



College of
Dietitians
of Ontario

résumé

2

Next Phase of
College's Public
Education Campaign

3

Proposed Changes to
College Fees

4

Important Change to
By-Law 5:
Professional Liability
Insurance

6

Interprofessional
Collaboration:
Addressing Conflicts
Between Health Care
Professionals

10

Approaching a New
Task when Practising
Dietetics: Blenderized
Tube Feedings

IMPORTANT NOTICE

Each year, the renewal period will be from
September 1 to October 31.

October 31 is the new deadline for submitting your renewal forms and fees. Members will be charged a late fee if their renewal forms and fees are received after midnight on October 31.

See page 11 for more details.

CDO WORKSHOPS FALL 2014

Managing Risk and Building Resilience in Dietetic Practice

Ever wonder why some RDs thrive in practice while others feel undervalued? Managing risk and building resilience in your dietetic practice are fundamental skills for valued services.

Back Cover.

Next Phase of College's Public Education Campaign



Elizabeth Wilfert,
Public Councillor & 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 fields of practice.

The College has recently embarked on a new public education campaign, which will roll out over the next three years (2014-2017). The main thrust is to provide information to the public about how the College of Dietitians of Ontario works in the interest of the public by regulating RDs to be safe, competent and ethical. As a result, the public trusts that RDs offer safe nutrition services. This is in keeping with the College's *Strategic Plan of 2011-2015*.

The last campaign, from 2008-2013, was aimed at women in Ontario between the ages of 35-55 who are computer literate. This next phase focuses on the target audience of women from 50-65 years of age.

Technology is ever changing these days and it is important not to be out of step. Hence, the new three-year plan will focus on social media and online advertising, with some advertising in hard copy magazines. In our efforts to be not only cost-effective, but cost-efficient, you can expect a greater presence on YouTube, LinkedIn and Facebook.

The key themes of the campaign include: "Registered Dietitian" is a protected title; the qualifications needed to be a Registered Dietitian; how the College sets and enforces standards for dietetic practice; and how the College ensures that RDs are competent throughout their career so that they continually offer safe, competent and ethical services. Another important public protection message is that the College has a complaints resolution process for anyone that has an issue or a complaint about the services they have received from a dietitian.

The campaign success will be assessed against the combined baseline data collected in College surveys conducted in 2009 and 2014. The indicators of success include: an increase in the number of women who report that they are confident that the College of Dietitians of Ontario works in the interest of Ontarians; and an increase in the % of people who mention that RDs are their trusted source of information for nutritional needs and food information. Another important indicator of success will be an increase in the number of unique visitors who use the *Register of Dietitians* on the College website to verify details about Registered Dietitians.

The Patient Relations Committee developed the campaign strategy through several months of hard work in 2013-2014. The Committee did not fall upon this direction by accident. The Committee decisions were based on findings from an environmental scan of the communication landscape, a review of campaign results, a post-campaign survey, research done by committee members and staff, and input from a professional communications expert who supported the Committee and staff in the development of this campaign strategy. We look forward to following the growth of this campaign and marking its success in 2017.

Proposed Changes to College Fees



Mary Lou Gignac, MPA
Registrar & Executive Director

There are certain factors that keep the College annual fees as low as they are, primarily the low number of complaints and reports. Others include progressive use of technology in the administration of programs and for communications. These points and others are carefully articulated in the April 3, 2014, email sent to RDs in Ontario.

A fee increase proposal can test the relationship between a College and its members, especially when the increase being proposed is a substantial amount. It can also be seen as an opportunity to account to the people who fund the College about how funds are being managed and why an increase is needed. However, the time of a fee increase also challenges these very people to invest themselves in understanding the fee increase that is being proposed now.

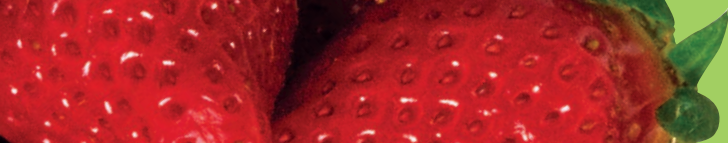
When we hear, "the fees are already too high" and "we already pay the highest fees", we know the College has not reached these members in explaining what we do and how we have managed to maintain one of the lowest fees in the health professions regulatory system in Ontario.

All health regulatory colleges have the same duties and responsibilities and, by law, we must carry out certain functions in keeping with procedures and timelines set out in law. What makes a large difference in per member spending tends to be the size of colleges as well as the number and complexity of matters they must handle through their complaints and report process and hearings. Large colleges have certain economies of scale, and it is not surprising that the College of Nurses of Ontario with roughly 163,000 members has the lowest fee at \$175. Small Colleges, such as ours, cannot benefit from economies of scale, yet, we also have to fulfill the same legal obligations and carry out all of the regulatory functions set out in the *Regulated Health Professions Act*.

There are certain factors that keep our annual fees as low as they are, primarily the low number of complaints and reports to the College. Another is the progressive use of technology in the administration of programs and for communications. These points and others are carefully articulated in the survey information the College emailed to members on April 3rd, 2014.

