board.** (2013). *Applying to Be Appointed a Representative to Make Decision(s) with Respect to Treatment, Admission to a Care Facility and/or Personal Assistance Services (Form C).* <http://www.ccbboard.on.ca/english/publications/documents/formc.pdf>
5. **Office of the Public Guardian and Trustee, Ontario.** (2012). *Making Substitute Health Care Decisions, The Role of the Public Guardian and Trustee, p. 3.* <http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/ISBN-0-7794-3016-6.pdf>
6. **College of Physicians and Surgeons of Ontario.** (2006). *Decision-making of the end of life.* <http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/End%20of%20Life.pdf>

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## FREE Valuable Resource for RDs! Electronic Health Library

The College recently attended a valuable webinar provided by the *Allied Health Professional Development Fund (AHPDF)* on navigating their *Electronic Health Library*. A medical librarian demonstrated how to find relevant journal articles from several databases with full printable text. The webinar also showed how to refine literature searches, and email, save and cite journal articles in applicable reference formats.

The College requires RDs to practice in an evidence-based manner. One of the essential components of evidence-based practice is finding the best available evidence to enable knowledgeable and informed decisions. The AHPDF *Electronic Health Library* provides free journal article access for RDs in Ontario.

**For more information on future webinars and to access the *Electronic Health Library*, visit:**

<https://www.ahpdf.ca/>

# From The Client's Perspective



Carole Chatalalsingh, PhD, RD  
Practice Advisor &  
Policy Analyst

client-centred services within changing dietetic practice environments.

In previous *résumé* articles, we introduced the concept of client-centred services\* by focussing on interprofessional collaboration (IPC). The reflective questions and concepts introduced in this article are focused on clients and are intended to strengthen an RD's awareness of the skills and attitudes needed to enhance

## WHO ARE THE CLIENTS?

To strengthen our approach to client-centred services, we first need to consider who are our clients. Clients are members of the public who interact with RDs in population and public health nutrition; administration; community and home care nutrition; education and research; sales, marketing and retail; business and industry; clinical; media and other practice environments. There is no one type of client and no single way of treating everyone.

## ENHANCING CLIENT-CENTRED SERVICES

Client-centred services are linked to increased quality and safety, reduced costs, and an improved client experience.<sup>1</sup> While there are gray areas in the most comprehensive of definitions, client-centred service is seen as "an approach in which clients are viewed as whole persons."<sup>3</sup> As we shift towards a collaborative, client-centered approach, clients themselves are becoming more engaged and responsible for making informed decisions about their health.

Within this client-centred culture, there ought to be an emphasis on client-centred values in dietetic practice (see the blue box) and on providing mechanisms for continuous communication among health professionals. These are important for optimizing

\* Client-centred services are also referred to as patient and family-centred services.

## Client-Centred Values<sup>3, 5, 6</sup>

Client-centred services are linked to increased quality and safety, reduced costs, and an improved client experience.

### Universal Access, Human Dignity and Respect

Show respect for individuals, their autonomy and their rights regardless of race, religious beliefs, colour, gender, physical and/or mental disability, marital status, family status, economic status, education level, age, or sexual orientation.

### Clients Responsible For Their Own Decisions

Obtain informed consent prior to providing services and consider the best interests of clients by respecting their right to make their own decisions. See clients as leaders and experts of their own lives.

### Focus on Client Needs and Goals

Assume responsibility to facilitate client-centred learning and informed decision-making by focusing on client needs and goals. Make sure clients understand the options presented and that they feel free to take into account their own perspectives and values when making decisions.

### Continuity and Consistency of Services

Interprofessional teams are accountable for achieving outcomes for continuity and consistency of client-centred services. They share a team vision and have established roles and processes to ensure the continuity and consistency of services. Opportunities are created for learning together and to create and seek new knowledge within the team for the benefit of clients.

### Responsiveness and Timeliness

Assume responsibility and accountability in the provision of responsive and timely dietetic services. RDs need to be proactive in private practice or in their organizational processes to strengthen interprofessional collaboration for enhanced client-centred services.

participation in decision-making across professions and respecting the client's involvement. Client-centred services consider that "people vary in their capacity and inclination to engage in their own decision-making."<sup>4</sup> It is crucial that RDs strengthen their awareness of the skills (e.g., communication and assessment) needed to determine a client's capacity and willingness to participate in making informed decisions.

