



College of
Dietitians
of Ontario

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Renewal Notice

Your annual renewal fees, form, and SDL Tool are due at 11:59pm on
October 31, 2017.

You have 60 days – don't wait.

The renewal portal is open from September 1 to October 31. Renew early to
make sure you have plenty of time to review your renewal form and SDL Tool
for accuracy.

Access your renewal form and your SDL Tool from your member dashboard
login on the College website at www.collegeofdietitians.org

[Register Online Now!](#)

[CDO 2017 WORKSHOP](#)

See the Schedule on the Back Cover

Supporting the Public Protection Mandate



Deion Weir, RD
President

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

It is an honour for me to address you as the 2017/2018 College President. I come with four years experience as a Council member. During my tenure I have served on the Legislative Issues, Patient Relations, Quality Assurance, Audit and the Discipline/Fitness to Practice Committees and acted as the Chair of the Discipline and Fitness to Practice Committees. These experiences have heightened my insight and understanding of regulation and governance. My seven years experience as a Professional Practice Leader, coupled with over four years experience in clinical informatics has prepared me for this leadership role. I am currently employed full-time at Markham Stouffville Hospital as a professional practice leader in the Interprofessional Practice and Education Department.

One of the most gratifying things a health care professional can experience is to know that the care they have provided has made a positive impact on someone's life. This is the ultimate driver for me, whether I am providing front line patient care or I am developing policies, procedures, guidelines or programs that will aid in the delivery of excellent patient care.

Early in my career as a professional practice leader, I found that I relied heavily on the College's Practice Advisory Service to support me in developing care standards that not only affect my individual clients, but also impact other clients within the organization. I saw how effective practice standards could translate to safe, competent and ethical care. I acquired a greater understanding of how the College's mandate works to protect the public and, over time, this understanding turned into deeper interest to contribute in some way towards the mandate of public protection.

In 2010, I was elected to Council and served one term where I gained a wealth of knowledge regarding regulation and governance. I saw firsthand how decisions made by Council contributed to public protection. In my second term on Council in 2016, I felt that it was time to take on a greater responsibility supporting the public protection mandate.

This year at the hospital in my current employment, I had the opportunity to implement a feeding assistance program aimed at improving the nutritional health of our seniors. I saw that through careful planning, training and implementation, volunteers would be able to positively impact the lives of so many of our seniors. Similarly, although I may not be able to personally interact with every member of the public, I know that our decisions on Council will guide members in providing safe, competent and ethical care.

It is a privilege to serve on the Council and an even a greater privilege to be president. This is a great responsibility that I take seriously, knowing that each decision affects the public. I look forward to another productive year on Council, further serving the public interest.

Member Feedback Helps Identify the Most Important Boundary Issues for Dietetic Practice



Melisse L. Willems, MA, LLB
Registrar & ED

COLLEGE VALUES

Integrity

Collaboration

Accountability

Transparency

Innovation

It is hard to believe that summer is over and that workshop season is just around the corner. This year, we are excited to be working on the topic of professional boundaries for the workshop series.

Many of you reviewed and commented on the draft [Boundary Guidelines for Professional Therapeutic RD-Client Relationships \(2017\)](#) that will form the basis of the workshops and we thank you for that feedback. As we've worked on this year's workshop presentation, we've been asking ourselves first and foremost "What are the most important things that dietitians need to know about boundaries? Taking into account where dietitians work, who their clients are, and the types of services that dietitians provide, what key guidance can we give to help them identify and navigate through boundary issues?" Your feedback on the draft Boundary Guidelines was helpful, not just to revise them, but also to help answer these questions.

As in previous years, we look forward to hearing from members at the workshops to further shape our understanding. Except for the absolute prohibition against any type of romantic or sexual relationship with a patient, like most professionalism issues, there are few absolutes with professional boundaries. The challenges with boundary issues arise from the fact that context can play a large role in determining whether actions or thoughts are helpful or harmful to the therapeutic relationship. Our practice advisors have been hard at work developing scenarios to best illustrate the concepts of professional boundaries and the importance of context. We are also developing a video series on the topic which will be featured at the workshops.

My hope is that those of you who attend the workshops will leave with a better understanding of the complexities and subtleties of boundary issues, and the knowledge that effectively managing boundaries is at the heart of client-centered care.

Context can play a large role in determining whether actions or thoughts are helpful or harmful to the therapeutic relationship.





Part 2: Are you a Health Information Custodian?

Deborah Cohen, MHS, RD
Practice Advisor & Policy Analyst

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This article is a follow-up to the College’s article titled, [Are You a Health Information Custodian? \(2013\)](#). It includes additional scenarios that Registered Dietitians (RDs) have encountered as Health Information Custodians (HICs) and agents within dietetic practice.

Before we dive into the scenarios, here is a refresher of HICs, agents and their respective responsibilities under the *Personal Health Information Protection Act, 2004* (PHIPA).

HICS, AGENTS AND THEIR RESPONSIBILITIES

Health Information Custodians

PHIPA sets out the requirements of HICs and their authorized agents for handling personal health information. Generally, a HIC is a health care practitioner or person who operates an organization listed under PHIPA that provides health care to an individual and has custody or control of their personal health information. A more explicit definition of a HIC can be found in [Section 3](#) of PHIPA. Most organizations which are classified as HICs have a designated privacy or information officer whose role is to ensure the requirements of HICs have been fulfilled in accordance with PHIPA. An RD who works in solo private practice would be the HIC for their dietetic practice.

Responsibilities of Health Information Custodians

RDs who act as HICs are responsible for collecting, using, disclosing, retaining and securely destroying personal health information on behalf of clients. Personal health information remains the responsibility of the HIC at all times, even when that information is used by an agent on behalf of the HIC. HICs are responsible for setting the privacy standards for handling personal health information

in their organization and for making sure that their agents are appropriately informed of their specific duties as well as limitations under the law.

Agents

In a health care context, RDs who are not HICs are often termed “agents” with certain obligations under PHIPA. PHIPA defines an agent as any person who is authorized by a HIC to perform services or activities on the HIC’s behalf and for the purposes of that HIC. HICs may designate agents to collect, use, disclose, retain or dispose of personal health information on their behalf. Agents are only permitted to engage in the above-mentioned activities as required to carry out their duties.

