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Trust can be lost when a dietitian has competing interests and a client perceives that the interests of the RD are the priority. Once the client's trust is lost, as in any relationship, it can be difficult to regain. Learn how to recognize and manage competing interests in your practice.

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## [Members to be Randomly Selected March 2015 For Proof of Liability Insurance](#)

The random selection will be limited to members who are more likely to be without appropriate liability insurance: new members, members who have changed jobs, and members who report practising dietetics where they are likely to require private insurance.

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## [Tax Receipts Are Available Online](#)

Did you notice that the tax Receipts look different? See the back cover to find out why.

# Strengthening the College Regulatory Framework



Barbara Major-McEwan, RD  
President

The College of Dietitians of Ontario exists to regulate and support all Registered Dietitians in the interest of the public of Ontario.

We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians in their changing practice environments.

In life, we all need signposts to keep on course. Organizations are no different and the College is no exception. The College is at the end of a strategic planning cycle and it is time to assess our accomplishments to determine if we have met our goals. The College's *Strategic Plan 2011-2015* set out five goals:

- Goal 1:** An Effective Regulatory Framework for the Quality & Safety of the Dietetic Practice
- Goal 2:** Competent Members who are Compliant with CDO Standards
- Goal 3:** Informed and knowledgeable Registered Dietitians Engaged in Effective Practice in their Environments
- Goal 4:** Support of the Attainment of an Adequate Supply of RDs
- Goal 5:** An Effective Organization with Optimal Use of Resources

Over the term of the plan, the College has tracked activities and metrics related to each goal. Following are some of the achievements that I would like to highlight to express our commitment to effective regulation in the public interest.

## USING THE PRINCIPLE OF RISK TO FOCUS REGULATORY RESOURCES FOR PUBLIC PROTECTION

Extensive work was done to identify risk and develop a risk framework for use in dietetic practice. This work highlighted the many personal, interprofessional and environmental factors that affect safety of dietetic practice in changing practice environments. The identification of specific risks set a new agenda for developing standards and resources to support RDs. Going forward, risk will be tracked through the *Self-Directed Learning Tool* and RDs will be asked to consider risk in setting their professional learning goals.

## FRAMEWORK OF STANDARDS FOR PROFESSIONAL PRACTICE

The new *Framework for Standards of Professional Practice* (2013) defines a professional standard in relation to minimum performance expectations and responsibilities for safe, ethical and competent client-centred services. It also establishes the criteria and the process for developing standards to make sure College resources are sharply focused on minimizing risk of harm to the public and supporting RDs to practice safely. The following new standards and guides were also published: *Standard of Practice: Collecting Blood Samples Through Skin Pricking* (2012) to address a new authority for RDs; the *Framework for Managing Risks in Dietetics*; an updated *Record Keeping Guidelines for Registered Dietitians in Ontario* (2014); and *Guidelines for Supervising Learners*.

## QUALITY ASSURANCE AND REGISTRATION PROGRAMS REFINE ASSESSMENT TOOLS

Through its competence assessment and other learning tools, the Quality Assurance Program assures the public and other stakeholders that Registered Dietitians in Ontario practice safely, competently and ethically. By moving to a 2-step assessment, the *Peer and*

*Practice Assessment (PPA)* was expanded to assess more RDs than ever before. Feedback about RDs from clients and colleagues is used to determine which RDs need to advance to a more intensive practice assessment and chart audit. A very significant new component to the QA program is the assessment requirement for RDs who practiced fewer than 500 hours in the preceding three years. This has resulted in some RDs choosing to enter into an undertaking with the College not to practice until they have been assessed and completed the professional development directed by the College. Other RDs have successfully demonstrated competence to practice dietetics.

In the Registration Program, new competence assessment policies and procedures were implemented for two types of applicants: those who completed their education but have not practiced in the three years prior to their application, and applicants who undertook practical education outside of accredited programs. The College also introduced supervised practice conditions for temporary certificate holders who fail the national registration exam. The supervision enables them to continue practising to develop their competence while ensuring the public is protected.

The College secured close to \$700,000 from the provincial Ministry of Citizenship Immigration and International Trade for the development and implementation of new assessment tools for internationally educated dietitians. The work is now underway. This is an example of creating a more effective regulatory framework as well as reducing barriers to registration thereby contributing to a better supply of RDs to serve the people of Ontario.