We also hear the sheer frustration that many RDs feel about their role being undervalued and undercompensated. Unfortunately, the level of compensation within a profession is not a factor that determines the cost of effective regulation. The College has taken into account the freeze on public sector wages and has been delaying a fee increase as long as it could even though the past budgets have been deficit budgets.

The College appreciates the comments provided during the circulation period for proposed by-law changes and Council will consider them in their decision-making about any future fee increase.



Important Change to By-Law 5

Professional Liability Insurance

LIABILITY INSURANCE - A LEGAL REQUIREMENT

Through draft legislation and a Minister's directive, all colleges under the *Regulated Health Professions Act* must require their members to carry liability insurance. Liability insurance protects the public in that it can provide compensation to patients or clients who have been harmed. Under some plans and in some circumstances, insurance can also provide funds to professionals for their legal defense if they are sued or subject to a College proceeding.

College By-Law 5 sets out the liability insurance requirements as follows:

"A member engaging in the practice of dietetics shall maintain professional liability insurance coverage with the following characteristics:

- a. The minimum coverage shall be no less than \$2,000,000 per occurrence.
- b. The aggregate coverage shall be no less than \$5,000,000.
- c. The deductible shall be no more than \$1,000."

ADDITIONAL INSURANCE PROVIDERS ACCEPTED

In January, 2014, Council approved changes to *By-Law 5: Professional Liability Insurance Coverage Requirements for Members*. As a result, members may now rely on insurance from two additional sources:

- insurance provided by companies outside Ontario, and
- employees of federal and provincial governments may rely on the self-insurance of their government employer.

ENFORCING THE REQUIREMENT FOR INSURANCE

In order to verify that members are complying with the requirement to carry professional insurance, all RDs are required to make an annual declaration stating whether they are practising dietetics (refer to the College's definition of dietetic practice). They are also required to make an annual declaration about whether they have liability insurance. For the past three years, the College has randomly selected 20% of RDs to provide documentary proof of their liability insurance coverage.

Random Selection – what we have learned

Looking at the results from the past three years, members who were most likely to be without the required insurance were new members, those who have changed jobs or those who mistakenly thought that they were exempt from the requirement.

The most common mistake made by members who did not have insurance was thinking that the by-law made exceptions for different work or practise situations:

- "I don't provide direct patient/client care or counselling"
- "I am employed casually, or on a volunteer basis"
- "My job does not require me to be an RD"

There was confusion about employment status, area of practice and direct client care.

Only one question to help you decide if you need insurance: "Am I practising dietetics in Ontario?"

Your employment status, area of practice, and whether you provide direct client care are not relevant to the question of whether you need insurance. There is only one question to help you decide if you need insurance: "Am I practising dietetics in Ontario?"

Whether you work on a volunteer or casual basis, practise in a non-clinical setting, or provide direct client or patient care, if you are practising dietetics you must ensure that you have insurance.

To view the College's definition of practising dietetics in Ontario, go to the College website at www.collegeofdietitians.org and enter "practising dietetics" in the search box.

NEW MONITORING STRATEGIES

Although the process of verifying insurance coverage for 20% of the membership has been labour intensive for both members and the College, it has provided valuable information about the situations in which dietitians are most likely to be without insurance. In reviewing this information,

along with the feedback from members, the College has identified new strategies for education and enforcement activities that will focus on members who are more likely to be without coverage. New enforcement activities will be implemented in April 2015. In 2014, members will be asked to provide proof of liability insurance where the information in the renewal indicates they may be practising without insurance. Watch for more communications later this year about the new enforcement activities related to liability insurance.

IMPORTANT NOTICE

The deadline for submitting your renewal fees and renewal form has been changed to October 31.

Each year, the renewal period will be from September 1 to October 31. You will be charged a late fee if your annual renewal fees or your renewal form are received at the College after midnight on October 31.

For more details, see page 11.





Interprofessional Collaboration

Addressing Conflicts Between Health Care Professionals

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst
carole.chatalalsingh@collegeofdietitians.org

An elderly client presented at a hospital outpatient clinic with severe malnutrition secondary to cancer and is currently not able to meet nutritional needs through enteral feeding. The client is willing to try TPN to supplement enteral intake as recommended by their doctor, however, the client is hesitant about managing TPN at home. The clinic's Registered Dietitian (RD) assessed the client and felt

that TPN would be helpful in the short-term, but to mitigate risk of infections and other complications, the RD recommends that the client should be admitted to the hospital. The physician feels the client can manage at home on TPN and does not wish to admit the client for inpatient treatment.

How should the RD proceed?

The College receives inquiries from RDs who are often faced with managing conflicts among team members. Communication with our colleagues can be more difficult than speaking with the clients. In keeping with the objects given to health professions colleges in the *Regulated Health Professions Act, 1991*, the College promotes interprofessional collaboration with other health professions. Interprofessional collaboration requires RDs to understand their own professional identity while gaining an understanding of other professional's roles in ever-changing dietetics work environments.