## ORGANIZATIONAL MOVE TOWARDS CLIENT-CENTRED SERVICES

Some organizations are voluntarily coming together to deliver more seamless client-centred services such as enhancing accessibility to services with reduced or no financial or geographic barriers; using appropriate technology and appropriately adapted to social, economic and cultural development;<sup>5</sup> encouraging client participation in planning and decision-making; emphasizing self-care, prevention and health promotion; enabling coordination and integration of services; and fostering interprofessional collaboration to promote health and public safety.<sup>2,7</sup> RDs are also encouraged to be proactive in fostering client-centred values in their organization.

## REFLECTING ON YOUR CLIENT-CENTRED PRACTICE

Whether connected to an organization or working in private practice, consciously adopting a client's perspective will help RDs ensure that their dietetic services fulfill the needs of clients in all practice environments. Here are some questions that will help you reflect on your day-to-day activities and the dietetic services you offer from a client-centred perspective:

- a. Am I respectful of the individual client's values, preferences and expressed needs?
- b. Am I involving the client in informed-decision making?
- c. Am I respecting the client's autonomy and providing dignity?
- d. Am I providing detailed information that the client understands?
- e. Am I planning and coordinating timely ongoing services?
- f. Am I coordinating dietetic services with relevant circle-of-care team members?
- g. Am I communicating and providing explicit information about the processes of services?
- h. Am I showing empathy and understanding for clients concerns and circumstances?

Client-centred practice "is not merely about delivering safe services where the client is located. It involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination and participation in decision-making."<sup>3</sup> The College of Dietitians of Ontario strongly supports the focus on client-centred practice for providing safe, high-quality dietetic services in all practice settings.

- 1 **Romanow Report.** (2003). *First Ministers' Accord on Health Care Renewal*. Ottawa, Ontario, Canada: Health Canada.
- 2 **Registered Nurses Association of Ontario** (2002). *Client Centred Care*. Toronto, Canada: Registered Nurses Association of Ontario.
- 3 **Gerteis, M., Edgman-Levitan, S., Daley, J., and Delbanco, T.L.** (1993). *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*. San Francisco: Jossey-Bass.
- 4 **Silow-Carroll S, Alteras T, Stepnick L.** *Patient-centered care for underserved populations: definition and best practices*. Economic and Social Research Institute, January 2006. Prepared for the WK Kellogg Foundation. [http://www.esresearch.org/documents\\_06/Overview.pdf](http://www.esresearch.org/documents_06/Overview.pdf)
- 5 **(The) Joint Commission** (2008). *2008 National Patient Safety Goals Manual*. Chapter Chicago : The Joint Commission.
- 6 **Spragins W.A., Lorenzetti D.I.** *Public Expectation and Patient Experience of Integration of Health Care: A Literature Review*. Toronto: The Change Foundation, 2008. <http://www.changefoundation.ca/litreviews.html>
- 7 **Shaller, D.** *Patient-Centered Care: What Does It Take?* <http://www.pickerinstitute.org/documents/PI%20Shaller%20Final%20Report.pdf> Source: Pew Internet & American Life Project <http://www.pewinternet.org/reports/2009/8-The-Social-Life-of-Health-Information.aspx>
- 8 **Kolb, D. A.** (1984) *Experiential Learning*. Englewood Cliffs, NJ: Prentice Hall.
- 9 **Wenger, E., & Lave, J.** (1998). *Communities of practice: Learning, meaning, and identity*. Cambridge, UK: Cambridge University Press.
- 10 **Sidani S.** *Effects of patient-centered care on patient outcomes: an evaluation*. *Research and Theory for Nursing Practice* 2008; 22(1):24-37.
- 11 **Lencioni, P.** (2005). *Overcoming the five dysfunctions of a team: A field guide for leaders, managers and facilitators*. San Francisco: Jossey-Bass.

## RDs Practising Less than 500 Hours Referred to QA Committee

The Quality Assurance (QA) Program now has a process in place to assess Registered Dietitians who have practiced fewer than 500 hours over the past 3 years, in accordance with the College's new Registration Regulation which reads:

"5. (1) By the end of the third year following the issuance of a certificate of registration and in every subsequent year, every member shall provide evidence satisfactory to the Registrar that the member has practiced dietetics for at least 500 hours during the preceding three years.