An agent may include an individual RD or company that contracts with, is employed by, or volunteers for a HIC and, may have access to personal health information. This may include employees, independent contractors or consultants, researchers, volunteers and students.

Responsibilities of Agents

RDs who are designated by a HIC as an agent must comply with PHIPA as well as policies developed by the HIC for whom they work. Given that agents collect, use, disclose and dispose personal health information on behalf of the HIC, RDs who act as agents must comply with the HIC’s obligation to collect only the personal health information required for the provision of healthcare. Agents must also protect personal health information from being lost, stolen or inappropriately accessed. They must inform the HIC, as soon as possible, of any privacy breaches.

SCENARIOS/FREQUENTLY-ASKED QUESTIONS

An RD in solo private practice has decided to close their practice. What are their responsibilities as a HIC regarding client files?

If an RD who is a HIC closes their practice, and no other practitioner is taking over, they remain the HIC and must retain the client health records confidentially and securely for the remaining retention period as specified in the [College's Professional Practice Standards for Record Keeping](#). The HIC must also inform clients about how to access and obtain copies of their records, should they wish to do so.

What are the record keeping responsibilities of an RD in solo private practice who transfers their practice?

The RD has a responsibility to notify clients within a reasonable period of time, ideally before the transfer, that the practice will be transferred to another RD. Clients should also be provided with the contact information of the RD who is taking over the dietetic practice. Clients can then decide whether to seek dietetic services with the new RD or to find alternate services. For the latter, clients should be directed on how to seek out alternate dietetic services.

When records are being transferred, inform clients of where their health records will be kept and how they can access them, should they wish to do so. The transferring RD should also ensure that the RD taking over the dietetic practice is aware of their responsibilities as the new HIC. A written agreement should also specify that the departing RD will have ongoing access to fulfill their professional obligations (e.g. responding to a complaint).

The Office of the Information & Privacy Commissioner of Ontario has developed a [Checklist for Health Information Custodians in the Event of a Planned or Unforeseen Change in Practice](#).

Two RDs open up a private practice and decide to act as joint HICs. After a few years in practice, one of the RDs decides to leave the dietetic practice. What happens to the client health records?

Joint HICs should establish policies for how to handle the departure of one of the HICs from the dietetic practice. The HICs can consider whether they each keep the records for

the clients they treated or whether they stay with the remaining RD in the dietetic practice. Above all, clients should be well informed of where their client health records will be kept, should they ever wish to access them or transfer care.



How should RDs who act as HICs manage client requests for access to or copies of their client health records?

Establish clear policies for dealing with client requests for access or copies of their records. Specify in the policies whether client requests should be made directly to the HIC or whether agents can also be designated to provide clients with access or copies of their records.

According to PHIPA, the HIC or agent must respond to a request for access to their record as soon as possible and no later than 30 days after receiving the request. If a HIC requires additional time to meet the client's request for access, sections 53-54 of PHIPA permit the HIC to extend the time for a response by another 30 days. The HIC or agent may require a client to submit their request in writing, but should not do so to delay providing the record.

A reasonable fee may be charged to recover costs (e.g. time/resources involved in making copies). The Information and Privacy Commissioner of Ontario has held ([Order HO-009](#)) that a reasonable fee is \$30.00 for the first 20 pages and 25-50 cents (depending on the format) for every additional page.

Are HICs able to give information to a third party without client consent?

A HIC is able to give information to a third party without client consent in cases where PHIPA or another law allows

or requires this disclosure (e.g. mandatory reports, police warrants during an investigation or College proceeding). In addition, as per section 40(1) of PHIPA, HICs may also disclose information without consent when they have reasonable grounds to believe that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons.

When RDs who work as agents receive third party requests to disclose a client's personal health information, they need to consult with their HIC or organization's privacy officer for specific protocols on how such information may be shared.

Outside of permitted legislative disclosures, client consent is always required to disclose personal health information about a client to a third party.

An insurance company calls a private practice RD (who is the HIC) to confirm that a client attended an appointment on a particular date. Can the RD disclose such information to the insurer?

Confirming that a client received nutrition services from an RD on a particular date is permitted under section 37(1)(i) of the PHIPA. HICs can use personal health information for the purpose of obtaining payment or processing, monitoring, verifying or reimbursing claims for payment for the provision of health care or related goods and services.

For any additional detailed information about the nature of the services that were provided and/or copies of all or part of the client health record, the RD would need to ensure that

the client consents to such disclosure to the insurance company. The consent can be obtained by the insurance company providing written client consent or by the RD contacting the client to obtain express (oral or written) consent.

Are clients permitted to request corrections to their records?

If a client believes that their personal health information is incomplete or inaccurate for the intended collection, use and disclosure purposes, section 55 of PHIPA states they can request a correction to their record. Where a request relates to a factual entry and the HIC or authorized agent agrees that the record is inaccurate, then a change should be made. For audit trail purposes, the original entry should remain legible: indicate that the original entry was in error, striking it out with one line so that it is still legible (or equivalent for electronic records). Insert the corrected entry along with the date and the name of the person making the correction.

Where possible, corrections should be made by the practitioner who originally made the entry. As necessary, the HIC or authorized agent may send the corrected entry to those who have had access to the inaccurate information within the past year.

If the HIC or authorized agent does not believe that the entry is wrong, then no correction should be made. This is particularly true where the entry contains an evaluative component or an expression of professional opinion.

However, if the client continues to dispute the entry after the

HIC's or authorized agent's explanation, the client may file a statement of disagreement in the chart. Depending on the nature of the issue, the RD might also send the statement of disagreement to those (e.g. other health care providers) who have had access to the entry in the past year, as applicable. Clients also have the right to file a complaint with the Information and Privacy





Commissioner of Ontario if their correction request was denied.

RDs who act as HICs should implement a process to manage client requests for corrections that complies with PHIPA. For more information, refer to the information and Privacy Commissioner of Ontario's resource entitled, *Correction* at <https://www.ipc.on.ca/health/access-and-correction/correction/>

What is the role of the HIC and agent of a HIC in a situation where there is a security breach of personal health information?

In the event of a breach, the HIC or their designated agent must notify the individual(s) as soon as possible that the privacy of their personal health information has been compromised. HICs must also ensure that their agents know that they must notify the HIC or the HIC's privacy or information officer within the organization as soon as possible when a privacy breach occurs.