In the scenario above, the client's best interests must always be the primary consideration. Clients often have complex health needs that typically require more than one health care professional to address issues regarding their health status. Every professional will be expected to use their knowledge, skills and judgment to determine whether and how to treat the client.

TAKE RESPONSIBILITY FOR YOUR PROFESSIONAL RELATIONSHIPS

RDs are expected to refrain from implementing services they believe compromises client safety and well-being. Occasionally, however, professional opinions will differ. When this happens, each member of the team bears the same responsibility to engage collaboratively to address

the disagreement in the client's best interest. Evidence shows that, when health care professionals work and learn together to share their knowledge and skills, the quality of client care improves. RDs have the responsibility, in the client's interests, to make interprofessional relationships work.

APPLY CONFLICT MANAGEMENT SKILLS

When you disagree with the decision of another health professional, consider the following conflict management skills as you move forward:

- Choose an appropriate time and place to communicate your views to them;
- Review the situation and know the facts;
- Approach others with a collaborative attitude and an open mind (e.g., instead of criticizing, engage your colleague in a discussion of what options might best serve the client);
- Maintain a respectful dialogue, asking and listening to the other's point of view;
- Keep your focus on what is best for the client. Do not use clients to argue or lobby for your own position;
- Appreciate that differences can enrich decision-making resulting in more comprehensive client services;
- Document the discussion and results; and

- Adhere to your organization policies regarding this matter.

Interprofessional collaboration should be seen as a relationship between health care professionals and the client in a collaborative and coordinated approach to shared decision-making. (Other suggestions are outlined in the *Jurisprudence Handbook for Dietitians in Ontario*, pp.17 -19.)

OPPORTUNITY FOR LEARNING

If you cannot resolve the disagreement to your satisfaction, you should not take any action that you feel would compromise the client. You may need to bring the disagreement to an appropriate third party. In such a situation, documentation is important to outline how the situation was managed and to clearly demonstrate the efforts that were made to advocate for client-centred services while respecting interprofessional relationships.

This situation may be seen as an opportunity for program planning, policy development and team learning, specifically around how professionals on the team can best use their knowledge and skills to serve the clients. Implementing such processes may give RDs an opportunity to engage in team learning through which knowledge is shared, created and sought in order to benefit the individual, the team, and most importantly, the client.

RESOURCES

The College has several resources to help RDs work collaboratively with others, these are:

- IPC e-learning module (2013)
- Are You a Knowledge-Creating Team Member? (Fall *résumé* 2012, p. 6)
- Building Capacity for Collaborative Leadership In Knowledge-Creating Teams (Winter *résumé* 2013, p. 9)
- Enhancing Capacity for Interprofessional Team Learning (Spring *résumé* 2012, p. 4)
- Enhancing Capacity for Interprofessional Care (Winter *résumé* 2012, p. 5).

Another excellent resource developed by the *Federation of Health Regulatory Colleges of Ontario* is an e-tool to support interprofessional communication. Refer to the following link: <http://ipc.fhrco.org/>

Health Force Ontario has developed the *IPC Charter Resource Guide*. This Charter was developed to foster a shared vision of collaborative care and a common language to advance IPC competence and communication. This may give RDs new ideas and strategies to approach situations and communicate with fellow colleagues. The caregiver commitment statements contained in it may provide further guidance on managing interprofessional relationships.

Welcome to the New Practice Advisory and Policy Analyst



SANDRA BRAZEL, MSc, RD
PRACTICE ADVISOR & POLICY ANALYST

We extend a warm welcome to Sandra Brazel, RD, who has joined the College of Dietitians of Ontario during Deborah

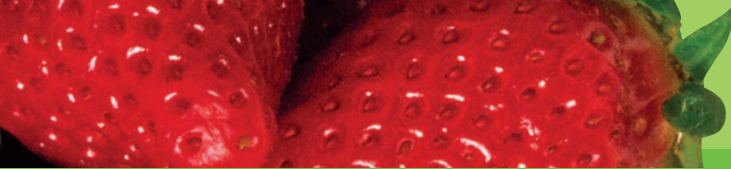
Cohen's maternity leave. With over 25 years of practice experience, Sandra has worked as a clinical dietitian, dietetic internship program coordinator, research study coordinator, and food industry consultant. In each work environment, Sandra has been a positive advocate for promoting good food and nutrition. She has also developed

strong writing, research, and communication skills.

Thoroughly enjoying her dynamic career, Sandra appreciates the diversity of opportunities available to dietitians and looks forward to her new role as Practice Advisor and Policy Analyst in the College's regulatory environment. Sandra obtained a Bachelor of Applied Science from Ryerson University and completed a clinical dietetic internship at the Kingston General Hospital. Sandra earned a Master of Science at the University of Toronto with a research focus on nutritional sciences.

practiceadvisor@collegeofdietitians.org

416-598-1725 / 1-800-668-4990, ext. 223



Approaching a New Task when Practising Dietetics

Blenderized Tube Feedings

Sandra Brazel, MSc, RD
Practice Advisor & Policy Analyst
sandra.brazel@collegeofdietitians.org

Julia, a young child with a neuromuscular disorder, is admitted to hospital for placement of a gastrostomy tube due to a swallowing impairment and growth failure. Sarah, an RD, develops a nutrition care plan and monitors Julia's progress while in hospital. After Julia is tolerating the enteral feedings and feeling well, she will return home with the g-tube. If home care services are not required, Sarah would need to plan to instruct Julia's mother on administering the tube feedings for home use.