(2) The Registrar shall refer any member who does not meet the requirement set out in subsection (1) to the Quality Assurance Committee. (O.Reg. 72/12, s.1)"

The purpose of this regulation is public protection. It allows the College to verify that Registered Dietitians with an unrestricted certificate of registration are competent to practice dietetics.

### REFERRAL TO THE QA COMMITTEE

Each year at renewal, each member will be asked to declare whether they have practiced at least 500 hours in the past three years. Any member who has self-declared that they practiced fewer than 500 hours in the past three years, will be automatically referred to the QA Committee for assessment. Once a member is referred to the QA Committee, they will receive a letter by Dec 15, 2013, to discuss the next steps.

### TWO CATEGORIES OF MEMBERS WHO PRACTICE FEWER THAN 500 HOURS IN THREE YEARS

**Category 1: Members who are not practicing** for personal reasons (e.g., illness, family leave) or who are working outside dietetics but still wish to maintain their RD designation. Members who are not practicing dietetics will be asked to choose one of three (3) options

by Oct 15, 2013:

**Option 1) Submit a Professional Development Portfolio** of activities completed within the last 3 years (Oct 2010-Oct 2013). Following an evaluation by the QA Committee, the member may be required to undergo further assessment to confirm competence to practice. Any member failing to submit a portfolio by Oct 15, 2013 will automatically be required to undergo an assessment.

**Option 2) Sign a voluntary undertaking** not to practice dietetics unless the member has been assessed and has completed upgrading requirements as directed by the QA Committee. The voluntary undertaking agreement must be signed by October 15, 2013.

**Option 3) Resign.**

### Category 2: Members who practice dietetics fewer than 500 hours in three years.

By October 15, 2013, members practising fewer than 500 hours in the previous three years will be required to:

- Maintain and submit a list of continuing education and professional development activities accomplished within the last three years to the QA Committee. Included in this list should be the 2012 *Self-Directed Learning Tool* goals with a description of the learning and how it applied it to dietetics. The QA Committee will assess these activities and the nature and extent of their dietetic practice. Further professional development activities may be required.
- Additionally, in 2014, the member could be randomly selected for a *Peer and Practice Assessment* from a separate pool of dietitians working fewer than 500 hours in 3 years. Once selected, if the member is found to be competent, the member would be removed from the pool for 5 years. If gaps in competency exist, the QA Committee would provide specific direction for upgrading.

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# Registered Dietitian – A Protected Title

We wish to thank the Registered Dietitians who have brought to our attention individuals and organizations inappropriately using the dietitian title in Ontario.

The College's public awareness campaign has focused on educating the public about the education and expertise of dietitians, the benefits to the public of choosing a regulated nutrition professional, and the role of the College in regulating the profession for the benefit of the public. The campaign has also asked the public to make sure their nutrition advisor is a Registered Dietitian by checking for the RD after their name and verifying the Register of Dietitians to make sure they are registered with the College.

"Dietitian" and "Registered Dietitian" are the protected titles in Ontario. The College enforces the protection of the dietitian title by investigating reports received from members and from the public. Once a complaint is received about the unauthorized use of the RD title, a warning is sent to the unregulated individual and, if needed, their employer, with information about how the title of dietitian is protected in Ontario and the penalty for misuse of the title. Staff then monitors the case to ensure that corrective action was taken. This approach has been successful.

Below are some examples of the title protection cases that the College has addressed in the last two years.

## INTERN USING RD TITLE ON WEBSITE

A member of the College noticed that one of her interns was using the title of dietitian on a website, prior to the completion of the internship. When the dietitian advised the intern that only members of the College can legally use the title of RD, Dietitian or Registered Dietitian, he corrected the website immediately. The RD reported the incident and the College followed up to confirm that the website had been corrected and to ensure that the intern was aware of the law and the potential penalties.

## FORMER MEMBER WAS STILL USING THE RD TITLE

A member of the public advised the College about a former member who continued to use the RD title while doing private nutrition counselling despite having resigned from the College in 2008. The College sent the former member a letter requiring her to immediately stop her illegal use of the RD title. In addition, the College notified all insurance companies in Ontario that provide third party coverage for counselling dietitians that this person had not been registered with the College since 2008. The former member was also advised that if she continued her unauthorized use of the dietitian title, that the College would take further action, which could include newspaper advertisements or enforcement of the provisions of the *Regulated Health Professions Act* and the *Dietetics Act* through the courts.