To effectively manage a breach, it is important for HICs to have privacy breach protocols. The Information and Privacy Commissioner of Ontario has developed a helpful resource to assist HICs in establishing privacy breach protocols and to manage privacy breaches: [What to do When Faced with a Privacy Breach: Guidelines for the Health Sector.](#)

Changes to PHIPA, which took effect in June 2016, require HICs to report certain actions taken in response to privacy breaches. For more information, refer to the College's article, [New Obligations for Reporting Privacy Breaches \(2016\)](#). There are also additional reporting obligations for HICs that will take effect under PHIPA in October 2017. We will provide an overview of these obligations in the next issue of *résumé*.

RESOURCES

- [CDO's Professional Practice Standards for Record Keeping \(2017\)](#)
- [CDO's Professional Practice Standard: Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information \(2017\)](#)
- [CDO's Privacy of Personal Information Dietetic Practice Tool Kit \(2016\)](#)
- [Office of the Information and Privacy Commissioner, Ontario](#)





FAQs about Interprofessional Record Keeping

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst

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Interprofessional record keeping facilitates effective communication and enhances collaboration between the health professions for safe client care. Dietitians are encouraged to work collaboratively with other health professions to ensure that any information recorded in a shared client health record is complete, accurate and timely.

The framework on the following page outlines four elements needed for accurate and timely record keeping in an interprofessional environment. The documentation should:

1. Provide a clear picture of the services provided;
2. Facilitate communication among team members;
3. Support compliance with legislation; and
4. Demonstrate accountability.

WHAT ARE SOME CONSIDERATIONS WHEN USING ELECTRONIC DOCUMENTATION?

In many dietetic practice environments electronic documentation is becoming the norm. An RD's professional obligations for record keeping do not change with the format, be it paper, electronic or a combination of both. Follow the College's Professional Practice Standards for Record Keeping.

Audit Trails & Electronic Signatures

Interprofessional or multi-user electronic, documentation systems should contain individual logins that clearly identifies each user accessing a record. As per the College's Professional Practice Standards for Record Keeping, an audit trail of persons entering information and who viewed or accessed the records can be created. Many systems have electronic signatures built into the user's login for easy signing of the health care provider's name, RD credentials, date, and time. If this is not the case, RDs should document this information manually with each entry.

Confidentiality & Security

The Standards for Record Keeping require a reliable back-up system to be put in place to ensure electronic health records are secure and that when content is deleted accidentally or corrupted by a virus, it can be retrieved from a back-up server. This is as important for large organizations as it is for independent practitioners. Where there are multiple sites and practitioners, procedures to maintain secure access and security of records for the full retention period should be written in policy.

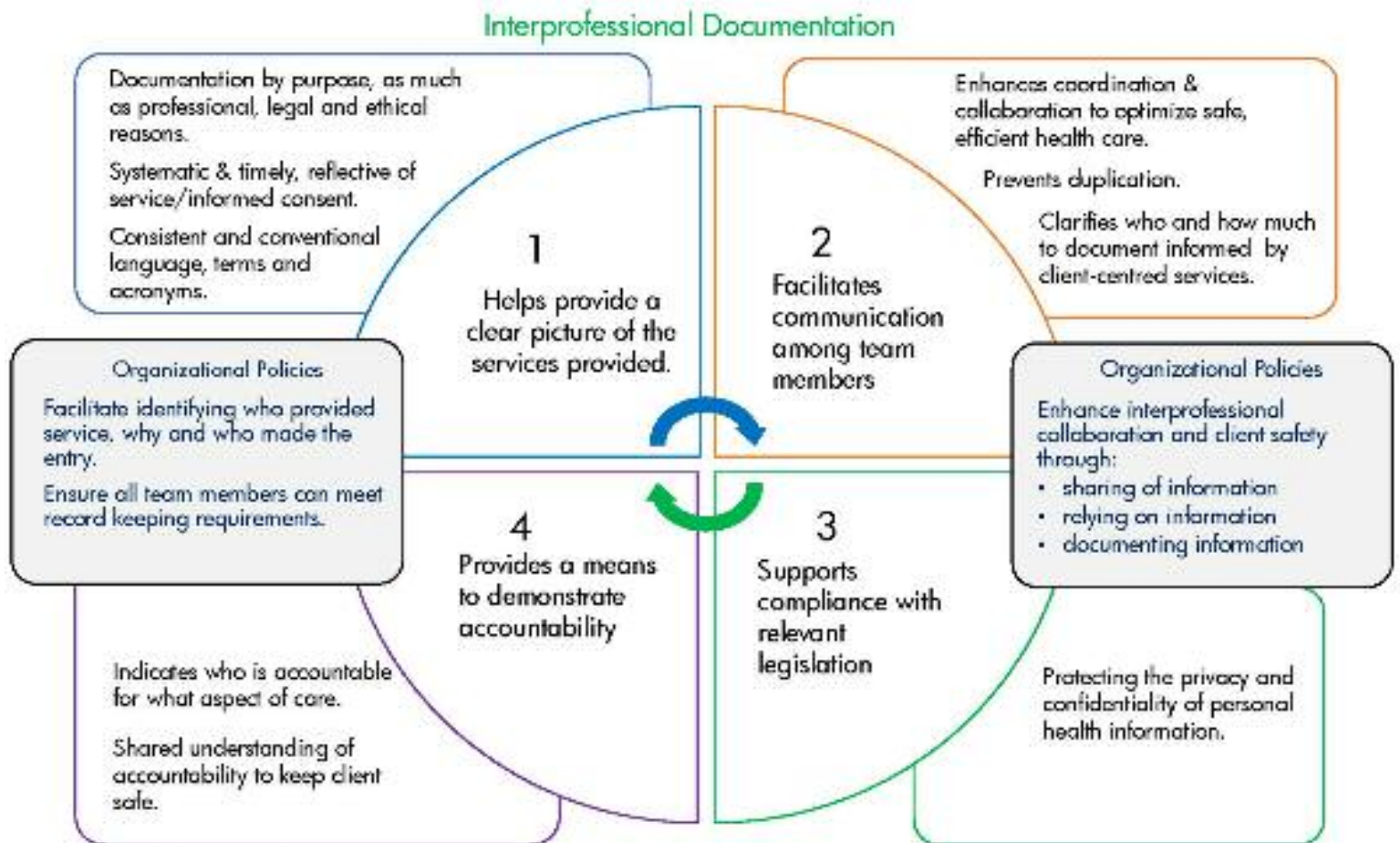
It is important for RDs to understand the security risks inherent in the use of electronic documentation and to work with organizations or do whatever is necessary to manage all risks related to potential breaches of privacy and confidentiality. All reasonable steps should be taken to ensure that the electronic documentation system is designed to protect against loss, tampering, interference or unauthorized access. It is advisable to consult with experts in the field of information technology.