Recently, the child's mother requested that Julia receive a blenderized tube feeding (BTF), citing that her daughter

is experiencing abdominal discomfort and vomiting from the commercial enteral formula. Being highly processed, commercial products do not align with the mother's health-conscious attitude towards nutrition and food.

Sarah has never developed a nutrition care plan for BTFs and wonders whether she should implement this plan or not.

How can Sarah approach this request?

RD TASK DECISION FRAMEWORK

Blenderized tube feeding (BTF) is whole foods liquefied using a food blender and administered as a bolus through a gastrostomy tube.¹ Before the introduction of commercial enteral formulas in the late 1960s, most tube feedings used in hospitals were made from blended hospital foods.² With advancing technology, commercial enteral formulas addressed many concerns associated with BTFs such as high microbial loads, risk of bacterial contamination, tube clogging due to high viscosity, and inadequate macro- and micronutrients delivery.³

Over the last few decades, commercial formulas have been the mainstay of tube feedings in North America.² However, recently, BTFs have made a comeback as some people believe that they may be more natural, better tolerated and cost-effective than commercial formulas.² Increasingly, RDs are being asked to develop nutrition plans for BTFs.

As an RD, Sarah has a professional responsibility to provide safe, ethical and competent client-centered services. Client requests, such as the BTF one, need to be evaluated within

this context. The College's *RD Task Decision Framework* will help Sarah determine whether or not to implement the nutrition care plan for BTFs by focusing on principles and values of client-centred services.

The detailed RD Role and Task Decision Framework (2012) is on the College website. Enter the word "Task" in the search box to access it.

IS THE TASK WITHIN THE DIETETIC SCOPE OF PRACTICE?

Developing tube feeding nutrition care plans are within the dietetic scope of practice and within the area of expertise of dietitians. When appraising her personal scope of practice, Sarah should not only consider her current skills but also those that could potentially be acquired through further learning, skill development and training. Simply to say "no", based on her existing competence, Sarah would miss an opportunity for continuing education and professional growth in her full scope of practice. She would also fail to tailor the tube feeding recommendation to her client's needs.

WILL DEVELOPING THE NUTRITION PLAN FOR THE BTF SERVE THE CLIENT'S NEEDS?

In this scenario, Julia's mother believes that BTFs are more wholesome and better tolerated feedings than commercial ones; therefore implementing a BTF respects the mother's values, which is a fundamental component of client-centred services.⁴ Her attitude is not uncommon amongst BTF consumers whom often believe, compared to commercial formulas, that BTF are more natural, fresh and unprocessed forms of food without synthetic ingredients or preservatives.² Other potential benefits include:

- Flexibility and variety in choosing ingredients for BTF recipe;
- Ability to add specific foods to target a nutrition or health concern, such as high fibre foods for constipation;
- Although anecdotal reports, decreased gastrointestinal intolerances and improved tolerance to feeding volumes;
- Psychosocial considerations for clients and their family members, such as relationship bonding between family members when preparing and sharing foods at mealtime; and
- Cost-saving, particularly in situations when the commercial enteral formula is not covered by the client's insurance program.^{1,2}

ARE THERE ANY LEGAL OR ORGANIZATIONAL BARRIERS THAT WOULD PREVENT SARAH FROM IMPLEMENTING NUTRITION PLAN FOR BTFs?

Sarah needs to follow her hospital's policies as well as the law (*Regulated Health Professions Act, Dietetic Act, Public Hospitals Act*) before implementing the BTF. A regulation under the *Public Hospitals Act* requires that only a physician, dentist, midwife or nurse in the extended class can write an order for "treatment". Most organizations have interpreted the diet order in a hospital to be a "treatment", therefore, if Sarah wants to start the BTF in hospital, she requires a physician order to change Julia's feedings to a blenderized formulation. If a medical

directive for enteral feed orders exists, Sarah should seek authorization for an addendum stating that BTFs are included in this medical directive before proceeding to use it. Otherwise, she could simply request a physician's order.

Practical elements such as kitchen equipment, labour time, and the capacity to develop BTF recipes free of contaminants are also important considerations when assessing the feasibility of BTFs.³ Sarah can advocate on behalf of her client for the human and equipment resources needed, however, the hospital must be willing to acquire the resources and incur the liability and risk of the BTF delivery. In reality, the hospital may not have the ability to make the BTFs for Julia.

With regard to the implementation of Julia's BTFs at home, Sarah needs to assess if Julia's mother and other family members have the capacity, motivation, resources and the time to safely prepare and administer them.³ She also needs to determine if the family would require additional support for the management of the BTFs after Julia is discharged from the hospital. A referral to homecare, a private practice RD with BTF expertise or another healthcare provider may be required.³

DOES SARAH HAVE THE REQUIRED SKILLS AND COMPETENCE TO PERFORM THE NEW TASK OR ROLE?