The College has seen no further illegal use of the dietitian title from this former member.

## NEWSPAPER ADVERTISEMENTS

The College received a report about newspaper advertisements that listed a contact person who was using the RD title and was not a member of the College. Upon further investigation, the College determined that this person was a distributor of "health juices" through a multi-level marketing company. The College sent a letter to the contact person in the advertisement and advised her about the law, the qualifications required for becoming registered with the College, and the penalties for misuse of the restricted title and asked to stop advertising herself as a dietitian.

The College received her assurances that she would no longer use the titles of RD, Registered Dietitian or Dietitian in her advertisements.

## ADVERTISING WEBSITE FOR HEALTH PROFESSIONALS

A member of the College reported seeing several non-regulated nutritionists advertised under the heading of "Nutritionists/Dietitians" on a website designed to help

connect consumers with a variety of health professionals. The website allowed visitors to narrow their search by specifying the health profession, and the region, which included the US, Canada, and Europe. Although some people who advertised under the Ontario section for *Nutritionists/Dietitians* were members of the College, several were not. The College contacted all of the nutritionists advertised under the Ontario section, as well as the CEO of the website. The nutritionists were asked to stop advertising under the heading of *Dietitian*, and the CEO was asked to facilitate changes to the website to allow nutritionists and

dietitians to advertise their services under separate headings. The College also notified officials at the *Academy for Nutrition and Dietetics* (formerly the American Dietetic Association) about this website.

Although the nutritionists may not have requested for their listings to appear under the heading of "Dietitian", the College considers it the individual's responsibility to ensure that their listing is appropriate.

When College staff revisited this website in February and March of 2013 to monitor it for change, it was unavailable.

## How you can help protect the RD Title

### USE YOUR RD TITLE

Changes to the College's registration regulation in 2012 now make it mandatory for members to use the titles of Registered Dietitian or RD when referring to their dietetic practice. Seeing the RD title will help members of the public to recognize dietitians as the only regulated nutrition professionals.

### CONTACT THE COLLEGE

As a regulatory body, the College is responsible to ensure that only members of the College use the dietitian title. It would be very difficult to do this work without your help. Please continue to let us know when you think a person may be using your professional title inappropriately.

### EXERCISE YOUR RIGHTS AS A CONSUMER

The publishers of *Yellow Pages* and other directories have reacted more quickly to complaints received from their customers, as opposed to the College. If you make a report to the College about a non-RD appearing under the heading of "Dietitian" in the *Yellow Pages* directory, the College will take appropriate action. If you, yourself, also have a *Yellow Pages* listing, you are urged to contact your *Yellow Pages* representative to express concern that they are permitting the unauthorized use of your professional title. The College can provide you with a template letter if you need one.

## Regulations for RDs to Order Lab Tests Unlikely in the Immediate Future

In 2009, as a result of our scope of practice review submission, the Ministry of Health and Long-Term Care was planning amendments to regulations to give RDs the authority to order laboratory tests in hospitals and community settings for the purpose of nutritional assessment and monitoring.

After extensive consultations with RDs, a list of lab tests was submitted to the Ministry in 2011 and the College has since been waiting for the Ministry to develop regulations enabling RDs to order the laboratory tests.

The College was recently informed that the Ministry is unlikely to make regulations enabling RDs to order laboratory tests in the immediate future under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*. The Ministry's decision is based on finances and other priorities, not the competence of RDs to order lab tests. RDs may continue to order laboratory tests through medical directives.

If you have questions or concerns on this matter, please contact the College's Practice Advisory Service at: 416-598-1725 ext. 397, [practiceadvisor@cdo.on.ca](mailto:practiceadvisor@cdo.on.ca)

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# Certificates of Registration

## GENERAL CATEGORY OF REGISTRATION

Congratulations to all of our new dietitians registered from January 29 to April 26, 2013.