Mixed Documentation – Paper & Electronic Records

Where a combination of both paper and electronic records exists, the systems should correspond with one another and be linked. It should be noted somewhere within both formats that the record includes paper and electronic documentation, and that together these two systems make up the full comprehensive record. This ensures that both the paper and electronic formats will be provided upon request.

From Paper to Electronic Records

When transitioning from paper to electronic records, it is not necessary to keep duplicates of paper and electronic records, unless organizational policies dictate otherwise. Once the information is stored in an electronic format, the paper records may be discarded in a way that preserves the confidentiality of the client health records.



WHAT DOES AN RD NEED TO KNOW WHEN WORKING WITH AN INTEGRATED HEALTH RECORD SYSTEM?

When using integrated records, it is advisable to establish a policy surrounding charting so that the record keeping process is clear and that everyone who is documenting follows the same practices and has the same understanding of professional accountability. RDs can advocate for policies. In a collaborative environment, the documentation policies should include:

- Who provided service and their credentials;
- When the service was provided, why the service was provided and the outcomes achieved;
- Recognition that other regulated health professionals will have similar but not identical requirements and reflect those needs in the record keeping policy; and
- Ensurance that all team members can meet their professional standards for record keeping.

DOES AN RD HAVE TO ASK CLIENTS QUESTIONS AGAIN IF THEY ARE ALREADY DOCUMENTED IN THE HEALTH RECORD?

RDs do not have to ask clients questions if they are able to access the information from the interprofessional records as long as the documentation is current and complete for the RD's purposes. Interprofessional record keeping is a means to share information within the healthcare team to avoid duplication and to facilitate effective collaboration and client care. Use your professional judgement to assess the information in the chart. Ask yourself: Is the documentation detailed enough? Do I need more information for effective dietetic care? Has something changed that I should ask about? Can I rely on this information?

IF A COMBINED COUNSELLING SESSION IS DELIVERED TO A CLIENT, CAN ONE HEALTH CARE PROVIDER DOCUMENT THE DETAILS OF THE SESSION?

The RD should check the requirements of the other health profession or organizational requirements for documentation. From the College's perspective, if a combined or shared counselling session is delivered to a client, one health care



provider may document the details of the session. If another health care provider documents it, including the nutrition intervention, the College’s Professional Practice Standards for Record Keeping stipulates that the RD must thoroughly review all information, verify the content and sign-off on the record with their name and RD credentials.

Consider the following questions for planning and documenting client care in a shared health record:

- a) Who is the most appropriate health care provider (RD or other) to document the joint counselling session?

- b) Are RDs accepting accountability for all of the information within the combined documentation? Or, are RDs only accountable for the information related to nutrition?
- c) Is there a risk if another professional records information pertaining to nutrition? If so, how can this risk be alleviated?
- d) How can RDs verify that they agree with the content of the combined documentation?



Why are there declarations on your annual renewal?

Carolyn Lodon, MSc, RD
Registration Program Manager

The annual renewal form includes questions about your contact information and your current practice. The College relies on members to answer these questions truthfully and accurately so that we can use the information to carry out the College’s regulatory obligations and business. It is not practical to verify all of the information that members provide in the renewal form. Instead, the College includes several “declarations”, where the member confirms or declares that the answers they have provided are accurate and true.

YOUR ANSWERS SHOULD REFLECT YOUR CURRENT SITUATION

It is important to ensure that all the information in your annual renewal form reflects your situation on the date that you complete the form and that you answer the declarations. If you expect that your practice situation will be changing within a few weeks or months, you must provide the answer which reflects your current situation. Return to the Member Dashboard later to update any information that will change within 30 days of the change.

This is important to keep in mind, because section 25 of the *Professional Misconduct Regulation* indicates that “signing or issuing, in the member’s professional capacity, a document that the member knows contains a false or misleading statement”, is professional misconduct.

HOW DOES THE COLLEGE USE THE RENEWAL INFORMATION?

Although some of the information is collected for reporting to the Ministry of Health and Long-Term Care’s health professions database (in aggregate form), most of the information is needed to carry out the College’s business. The renewal information may be used by the College for:

- Determining your eligibility for Quality Assurance Programs.
- Confirming whether you require liability insurance.
- Reporting statistics (aggregate).
- Targeting communications to RDs in specific areas of practice.
- Gathering information to investigate a complaint or report.

REVIEW YOUR ANSWERS

For your convenience, the College has pre-populated some of the information in your renewal form from last year. It is very important to review all of the answers in the renewal form, including the pre-populated information, before you submit it because you are making a declaration that the information is accurate and true.



Liability Insurance

Under College By-law No. 5, you must have professional liability insurance if you are a member and practising dietetics. You are not required to submit proof of liability insurance each year. Instead, the College ensures compliance with the by-law in three ways:

1. All members must answer declaration questions about their insurance coverage at renewal;
2. The College randomly selects a small group of members to provide proof of their insurance coverage each year; and
3. At any time, the Registrar may request proof of a member's insurance coverage.

2017 RANDOM SELECTION

There were two noteworthy statistics from the 2017 random selection process for confirming members' liability insurance coverage:

- An increase in the number of members who were found to have a gap in their insurance coverage, and
- An increase in the number of members who did not respond to the College's request to provide proof of their insurance coverage.

WHAT YOU MUST KNOW

- The College has authority to suspend members who do not carry liability insurance while practising dietetics, or who do not provide proof of their liability insurance coverage when asked to do so by the College; and
- Section 4.4 under the Registration Regulation, states that it is a term, condition and limitation of all certificates of registration that:
 - "4. The member shall maintain professional liability insurance in the amount and in the form as required under the by-laws, and the member shall immediately advise the Registrar if the member no longer maintains such insurance."
- A member found to be practicing without appropriate insurance could be referred to the Inquiries, Complaints and Reports Committee because under section 1.2 of the *Professional Misconduct Regulation* it would be considered professional misconduct if a member was found to be:
 - "2. Contravening a term, condition, or limitation imposed on the member's certificate of registration."