A basic principle of the *Code of Ethics for the Dietetic Profession in Canada*⁵ is to maintain a high standard of personal competence through continuing education. In keeping with this principle, Sarah has an obligation to obtain the knowledge, skill, and judgment required to effectively implement a BTF nutrition care plan.

To fulfill her professional responsibility to appropriately care for her client, Sarah would need to expand her own knowledge of BTFs and learn how to develop and monitor a nutrition care plan for BTFs. The ability to create, adapt and analyze BTF recipes is critical.

BTF is not an ideal diet option for all tube-fed clients. Sarah will require strong assessment skills to determine whether Julia is a candidate for BTF. Clients who are already tolerating bolus feeds via a g-tube and are otherwise healthy tend to be good candidates.

Contradictions to BTFs include acute illness or immunosuppression, narrow g-tubes, fluid restrictions, jejunostomy tubes, continuous drip feedings, restrictive diets, and food allergies or intolerances.¹

Given that Julia will require BTFs at home, Sarah must also learn how to teach the nutrition care plan for home use. Working with other RDs or healthcare professionals who are knowledgeable in BTFs would provide Sarah with the support and guidance she needs while learning these new skills. By learning how to implement BTFs in response to her client's needs, Sarah would be meeting her professional obligation for providing safe and competent client-centered services.

WHAT ARE THE INTERPROFESSIONAL COLLABORATION POSSIBILITIES?

In the *Code of Ethics for Dietitians of Canada*, RDs pledge to “work cooperatively with colleagues, other professional, and laypersons.”⁵ Clients with complex medical issues, like Julia, often require the expertise of numerous healthcare professionals and specialists. Interprofessional collaboration and communication amongst these caregivers can increase the quality of care and improve the client's experience. If disagreement arises amongst colleagues regarding Julia's diet order, Sarah can advocate for her client using evidence-based nutrition practice and client-centred values. With her knowledge of the mother's perspective on feeding her child, Sarah can promote the rights of her client and help the health care team to implement appropriate enteral nutrition therapy.

INFORMED CONSENT

Considering the *Heath Care Consent Act* and the College's *Professional Misconduct Regulations*, Sarah has the legal and professional obligation to obtain an informed consent from Julia's mother (the substitute decision-maker) before providing a nutrition treatment. Based on the nutrition assessment of her client, Sarah can discuss the suitability of BTFs for Julia with the mother.

Although the mother may want BTF for her child, Sarah needs to clearly convey whether it is a safe option or not. To do this, Sarah must have the competence to effectively

communicate and inform the mother of the potential risks and benefits of BTFs as well as any alternative options. Costs, time commitment, equipment, and proper food handling techniques associated with BTFs must also be discussed considering that Julia will go home with a g-tube. Informing Julia's mother of various aspects of the treatment will allow her to make that informed decision. Open communication with Julia's mother can help Sarah to better explore the rationale behind the request and to assess the decision-making capacity of the mother for making an informed consent.

PRACTICING WITHIN THE FULL SCOPE OF PRACTICE

RDs can approach new tasks by working through the questions of the *RD Task Decision Framework*. They have a responsibility to learn new skills, such as developing BTFs, which are within the dietetic scope of practice. This will enable RDs to expand their knowledge and balance their professional obligations for evidence-based and safe practice with that of meeting client needs.

The College would like to thank Grace Karam, dietetic intern, Guelph MAN program, for her contribution to the article.

1. Mortensen, M. J. (2006). *Blenderized Tube Feeding: Clinical Perspectives on Homemade Tube Feeding*. PNPG Post; 17(1): 1-4.
2. Bobo, E., & Stone, K. *Blenderized Formula For Tube Feeding*. *Frontier*, Fall 2013.
https://www.nutritioncare.org/Networking/Sections/Section_Information/
3. Johnson, T. W., Spurlack, A., & Galloway, P. (2013). “Blenderized Formula By Gastrostomy Tube: A Case Presentation And Review Of The Literature”. *Topics in Clinical Nutrition*; 28(1): 84-92.
4. Carole Chatalalsingh, PhD, RD, “From the Client's Perspective,” *résumé*, Spring 2013, p. 8-9. Access this article at www.collegeofdietitians.org, enter “client's perspective” in the search box.
5. *Code of Ethics For the Dietetic Profession in Canada (1997)*, developed by Dietitians of Canada and adapted by the College. Access the *Code of Ethics* at www.collegeofdietitians.org, enter “code of ethics” in the search box.

New Renewal Deadline October 31

THE DEADLINE FOR SUBMITTING YOUR RENEWAL FEES AND RENEWAL FORM IS NOW OCTOBER 31.

In January 2014, College *By-Law 2: Fees* was changed to reflect the new deadline of October 31st and a change to College *By-Law 1: General* is currently being circulated to members to identify October 31st as the deadline for submitting the annual renewal form.