Name	Reg. No.	Date
Jennifer Ball RD	12896	11/02/2013
Martine Cazabon RD	12902	08/03/2013
Megan Doyle RD	12889	11/02/2013
Vanessa Gillespie RD	12930	11/04/2013
Jennifer Jones RD	12901	21/02/2013
Jacynthe Lafrenière RD	12906	04/03/2013
Anne Marie Leclair RD	12900	04/03/2013
Jacqueline MacAdams RD	12888	01/03/2013
Mehek Mathur RD	12918	22/03/2013
Natacha Mbuluku Mawisa RD	12819	29/01/2013
Kristine Millman RD	10616	05/04/2013
Deanna Mortimer RD	12837	04/02/2013
Andrea Noftall RD	12899	22/02/2013
Sarah O'Brien RD	12890	05/02/2013
Alexandra Plouffe RD	12760	30/01/2013
Jennifer Pope RD	12656	06/02/2013
Jennifer Ross RD	12878	29/01/2013
Melanie Shahidi RD	12891	07/02/2013
Viktoria Shihab RD	12911	07/03/2013
Chandra Snarr RD	12895	04/02/2013

## RESIGNATION

Carla Abbatemarco	3235	14/02/2013
Megan Teresa Bale	11958	07/03/2013
Jany Dumont	12815	20/02/2013
Stéphanie Duplain	12757	06/02/2013
Glenyce Kaul	2857	29/01/2013
Adonica Keddy	4443	05/04/2013
Jennifer Payne	1899	09/04/2013
Anne-Marie Stelluti	11715	22/03/2013
Melinda Vanderheide	12599	31/01/2013
Kimberley Woodcock	4127	14/03/2013
Mia Zapata	12081	01/02/2013

## TEMPORARY CLASS OF REGISTRATION

Name	Reg. No.	Date
Lara Al Dandachi RD	10892	06/03/2013
Sumani Arora RD	12569	02/04/2013
Kamaljit Bal RD	12315	02/04/2013
Marie-Chantal Brunette RD	12892	11/02/2013
Ashley Colville RD	12917	06/03/2013
Dianne Marie Coronel RD	12209	27/03/2013
Rebecca Coughlin RD	12913	06/03/2013
Mélissa Desjardins RD	12908	06/03/2013
Brittany Dickson RD	12924	26/04/2013
Jolynn Dickson RD	12916	22/04/2013
Nilay Dönmez-Khan RD	12355	28/03/2013
Sonia Patricia Hernandez Donoso RD	12258	27/03/2013
Tehreem Irfan RD	12427	25/02/2013
Andrea Kennedy RD	12925	22/03/2013
Kristin Knight RD	12927	22/03/2013
Gemma V.J. Lam RD	12897	14/02/2013
Marc-André Lavigne RD	12898	14/02/2013
Amanda Macdonald RD	12893	11/02/2013
Camille Machado RD	12474	27/03/2013
Nadia Malik RD	10908	05/02/2013
Tracy McDonough RD	12883	02/04/2013
Laura O'Brien RD	12894	10/04/2013
Nisha Palan RD	12936	22/04/2013
Jocelyne Parent RD	12921	18/03/2013
Laura Pidgen RD	12340	05/02/2013
Punya Puri RD	11389	28/03/2013
Kelsey Russell RD	12885	31/01/2013
Jessica Vanhie RD	12880	21/02/2013
Araceli Velez RD	3502	31/01/2013
Harsimrat Virk RD	12820	22/04/2013
Vasiliki Vogdou RD	12545	05/02/2013

## RETIRED

Donna Andersen	2027	01/04/2013
Claire Deschênes	1986	31/01/2013
Marilyn Krajc	1612	12/04/2013
Lily Nuttall	1085	22/04/2013
Eleanor Steele	2105	15/04/2013
Wieslawa Stepkowska	1316	19/03/2013
Mary Z. Sullivan	1795	09/04/2013

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# Council Meeting Highlights

## March 28, 2013

### JUNE 2013 MEETINGS

These meetings are open to the public. If you wish to attend, please call the College to reserve a seat.

### Annual Meeting

June 19, 4 - 5pm

### Council Meeting

June 19, 5 - 6pm & June 20, 9am - 4pm

#### EXECUTIVE COMMITTEE

Elizabeth Wilfert, Public Appointee, President  
Lesia Kicak, RD, Vice President  
Barbara Major-McEwan, RD

#### COUNCIL MEMBERS

##### Elected Councillors

Cynthia Colapinto, RD  
Lesia Kicak, RD  
Susan Knowles, RD  
Barbara Major-McEwan, RD  
Erica Sus, RD  
Deion Weir, RD  
Krista Witherspoon, RD  
Erin Woodbeck, RD