Renewal Notice

Your annual renewal fees, form, and SDL Tool are due by October 31 each year.

Additional fees will apply if your renewal fees, your renewal form and/or your SDL Tool are received after 11:59 pm on October 31, 2017.

You have 60 days – don't wait.

The renewal portal is open from September 1 to October 31, 2017.

Renew early to make sure you have plenty of time to review your responses for accuracy.

Access the renewal portal and your SDL Tool by logging into your member dashboard at www.collegeofdietitians.org

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from March 31 to August 31, 2017.

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Shadi Aboozia RD	13997	14/06/2017	Janna Guberman RD	14547	07/06/2017	Piraveena Piremathasan RD		
Katherynne Aggabao RD	14085	14/06/2017	Cali Guttman RD	14783	23/06/2017		14778	06/06/2017
Hiba Al-Masri RD	14739	10/05/2017	Jenna Hart RD	14823	17/07/2017	Lyndsay Pothier RD	13753	22/06/2017
Patrisha Allis Harmiz RD	14649	23/06/2017	Laura Harvey RD	14659	10/07/2017	Anjana Ravindran RD	14825	01/08/2017
Emmanuella Anabaranze RD			Billie Jane Hermosura RD	11183	21/08/2017	Amy Rawlinson RD	12922	04/04/2017
	14416	15/06/2017	Elizabeth Higgins RD	14661	07/07/2017	Jessica Rego RD	14656	30/06/2017
Nadia Andruchow RD	14711	10/05/2017	Yajie Hu RD	14704	13/06/2017	Mylène Rosa RD	14557	14/06/2017
Cindy Bekkedam RD	14626	10/07/2017	Emily Hunter RD	14668	23/06/2017	Stefania Saccone RD	14658	13/06/2017
Shari Beltran RD	14526	07/06/2017	Nicola Jackson RD	14653	10/07/2017	Mahsa Sadr Ghadar Ghadr RD		
Ella Besserer RD	14676	11/07/2017	Yeiji Jang RD	14895	30/08/2017		14174	09/06/2017
Tarini Bidaisee RD	14605	07/06/2017	Soon Im Jung RD	13782	07/06/2017	Ruba Saeid RD	14035	12/06/2017
Danielle Boudreau RD	14663	22/06/2017	Sonia Kakar RD	14694	09/06/2017	Huguette Samson Bouchard RD		
Ashley Bray RD	14814	07/07/2017	Lara Katz RD	14485	19/06/2017		14850	16/08/2017
Farida Butt RD	14672	12/06/2017	Lillian Lau RD	14467	09/06/2017	Tamara Sarkisian RD	14125	08/06/2017
Meghan Campeau RD	14568	07/06/2017	Lindsay Leduc RD	14500	09/06/2017	Rachael Sebesta RD	14619	07/06/2017
Catherine Canzi RD	14559	12/06/2017	Xiangrui Li RD	14705	12/06/2017	Tayyaba Sharif RD	14598	07/06/2017
Jie Chen RD	14703	12/06/2017	Avalon Li RD	14655	10/07/2017	Danika Smyth RD	14620	07/06/2017
Angela Clark RD	10704	07/06/2017	Kate Licastro RD	11896	30/06/2017	Andrea Starr RD	14648	07/06/2017
Stephanie Cullen-Conroy RD			Hannah MacTavish RD	11838	17/08/2017	Anne Szeto RD	14195	07/07/2017
	14646	19/06/2017	Salma Mahmoud RD	12272	08/06/2017	Krizia Tatangelo RD	14577	16/06/2017
Hailey Dormer RD	14684	22/06/2017	Bridget Mahoney RD	14155	28/04/2017	Sofia Tsalamal RD	14660	07/07/2017
Sonia Du RD	14697	07/06/2017	Rachael Martin RD	14689	28/06/2017	Rana Wahba RD	14493	07/06/2017
Rasha El-Khoury RD	14622	09/06/2017	Lisa Maselli RD	14434	23/06/2017	Jillian Walsh RD	14794	19/06/2017
Sonia Filice RD	14624	08/06/2017	Litty Mathew RD	13666	13/06/2017	Lorraine Yau RD	14647	09/06/2017
Megan Firth RD	14617	07/07/2017	Caitlin Mech RD	14657	16/06/2017	Erika Yelle RD	12595	08/08/2017
Courtney Fowler RD	14560	09/06/2017	Christine Mills RD	14615	15/06/2017	Lin Yuan-Su RD	12090	24/05/2017
Melissa Frankel RD	14774	22/06/2017	Robyn Nagel RD	14650	07/07/2017	Amy Yusufow RD	14651	07/06/2017
			Rose Ndour RD	14715	10/05/2017	Jenny Zawaly RD	11362	20/07/2017