ANNUAL RENEWAL FEES & RENEWAL FORM MUST BE RECEIVED BY OCTOBER 31, 2014

The College's practice has been to waive the late fee for a member whose renewal form and/or fee were received after the deadline, as long as it was post-marked by October 15. Beginning this year, the renewal period will be from September 1 to October 31. You will be charged a late fee if your annual renewal fees or your renewal form are received at the College after midnight on October 31.

**If you typically send your renewal form or fees by mail,
factor in time for delivery so that your renewal is completed by October 31.**

CONTROLLING COSTS

The reason for this change is to achieve administrative efficiencies by simplifying the processes for handling late renewals. Since 2004, the annual fees have been based on a renewal year of November 1 to October 31. The October 15th deadline allowed time for renewal forms mailed on the deadline to be received by the College and processed before the beginning of the next renewal year. The new deadline of October 31 will eliminate much of the administrative work involved in assessing and reversing fees for members whose renewal payments and forms are received late but post-marked by the deadline.

Over the past 10 years, although the membership has doubled, the College has continued to work at keeping the administrative costs of renewal down by implementing online renewal and payment options.



Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from February 1, 2014 to April 30, 2014.

Name	Reg. ID	Date
Mandana Amir Shaghaghi RD	11455	24/02/2014
Sarah Awwad RD	13752	10/03/2014
Leanne Azimov RD	13771	11/04/2014
Tracy Frem RD	13744	27/02/2014
Kristy Hodgins RD	13756	05/03/2014
Adonica Keddy RD	4443	14/03/2014
Javier Medina Valdivia RD	13766	24/03/2014
Thi Haiyen Nguyen RD	13751	22/04/2014
Lyndsay Pothier RD	13753	10/03/2014
Rashmi Rakheja RD	11713	31/03/2014
Dina Salonina RD	13779	25/04/2014
Rasmi Tith RD	13768	25/03/2014
Emily Zamora RD	12533	22/04/2014

RESIGNATION

Marlin Bendayan	2404	07/04/2014
Jocelyne Parent	12921	05/02/2014
Teri Veluz	2554	03/04/2014
Selene Yan	12268	25/03/2014

RETIRED

Jo-Ann Fullerton	1436	05/03/2014
Jane Loppe	1435	31/03/2014
Ruth Lowndes	1062	05/03/2014
Linda Torbet	1383	10/04/2014
Renso Vettoretti	1763	30/04/2014

TEMPORARY CERTIFICATES OF REGISTRATION

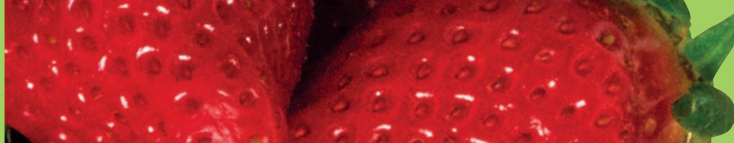
Name	Reg. ID	Date
Masoud Arya RD	10521	26/03/2014
Ghazal Avand RD	12602	13/03/2014
Karen Bellemore RD	13778	30/04/2014
Gabriela Bernales Solari RD	13763	25/03/2014
Victoria-Lynn Craig RD	13739	28/03/2014
Andrea Fennell RD	13733	07/02/2014
Annabel Forgues RD	13747	07/02/2014
Daisy Guerrero RD	12060	25/03/2014
Melodi Hajipour Fard RD	12312	20/02/2014
Sarah Hamdan RD	13749	22/04/2014
Victoria Holla RD	13748	30/04/2014
Arpita Khalsa RD	12479	21/02/2014
Tania Kinghorn RD	13738	05/03/2014
Natalie Klaver RD	13730	07/02/2014
Carmen Kwok RD	13633	06/03/2014
Christine Laidlaw RD	13732	05/03/2014
Denise Luk RD	13761	06/03/2014
Scholastica Madu RD	12553	20/02/2014
Lindsay McIntosh RD	13757	06/03/2014
Daniela Morgado RD	12660	25/03/2014
Lua Moslemi RD	13746	12/02/2014
Maria Corazon Muya RD	12341	28/03/2014
Dorothy Ndlovu RD	11143	04/03/2014
Florence Nemani RD	12909	28/03/2014
Lydia Nyarko RD	12352	28/02/2014
Marie-Christine Parent RD	13764	21/03/2014
Brielle Perl RD	13774	22/04/2014
Amardeep Riar RD	12372	26/03/2014
Gurpreet Sandhu RD	12564	05/03/2014
Di Shen RD	13759	26/03/2014
Kendall Smeall RD	13780	30/04/2014
Henia Solomon RD	2706	19/02/2014
Ladan Yeganeh RD	11964	28/03/2014
Maysam Youssef RD	12903	26/03/2014

UPDATING YOUR CONTACT INFORMATION IS A PROFESSIONAL OBLIGATION

As regulated professionals, RDs have a duty to update their profile within 30 days of any change in the information required for the College's Register of Dietitians. Login to your member home page on the College website and see *Update my profile* on the left side of the page to make these

updates: change of employer; employer address, employer phone number; preferred mailing address and email.

Changes in name, immigration status and citizenship status must be made in writing with the appropriate documentation.