##### Public Councillors

Edith Brown  
Elsie Petch  
Carole Wardell  
Elizabeth Wilfert

#### MEMBERS APPOINTED TO COMMITTEES

Edith Chesser, RD  
Claire Cronier, RD  
Dianne Gaffney, RD  
Laura Hoard, RD  
Susan Hui, RD  
Sobia Khan, RD  
Julie Kuorikoski, RD  
Léna Laberge, RD  
Grace Lee, RD  
Kerri Loney, RD  
Jill Pikul, RD  
Diane Shrott, RD  
Marie Trynor, RD

The *Dietetics Act* requires the College Council to have a minimum of five public councillors appointed by the *Ontario Lieutenant Governor* in Council on the direction of the provincial Cabinet. Between October 2012 and April 10, 2013, the College Council was not legally constituted. As permitted in law, the College's Executive Committee was, therefore, required to act for Council during this period. The Executive Committee decisions were informed by input from Elected Councillors and Public Councillors. The following highlights these key decisions.

#### INTEGRATED COMPETENCIES FOR DIETETIC EDUCATION AND PRACTICE (ICDEP)

The ICDEP were approved as the competency standards for entry to practice in Ontario. The ICDEP were developed by the Partnership on Dietetic Education and Practice over the past four years through a collaborative process involving dietetic education programs, Dietitians of Canada and the Alliance of Canadian Dietetic Regulatory Bodies.

#### 2012/13 WORK PLANS AND BUDGET

The annual plan and budget for managing the programs and advancing the College's strategic goals were approved. The annual planned expenditures for fiscal year 2013/2014 are \$2,181,895, with \$285,000 of this being spent from reserve funds set aside for such planned expenditures. The remainder of the deficit will be covered from accumulated surpluses from previous years. With the approval of the budget and reflection of previous multi-year financial planning, the College will begin consideration of a multi-year revenue strategy.

#### USING RISK IN DIETETIC PRACTICE TO DETERMINE COLLEGE PRIORITIES

Councillors and the Executive Committee also reviewed a paper that presented concepts of risk in dietetic practice and the regulatory instruments available to potentially mitigate risk in practice. The College will now be meeting with leaders in dietetic practice and consulting with RDs in Ontario to explore how the College can identify specific risks in dietetic practice. The purpose of the consultation is to help us develop the regulatory instruments needed to reduce risk for safe dietetic practice in Ontario.

#### GOVERNANCE IMPROVEMENT PLAN

The results of the external review of the College's governance policies and practices were carefully considered and a plan was developed to follow through on recommendations. The plan sets out the schedule of activities to improve or create governance policies and implement a more structured risk management process to guide governance practices.

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## A Warm Welcome to New Public Councillors



### NAJ HASSAM, CMA

Mr. Hassam retired in 2012 from the Central Health Local Integration Network where he worked for five years with the most recent position of *Director, Funding and Allocation*.

Prior to that, Naj worked at the Ministry of Health and Long-Term Care for a period of 18 years and served in several capacities including *Finance Manager of Public Health Division*. He has exposure to health care operations in both hospital and community settings.



### CLAUDINE N. WILSON, B.P.A., J.D., LL.M.

Ms. Wilson earned her law degree from the University of Windsor in 2004, followed by a Master of Laws degree from Georgetown University in Washington, D.C two years later. Her career experience includes a family law practice with a focus in child protection litigation. Ms. Wilson has also remained involved in academia as a sessional instructor of business law at the college level. The balance of her time is devoted to giving back to her community as a mentor to youth and an *Associate Executive Director* of a faith-based charitable organization.

## Council Election Results 2013

### DISTRICT 1, SOUTH-WESTERN — COUNCILLOR ACCLAIMED



### Barbara Major-McEwan, RD

Congratulations to Barbara for being acclaimed for a second term on Council. Barbara graduated from the University of Western Ontario with a Bachelor of Science Foods and Nutrition and completed the dietetic internship program at St Michael's Hospital in Toronto. She is a Certified Management Accountant, a Certified Healthcare Executive with a Master's degree in Health Care Administration. Barbara has held senior hospital and primary care administrative positions where professional practice, performance improvement and strategic planning were key. Barbara currently serves on the College Executive, the Discipline, Fitness to Practice and Registration Committees.