TEMPORARY CERTIFICATES OF REGISTRATION

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Ana Abbasi RD	14849	10/08/2017	Maryse Ethier RD	14807	22/06/2017	Olivia Kordos RD	14889	15/08/2017
Iman Algeriany RD	14748	15/06/2017	Hana Fazil RD	14726	16/05/2017	Kristen Lacroix RD	14772	16/06/2017
Meg Arppe-Robertson RD			Angela Finlay RD	14750	16/05/2017	Renita Lam RD	14763	30/05/2017
	14746	22/06/2017	Ben Ford RD	14811	28/06/2017	Melissa Lam RD	14822	27/07/2017
Robyn Barefoot RD	14731	11/05/2017	Christel Fredette RD	14787	18/08/2017	Michelle Lane RD	14764	29/05/2017
Joline Beauregard RD	14861	18/08/2017	Kellseigh Gan RD	14719	28/06/2017	Florence Laverne RD	14862	27/07/2017
Maria Benvenuto RD	14773	19/07/2017	Rachel Geerts RD	14775	19/07/2017	Emilie Leblond RD	14788	19/06/2017
Brittaney Berendsen RD	14793	21/07/2017	Erika Gibson RD	14767	27/07/2017	Eva Lee RD	14797	10/08/2017
Brianne Bergman RD	14864	11/08/2017	Jodi Grifferty RD	14757	16/05/2017	Kassy Lefebvre-Breton RD	14785	13/07/2017
Jessica Bertrand RD	14857	17/08/2017	Callie Gross RD	14833	01/08/2017	Stéphanie Leroux RD	14786	22/06/2017
Natalie Bolichowski RD	14688	01/06/2017	Kelsey Hamilton RD	14754	31/05/2017	Ho Kei Leung RD	14795	10/08/2017
Amber Bremner RD	14737	17/05/2017	Sheereen Hassib RD	14708	04/05/2017	Megan Lewis RD	14752	16/05/2017
Katherine Brunke RD	14863	22/08/2017	Julia Heos RD	14798	19/07/2017	Meghan Lucassen RD	14734	19/05/2017
Jill Burns RD	13755	24/05/2017	Julie Hillier RD	14839	01/08/2017	Flavia Lucio Pereira RD	14387	21/07/2017
Alexandra Carambelas RD			Anne Hobson RD	14741	15/06/2017	Yi Qing Ma RD	14836	21/07/2017
	14837	11/08/2017	Clare Hoevenaars RD	14747	16/05/2017	Calvin Mach RD	14728	16/05/2017
Annette Cheung RD	14745	11/05/2017	Carmen Hu RD	14804	13/07/2017	Joy Mackay RD	14776	31/05/2017
Jennifer Conium RD	14753	31/05/2017	Bonnie Huang RD	14779	15/08/2017	Saba Malkani RD	13975	21/08/2017
Robert Cree RD	14879	09/08/2017	Paola Hunter RD	14801	19/07/2017	Danielle Manza RD	14782	10/08/2017
Meike De Haan RD	14409	14/07/2017	Mays Ibrahim RD	14740	10/05/2017	Nicole Marleau RD	14885	15/08/2017
Niloufar Deilami RD	14790	05/07/2017	Kevin Iwasa-Madge RD	14713	24/05/2017	Megan Martone RD	14743	11/05/2017
Isabel Diedericks RD	14848	09/08/2017	Sarah Kassel RD	14749	16/05/2017	Courtney McAskile RD	14735	15/06/2017
Carmen El-Khazen RD	14826	27/07/2017	Sarah Kelly RD	14821	13/07/2017	Ali McBryde RD	14810	19/07/2017
Katherine English RD	14766	29/05/2017	Katrina Kermer RD	14855	16/08/2017	Nicole McDougall RD	14880	18/08/2017
			Catherine Kemaghan RD	14827	09/08/2017	Jessica McEvoy RD	14873	15/08/2017
			Emily Kichler RD	14854	16/08/2017	Vanessa McLeod RD	14805	13/07/2017

Anastasia Meeks RD	14733	10/05/2017	Samantha Riddell RD	14866	02/08/2017	Akshada Vaidya RD	14288	31/07/2017
Kimberly Muranko RD	14759	19/05/2017	Elizabeth Roffey RD	14742	10/05/2017	Kailee Van de Vegte RD	14877	15/08/2017
Etienne Nemanishen RD	14751	18/05/2017	Jessica Salomon RD	14838	16/08/2017	Michelle Van der Meer RD		
Vincent Ng RD	14721	28/04/2017	Kehinde Sangill RD	14732	10/05/2017		14777	31/05/2017
Shannon O'Dwyer RD	14860	02/08/2017	Bianca Santaromita-Villa RD			Cindy Van Gorp RD	14758	19/05/2017
Victoria Omeljaniuk RD	14828	19/07/2017		14869	18/08/2017	Alexandra Venger RD	14724	02/08/2017
Jessica Oxford RD	14738	10/05/2017	Maxine Seider RD	14852	15/08/2017	Isabel Williams RD	14831	18/08/2017
Alessia Paonessa RD	14771	27/07/2017	Maryam Shafiei Sabet RD			Larissa Wills RD	14843	24/07/2017
Colleen Parks RD	14818	05/07/2017		14287	29/05/2017	Brooklyn Wilton RD	14847	01/08/2017
Janki Patel RD	14806	27/07/2017	Michelle Stevens RD	14874	11/08/2017	Sydney Withers RD	14792	21/07/2017
Leahanne Peters RD	14853	09/08/2017	Nicole Stonewall RD	14868	15/08/2017	Rachel Wong RD	14755	19/05/2017
Sarah Peterson RD	14784	19/07/2017	Shiva Tabatabai RD	14198	26/07/2017	Anita Wong RD	14727	31/05/2017
Brittany Pettigrew RD	14762	25/07/2017	Melissa Tambeau RD	14820	13/07/2017	Nicolas Woods RD	14840	16/08/2017
Rachel Quehl RD	14886	15/08/2017	Lauren Taylor RD	14813	26/07/2017	Zhaoping Xu RD	14882	09/08/2017
Valerie Ramsay RD	14893	16/08/2017	Robert Thomas RD	14768	29/05/2017	Dianna Yanchis RD	14761	25/07/2017
Huma Rana RD	14706	07/04/2017	Susan Trang RD	14760	21/07/2017	Chi Yan Yeung RD	14802	27/07/2017
Anna Richardson RD	14744	29/05/2017	Tawnie Urbanski RD	14756	16/05/2017	Samatha Zach RD	14718	09/05/2017

RESIGNATIONS

Jennifer Chalmers	1953	15/05/2017
Annelise Duval	12396	28/04/2017
Margaret Kestenbaum	3310	08/06/2017
Sabrina Marseille	14314	30/06/2017
Kerry Miller	14652	04/07/2017
Shareen Ruddock	13097	30/06/2017
Shannon Smith	13926	17/05/2017

RETIRED

Janet Bradley	1211	04/07/2017
Patricia Gottschalk	2411	01/04/2017

SUSPENSION

In accordance with s. 19.1 of the Registration Regulation, these Certificates of Registration have been suspended for not responding to the College's request to provide proof of liability insurance coverage.

Jacqueline H. Allen	4211	09/06/2017
Tina Babouchian	4107	09/06/2017
Zeinab Jafari	11174	09/06/2017
Caroline Klemens	3045	26/06/2017

SUSPENSION LIFTED (MEMBER REINSTATED)

The previously suspended Certificates of Registration issue to the following individual has been reinstated.

Jacqueline H. Allen RD	4211	09/06/2017
Tina Babouchian RD	4107	09/06/2017
Helen Menegatos RD	10969	05/06/2017
Sarah Louise Winterton RD		
	3469	21/04/2017

REVOCAION

A Certificate of Registration that has been suspended for failure to pay the prescribed fee is automatically revoked after it has been suspended for 6 months.