Council Election Results 2014

A Warm Welcome to New Council Members



DISTRICT 2, SOUTH-WESTERN ELECTED BY ACCLAMATION

Alida Finnie, MSc RD CDE

Alida Finnie's passion for nutrition motivated her to complete a Bachelor of Applied Science in Human Nutrition, followed by a Masters of Science in Nutrition at the University of Guelph. Following her graduate degree, Alida completed a comprehensive dietetic internship at Hamilton Health Sciences. Since graduation, she has pursued a variety of experiences including working as a dietitian in primary health care at both a Family Health Team (FHT) and Diabetes Education Program. Alida has enjoyed leadership opportunities on the FHT RD Conference Planning Committee for 2012 and 2013 and as acting lead dietitian at the Guelph Family Health Team. She is currently working as a Certified Diabetes Educator at Diabetes Care Guelph where she is part of a multidisciplinary team promoting client-centred care. Alida is looking forward to serving on the College Council to help the ongoing regulation of Registered Dietitians.

DISTRICT 4, EASTERN ELECTED BY ACCLAMATION

Suzanne Obiorah, RD



Suzanne Obiorah graduated from Ryerson University with a Bachelor of Applied Science in Food and Nutrition and completed her dietetic internship at the Ottawa Hospital. This fall she hopes to complete her Masters of Business Administration with a concentration in Health Care Management from Saint Mary's University. After finishing the internship program Suzanne stayed on as staff at the Ottawa Hospital working in a variety of clinical roles though most of her practice has been with The Ottawa Hospital Academic Family Health Team. There she was involved in teaching medical residents in addition to her clinical responsibilities. In the Spring of 2013, Suzanne became the Chief of Dietetics at The Ottawa Hospital. Her areas of focus include professional practice, operations and administration, quality improvement, research and advisor.

New Quality Assurance Program Coordinator



GRACE WONG, NEW QUALITY ASSURANCE COORDINATOR

A warm welcome to Grace Wong, the new Quality Assurance Coordinator. Previously working in the Entry to Practice department at the College of Physiotherapists of Ontario, Grace brings superb customer service skills, project management and database management knowledge to the College. She is eager to dive into the Quality Assurance world and is looking forward to serving College members in her new position.

The Quality Assurance Coordinator assists the QA Manager and the QA Committee in the development, implementation and evaluation of the College's Quality Assurance Program. She also coordinates the administration of the *SDL Tool*, the *JKAT* and the *Peer and Practice Assessment*. You can reach Grace at:

grace.wong@collegeofdietitians.org

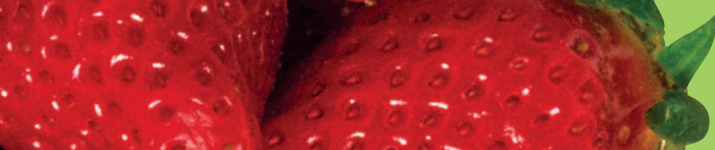
416-598-1725 / 1-800-668-4990, ext. 334

FAREWELL TO CAROL CULHANE



After three years of service to the College as the QA Program Coordinator, Carol Culhane is leaving the College to care for her growing toddler. Carol brought her unique sense of humour to everything she did in her position. Her customer service skills and organizational skills were a huge benefit to the College and appreciated by members who have dealt with her over the past few years. Thank you, Carol, for your expert contribution to the College. We wish you success in all your future endeavours.





Council Meeting Highlights - January 2014

PUBLIC EDUCATION PLAN

Council approved a new three-year public education plan to target women between the ages of 50-65 years. The goal is to raise awareness about how the CDO works in the interest of the public by regulating RDs to be safe, competent and ethical. Low cost approaches will be used to build on previous years' successes, primarily through online media and distribution of materials through community newspapers and radio channels. Average annual funding of approximately \$76,000 was allocated to the plan.

FEE STRATEGY

In three of the last four fiscal years, College expenses exceeded revenues. Consequently, Council considered options to prevent deficits in the future.

Following a review of multi-year forecasting and analysis of fund balances, Council directed that future budgets should not permit College funds to fall below the amount that represents six months of operating costs. Where many organizations have a target reserve fund of one year of operating costs, Council took into consideration the stability of the regulatory sector and income predictability to arrive at the six months level.

Council also indicated interest in seeing by-law wording options for a fee increase of \$90-140 with options for small annual increases that approximate the rate of inflation.

GUIDELINES FOR SUPERVISING STUDENTS

Council approved, for the purpose of consultation, new guidelines for supervising students. The guidelines set out the professional obligations and responsibilities of Registered Dietitians with respect to acting as preceptors for students.

VERIFICATION OF LIABILITY INSURANCE

Council approved changes in how the College will monitor compliance with the requirements for members to carry liability insurance in the amounts set out in by-laws. Management has been delegated the responsibility to address and monitor compliance and to determine the targets for random selection of members who will be required to submit documentary proof of insurance. RDs with higher risk of non-compliance will be more likely to be randomly selected. The compliance activities will be carried out in April and no longer done in conjunction with annual renewals.