### DISTRICT 3, GTA/YORK REGION — COUNCILLORS ELECTED



### Susan Knowles, RD

Congratulations to Susan who was elected for a second term on Council. Susan graduated from the University of Guelph with a Bachelor of Applied Science in Applied Human Nutrition and completed the community (concentration D) internship program in Ottawa in 1992. She is employed at Toronto Public Health where she has been working for the past 16 years as a Public Health Dietitian and Manager. Susan's experience as a public health practitioner across Ontario and in the US,

along with her volunteer experiences, has enabled her to develop skills in public health nutrition, diversity, community capacity building, advocacy, program planning, leadership, financial management, project management and mentoring.

### Abigail Langer, RD

A warm welcome to Abby for her election as a new Councillor. Abby has been a Registered Dietitian since 1999. She was trained and practiced in the Bay Area of California, and obtained her nutrition degree at Loyola University of Chicago. Previous to that, she obtained a BA in English from Dalhousie University.



Abby Langer currently works in primary care dietetics at *St. Joseph's Health Centre's Urban Family Health Team*, as well as for *1 to 1 Rehab* in a homecare RD role. She serves on the University of Toronto's *Interprofessional Education Committee* and has an academic appointment at the university. She won the *Interprofessional Education Award* from the University of Toronto in 2012 for her extensive work with medical residents and clerks. She has also won *Abstract of the Year* at St. Joseph's for research on her FHT's diabetes clinic, and presented her latest research at the *Association of Family Health Teams of Ontario 2012 Conference* in Toronto.

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## Fall 2013 CDO Workshop

# Enhancing the Cultural Competence of Registered Dietitians in Ontario

The CDO 2013 fall workshop will examine the impact of culture on how people access and benefit from health services and health information. We will also consider how personal values, biases and assumptions can impact the quality of services that RDs provide. Cross-cultural communication strategies and resources to ensure public safety will also be covered. Case scenarios will be presented to help apply knowledge and enhance the cultural competence and communication skills of RDs in all areas of dietetic practice.

The workshop will also present the College highlights over the past year including the activities from the College's Registration, Quality Assurance, Practice Advisory & Patient Relations Programs.

### WHO SHOULD ATTEND?

All RDs regardless of their area of practice will benefit from this workshop. We encourage RDs within public health, community, industry, sales, food services, and management, clinical as well as those who may consider themselves to be in 'non-traditional' roles to attend.

### Register Online

Login to your Member Home Page and scroll down to Events on the left.

<b>Barrie</b>	<b>October 10, 1-4pm</b>	<b>Oakville</b>	<b>October 30, 1-4pm</b>
<b>Belleville</b>	<b>September 17, 1-4pm</b>	<b>Oshawa</b>	<b>November 4, 1-4pm</b>
<b>Brampton</b>	<b>October 22, 1-4pm</b>	<b>Ottawa</b>	<b>October 8, 1-4pm</b>
<b>Dryden</b>	<b>September 24, 1-4pm</b>	<b>Owen Sound</b>	<b>November 6, 1-4pm</b>
<b>Guelph</b>	<b>October 23, 1-4pm</b>	<b>Peterborough</b>	<b>September 16, 1-4pm 12 to 1pm (lunch/networking)</b>
<b>Hamilton</b>	<b>October 29, 1-4pm</b>	<b>Sault Ste. Marie</b>	<b>September 13, 1-4pm</b>
<b>Kingston</b>	<b>September 18, 1-4pm</b>	<b>Scarborough</b>	<b>November 15, 1-4pm</b>
<b>Kitchener</b>	<b>October 7, 1-4pm</b>	<b>Sudbury</b>	<b>October 3, 1-4pm with video conferencing option</b>
<b>London</b>	<b>October 24, 1-4pm 12-1pm (brown bag)</b>	<b>Thunder Bay</b>	<b>September 23, 1-4pm</b>
<b>Mississauga</b>	<b>October 17, 1-4pm</b>	<b>Toronto - UHN</b>	<b>September 30, 1-4pm</b>
<b>Niagara/St Catharines</b>	<b>October 11, 1-4pm</b>	<b>Toronto - St. Michael's</b>	<b>November 14, 9am to noon</b>
<b>North Bay</b>	<b>October 2, 1-4pm</b>	<b>Toronto - Sunnybrook</b>	<b>November 7, 1-4pm</b>
<b>North York General Hospital</b>	<b>November 12, 1-4pm</b>	<b>Windsor</b>	<b>October 1, 6-9pm</b>

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