Sandra Di Gregorio	11750	06/06/2017
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Quality Assurance Program

All members of the College, regardless of their employment status or area of practice and including members practising and/or residing out-of-province, are required to participate in the Quality Assurance Program. Members who have signed a voluntary undertaking are exempt from participating in the QA program.

For more information about the Quality Assurance Program components, click on the image below to view our video.



Council Meeting Highlights - June 2017

EXECUTIVE COMMITTEE

Deion Weir RD, President
Suzanne Obiorah RD, Vice President
Ruki Kondaj
Erin Woodbeck RD

COUNCIL MEMBERS

Elected Councillors

William Franks RD
Alexandra Lacarte RD
Suzanne Obiorah RD
Nicole Osinga RD
Roula Tzianetas, RD
Dawn Van Engelen RD
Deion Weir, RD
Erin Woodbeck RD

Public Councillors

Shelagh Kerr
Laila Kanji
Ruki Kondaj
Ray Skaff
Soliman Abdel Fattah Soliman
Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Khashayar Amithosseini RD
Alida Finnie RD
Dianne Gaffney RD
Renée Gaudet RD
Sobia Khan RD
Kerri LaBrecque RD
Cindy Tsai RD
Ruchika Wadhwa RD
Krista Witherspoon RD

ELECTION OF THE EXECUTIVE COMMITTEE FOR 2017-2018

The members of the Executive Committee for 2017-2018 were elected as follows:

- President: Deion Weir RD
- Vice President: Suzanne Obiorah RD
- Third Member: Ruki Kondaj
- Fourth Member: Erin Woodbeck RD

RISK MANAGEMENT POLICIES

Council approved a new *Risk Policy (2017)* and the *Risk Tolerance Profile (2017)* to ensure that organizational risks are identified, assessed and managed in a timely, efficient and effective manner. This is an important aspect of best practices to minimize risks in organizational governance and management.

PROFESSIONAL PRACTICE STANDARDS FOR RECORD KEEPING

Council approved the updated Professional Practice Standards for Record Keeping June 2017. At the March 2017 meeting, Council approved, in principle, for the purpose of consultation. The College consulted with members from April 4 to May 19, 2017. The final version reflects feedback from RDs who participated in the consultation.

The Standards for Record Keeping include the required elements and minimum performance expectations that RDs must achieve when maintaining records in dietetic practice. It also reflects the professional obligations when RDs act as Health Information Custodians or as agents as defined in the *Personal Health Information Protection Act, 2004* in relation to record-keeping.

REVISIONS TO THE PROFESSIONAL PRACTICE STANDARD: CONSENT TO TREATMENT AND FOR THE COLLECTION, USE & DISCLOSURE OF PERSONAL HEALTH INFORMATION (THE STANDARDS)

Council approved the proposed revisions to the Standards of Consent (2017), which had served as the foundation for the 2016 fall workshop series on consent. Following the workshops, College staff considered feedback from RDs and revised the Standards to more accurately reflect the practical realities of how consent is obtained in dietetic practice and to provide greater clarity for RDs surrounding their professional obligations for obtaining consent in an interprofessional environment.



REVISIONS TO BOUNDARY GUIDELINES FOR PROFESSIONAL THERAPEUTIC RD-CLIENT RELATIONSHIPS (BOUNDARY GUIDELINES)

Council approved the Boundary Guidelines for Professional Therapeutic RD-Client Relationships. In March 2017, Council approved, in principle for the purpose of consultation, the draft Boundary Guidelines for Dietitians in Ontario. The draft was circulated to

members in an online survey from April 4 to May 19, 2017. The feedback received from members was reviewed by Staff and the Boundary Guidelines were revised accordingly. The Boundary Guidelines clarify the laws and principles that RDs must put into practice to maintain professional therapeutic relationships with their clients. The final version reflects comments from RDs who participated in our survey.

Council Meeting Dates for 2017/18

Council meetings are open to the public.

If you plan to attend, please contact Jada Pierre at jada.pierre@collegeofdietitians.org or call 416-598-1725, ext. 221. The meeting agenda and materials are available for the public. To access them, go to the top right hand side of the College website at www.collegeofdietitians.org and click on Public Meetings and Hearings.

- September 29, 2017
- December 15, 2017
- March 23, 2018
- June 21 and 22, 2018 (Annual Meeting and Council)

Revised Dysphagia Policy Caring for Clients with Dysphagia in Ontario

The Dysphagia Policy: Caring for Clients with Dysphagia in Ontario has been updated to incorporate the *2017 Competencies for Dysphagia Assessment and Management*. The Policy statements clarify an RD's role in dysphagia assessment and management as defined by the needs of the client, the interprofessional resources and the environment in which care is provided.

Thank you to all RDs who provided feedback. Your input was valuable and made a difference.

For questions, please feel free to contact the College's Practice Advisory Service:

practiceadvisor@collegeofdietitians.org

416-598-1725 / 1-800-668-4990, ext. 397

Welcome (and welcome back) to the College

COUNCIL 2017 ELECTION RESULTS



Dawn van Engelen RD
Elected by Acclamation, District 2

Dawn van Engelen graduated from Mount Saint Vincent University with a Bachelor of Science in Home Economics and completed her internship at Hamilton Health Sciences in 1994. Presently, Dawn is completing a MSc (Bioethics) at the University of Toronto. After finishing her internship, Dawn completed a couple of maternity leave positions and settled into West Lincoln Memorial Hospital in Grimsby, Ontario for the last 21 years. This is a long time at one facility but this was the perfect place for Dawn to work at the peak of her professional scope of practice. Dawn continues to lead the facility in dysphagia management and diabetes education, and currently her long-held passion for ethics and patient experience. Her keen interest in patient-centered care will be an asset in serving on the College Council.



Bill Franks RD
Appointed, District 1

Bill Franks has been a front line clinical dietitian since 1984. He has enjoyed a variety of assignments over the years and now works with Circles: Bridges Out of Poverty. The field of nutrition remains a good career fit for Bill. We welcome Bill back to the College. He was previously a member of Council from 2000 to 2001.