MODEL FOR ACCREDITATION OF DIETETIC EDUCATION PROGRAMS

Council approved in principle a proposed governance structure for accreditation of dietetic education programs in Canada which sees accreditation becoming a function of the *Partnership for Dietetic Education and Practice* (PDEP). The new structure includes accountability of a new Accreditation Council to the PDEP and accreditation services administered by an agency, Dietitians of Canada, under contract with PDEP.

Council Meeting Highlights - March 2014

RISK IN DIETETIC PRACTICE

35% of RDs responded to a College survey on risk in dietetic practice, providing over 2200 comments which will be analyzed in detail over the next few months. Council considered the four themes that are emerging from the preliminary analysis of survey results: advanced practice competence, professional standards, evaluating practice environments, and inter-professional collaboration.

FEES BY-LAW

Council approved in principle, for the purpose of consultation with members, the following proposed fee changes:

- Increasing the 2014 registration fee from \$500 to \$590 with an annual inflationary increase for next five years;
- Increasing the temporary registration fee from \$100 to \$120;
- Increasing NSF cheque fee from \$40 to \$55 and the declined credit card fee from \$10 to \$35.
- Moving from daily proration of fees to monthly proration for the purpose of calculating part-year registration fees and calculating refunds of registration fees in the first half of the membership year.

BY-LAW CHANGES

Council approved a by-law change requiring annual renewal information to be submitted before November 1st each year, which is at the same time as the other renewal obligations are due.

ANNUAL WORK PLANS AND BUDGET

Council approved work plans for Council, College programs, committees, and for general administration which reflect the College's statutory obligations, strategic goals and objectives.

Council also approved corresponding budgets for College and program administration totaling estimated expenditures of \$2,196,438 with estimated revenues at \$1,988,075. The budget will be adjusted in June 2014 when Council approves the amounts for planned fee increases.

JUNE 2014 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, 3-4:15pm

Council Meeting

June 19, 4:30-5:30pm & June 20, 9am - 4pm

EXECUTIVE COMMITTEE

Elizabeth Wilfert, Public Appointee, President

Barbara Major-McEwan RD, Vice President

Susan Knowles, RD

COUNCIL MEMBERS

Elected Councillors

Cynthia Colapinto, RD

Lesia Kicak, RD

Susan Knowles, RD

Abigail Langer, RD

Barbara Major-McEwan, RD

Erica Sus, RD

Krista Witherspoon, RD

Erin Woodbeck, RD

Public Councillors

Najmudin Hassam

Elsie Petch

Carole Wardell

Allan Warren

Elizabeth Wilfert

Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Edith Chesser, RD

Dianne Gaffney, RD

Susan Hui, RD

Sobia Khan, RD

Julie Kuorikoski, RD

Léna Laberge, RD

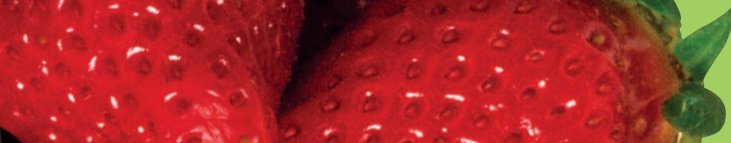
Grace Lee, RD

Kerri Loney, RD

Jill Pikul, RD

Diane Shroff, RD

Marie Trynor, RD



Fall 2014 CDO Workshop Managing Risk and Building Resilience in Dietetic Practice

Ever wonder why some RDs thrive in practice while others feel undervalued? Managing risk and building resilience in your dietetic practice are fundamental skills for valued services.

The CDO 2014 Fall workshop will examine how building resiliency in dietetic practice can address the potential risk for an event, action or inaction that would otherwise adversely affect an RD's ability in provide quality, safe dietetic services.

Working together using case scenarios, participants will learn how to build greater resilience for managing risk. They will practice how to tackle problems and move forward with greater awareness of situations for risk management in all areas of 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?

The workshop is applicable to all RDs regardless of their area of practice. 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](#).

Barrie	October 8, 1-4pm	Oakville	October 10, 1-4pm
Belleville	September 18, 1-4pm	Oshawa	October 21, 1-4pm
Brampton	October 30, 1-4pm	Ottawa	October 7, 1-4pm
Dryden	September 23, 1-4pm	Owen Sound	October 1, 1-4pm
Guelph	October 20, 1-4pm	Peterborough	September 17, 1-4pm 12 to 1pm (lunch/networking)
Hamilton	October 29, 1-4pm	Sault Ste. Marie	October 27, 1-4pm
Kingston	September 19, 1-4pm	Scarborough	November 12, 1-4pm
Kitchener	October 23, 1-4pm	Sudbury	September 24, 1-4pm with video conferencing option
London	October 22, 1-4pm 12-1pm (brown bag)	Thunder Bay	September 22, 1-4pm
Mississauga	October 2, 1-4pm	Toronto - UHN	September 29, 1-4pm
Niagara/St Catharines	November 3, 1-4pm	Toronto - St. Michael's	October 16, 9am to noon
North Bay	September 25 1-4pm	Toronto - Sunnybrook	October 9, 1-4pm
North York General Hospital	November 4, 1-4pm	Windsor	November 13, 6-9pm