Suzanne Obiorah RD, MBA
Re-elected by Acclamation, District 4

Suzanne Obiorah was re-elected by acclamation for a second term on Council. In her first term as a Councillor (June 2014 to June 2017), Suzanne served on the Patient Relations, Quality Assurance, Discipline and Fitness to Practice Committees. In 2016, she was elected to the Executive Committee and, as of June 2017, Suzanne will be serving on the Executive Committee as Vice President.

Suzanne is a Professional Practice Manager at the Ottawa Hospital where she provides leadership to the practice of dietetics, speech-language pathology and audiology. She's engaged in a variety of initiatives aimed to standardize processes, expand the practice scope and improve the utilization of these professions. Most recently she's aimed to increase the awareness of malnutrition and its implications in Canadian Hospitals. Suzanne graduated from Ryerson University with a Bachelor of Applied Science in Food and Nutrition and did her dietetic internship at The Ottawa Hospital. In December of 2014, she completed her Masters of Business Administration with a concentration in Health Care Management from Saint Mary's University.



Appointment to the Registration Committee - Alida Finnie RD



Alida completed her term as a Councillor (2014-2017) and has now been appointed to the Registration Committee for another two-year term. During her term as Councillor, Alida served on the Registration and the Patient Relations Committees. She was also elected to the

Executive Committee where she served as Vice President from June 2016 to June 2017.

The College wishes to thank Alida for her hard work, her attention to detail and her dedication to public protection and safe dietetic care.

Farewell and Thank You



ELSIE PETCH, PUBLIC APPOINTEE

The College wishes to extend a heartfelt thank you to Elsie Petch for her hard work on Council for the past 10 years. Elsie was appointed as a public representative on Council from June 2007 to June 2017. During that time, Elsie has been a dedicated member of the Patient Relations and the Quality Assurance Committees since her appointment in 2007. She has also served on the Inquiries, Complaints and Reports, Elections, Legislative Issues, Registration, Discipline and Fitness to Practice Committees.

Elsie has worked extensively in the field of health care and received Best Practice recognition and awards from WHO,

Health Canada and the American Public Health Association. In 2003, Elsie received the University of Toronto Arbor Award for outstanding volunteer work for her contributions to the External Review and Health Promotion Curriculum Committees; as President of the Community Health Alumni Association; and on the College of Electors. She has also worked collaboratively with community dietitians in a multicultural setting and advocates for accessible health information and opportunities for equitable health choices.

Elsie has been a valuable and consistent voice on the College Council for public safety and accessible public services. Thank you, Elsie. We wish you success in all your future endeavours.



SUSAN HUI RD

Susan Hui RD, has served three two-year terms as a committee member appointed to the Registration Committee (2011-2017). For six years, Susan has brought insight, hard work and commitment to

College registration policies and processes. The College has appreciated her competence and dedication. We wish Susan success in all her future endeavours.

The College Values Its Council Members

The College Council is the board of directors for the organization. Council is composed of eight councillors who are Registered Dietitians elected by members of the College and seven public councillors appointed by the Provincial Cabinet.

Council governs the College and is responsible for establishing the policies, programs, and standards that regulate the profession of dietetics. Councillors also oversee the management of the organization making sure that programs, finances and staff resources are managed effectively and are coordinated to achieve planned results.

The College appreciates the dedicated work of all its Council and committee members. We work hard to create

an environment that supports and enables Council members to fulfill their governance role effectively. A learning environment has been created with many external and internal opportunities available throughout the year for Council education. At times, external consultants and lawyers are brought in to facilitate and lend expertise to complex issues discussed at Council meetings.

For more information about what you can expect when you volunteer as a Councillor or a committee member at the College, call the Registrar & ED or consider talking to other RDs who have served or are currently serving on Council or on committees.



Understanding Boundary Crossings to Preserve Professional Relationships

The College recently developed *Boundary Guidelines for Professional Therapeutic RD-Client Relationships* which clarify the laws and principles that every Registered Dietitian must know to maintain safe professional boundaries with clients. The *Guidelines* were designed so that dietitians can be knowledgeable about the boundary crossings that can harm clients.

This workshop will be based on the *Guidelines* and will help RDs examine their dietetic practice and professional conduct to identify the early warning signs of boundary crossings and the steps that can be taken to maintain appropriate therapeutic relationships with clients.

We encourage RDs and dietetic interns to attend this interactive workshop where attendees will be able to apply their knowledge to several case scenarios.

COLLEGE UPDATE

We will also review the College highlights over the past year including activities from the Registration, Quality Assurance, Practice Advisory & Patient Relations Programs. Presenters will be available after the workshops to address further questions.

Register Online

RDs: Login to your Member Dashboard on the College website and click on "Upcoming Workshop" on the right hand side of the page.

Dietetic Interns: email the College to Register: information@collegeofdietitians.org

Barrie	September 22, 1-4pm	Oshawa	November 7, 1-4pm
Belleville	November 21, 1-4pm	Ottawa	October 5, 1-4pm
Brampton	October 31, 1-4pm	Owen Sound	October 20, 1-4pm
Dryden - with OTN in Bancroft (2-5pm EST)	September 26, 1-4pm	Peterborough	November 22, 1-4pm 12 to 1pm (lunch/networking)
Guelph	October 26, 1-4pm	Ryerson	November 6, 1-4pm
Hamilton	October 25, 1-4pm	Sarnia	November 17, 1-4pm
Humber River Regional Hospital	November 28, 1-4pm	Sault Ste. Marie	October 3, 1-4pm
Kingston	November 20, 1-4pm	Scarborough	October 11, 1-4pm
Kitchener	November 9, 1-4pm	Sudbury - with OTN in Hearst, Moose Factory, Timiskaming and Timmins	October 17, 1-4pm 12-1pm (lunch/networking)
Lindsay	September 18, 1-4pm	Thunder Bay	September 25, 1-4pm
London	November 23, 1-4pm 12-1pm (brown bag)	Toronto - St. Michael's	November 2, 9am to noon
Mississauga	September 19, 1-4pm	Toronto - Sunnybrook	October 12, 1-4pm
Niagara/St Catharines	October 27, 1-4pm	Toronto - UHN	October 23, 1-4pm
North Bay	October 16, 1-4pm	York Region - Mackenzie Health	November 16, noon to 3pm
North York General Hospital	November 29, 1-4pm	Windsor	November 30, 6-9pm 5:30-6pm networking
Oakville	November 27, 1-4pm		