### INFORMED AND KNOWLEDGEABLE REGISTERED DIETITIANS

Having informed and knowledgeable RDs is a strategic goal that speaks to our regulatory philosophy of supporting RDs to be competent, safe and ethical in their practice. As technology has evolved in the last few years, we have worked hard to adopt the new electronic and web-based technologies to facilitate RD access to important College information and resources, to reach every generation of RD, and cover all learning styles. We have restructured the resources on the website and

implemented a robust search feature to make it more user friendly. And, online learning modules, blogs, videos and twitter have been introduced in our arsenal of information and communication tools to reach more people.

The Practice Advisory Service was strengthened by adding another advisor for more effective RD support and increased work with interns to give them a better understanding of jurisprudence and College resources as they enter the profession. The quality assurance tools – *Jurisprudence Knowledge Assessment Tool*, the SDL Tool and PPA – are continuously updated to address all areas of practice and to cover relevant current issues, such as, interprofessional collaboration in client-centre care and risk of harm.

### EFFECTIVE ORGANIZATION

The College is committed to strengthening its people, processes and technologies. External specialists were invited to review governance practices to ensure that the College uses best practices for oversight, accountability and transparency. A key result of this review was the College's new definition of public interest which articulates our commitment to serving people in Ontario and expresses how our decision making is rooted in public values and collaborative processes. New transparency provisions were also implemented to open more College documents to the public. A decision to incorporate a regulatory risk management framework into governance processes assures that the right things will be measured for responsible oversight and continuous improvement.

As a Council, committee and staff, we worked hard and are very proud of our accomplishments. Thank you to all the public appointees and dietitians who participated in doing the work on Council, committees and working groups. Thank you to everyone who gave feedback through focus groups and surveys and have been part of our growth and development.

The College is preparing for the next strategic planning phase. We will reach out to key stakeholders including RDs in every area of practice to inform our next goals. We encourage all members to participate as we move forward together to strengthen dietetic practice in Ontario in the interest of the public.

## What should the public know?



Mary Lou Gignac, MPA  
Registrar & Executive Director

I would like to challenge you to put yourself in your clients' shoes or in the role of a parent or caregiver and ask yourself, "If I were my client, what would I want or expect to know about my Registered Dietitian?"

Transparency in providing information about health professionals is a high priority for health professions regulation and health care service delivery. The College is currently exploring what additional information about RDs should be made available online to the public on the Register of Dietitians. From the public's perspective, the central questions have always been "what would I need to know to make better choices about health professionals?" and "what should I know about my health professional to be as informed as possible in today's information rich society?" From a College perspective, we ask, "What should the public know that would inspire trust in the profession and in the organization that regulates Registered Dietitians?"

The College collects a lot more information than is currently available on the Register of Dietitians. The categories of information currently open to the public are: name and previous names of an RD, registration number and class of registration, languages of practice, employer information, College imposed term, conditions and limitations on practice, most voluntary undertakings with the College, referrals to and results of a discipline or incapacity hearing.

In March, the College will be circulating to members the new by-law provisions that would increase the amount of information placed on the Register of Dietitians. The by-law circulation will feature the current and proposed changes in full detail. Your input will be collected through an on-line survey. The proposed new information includes:

- Registration or licensure in another profession in Ontario and any profession outside of Ontario.
- Existing federal, provincial charges against a member or other offence that is relevant to suitability to practice dietetics.
- Bail conditions and conditions of parole relevant to ability to practice dietetics.
- Findings of guilt related to an offence or charge.
- Appointment of an investigator to look into a complaint or report about the member where there is compelling public interest to disclosure.
- Requirement to appear before the Inquiries Complaint and Reports Committee (ICRC) for an oral caution.
- Requirement by the ICRC to complete a *Specified Continuing Education and Remediation Plan*.
- A finding of malpractice.
- Similar information about referrals, findings, penalties and malpractice from registration/licensure in a profession outside of Ontario.

In the meantime, I would like to challenge you to put yourself in your clients' shoes or in the role of a parent or caregiver and ask yourself, "If I were my client, what would I want or expect to know about my Registered Dietitian?"



## Conflict of Interest in Dietetic Practice

### How to Handle Competing Interests

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Trust is a key link in the relationship that a client forms with a dietitian. That trust can be broken when a client thinks that the dietitian has interests that take priority over their own nutrition care. The conflict of interest does not have to be real; it may only be the client's perception. But once the client's trust is broken, as in any relationship, it can be difficult to repair.

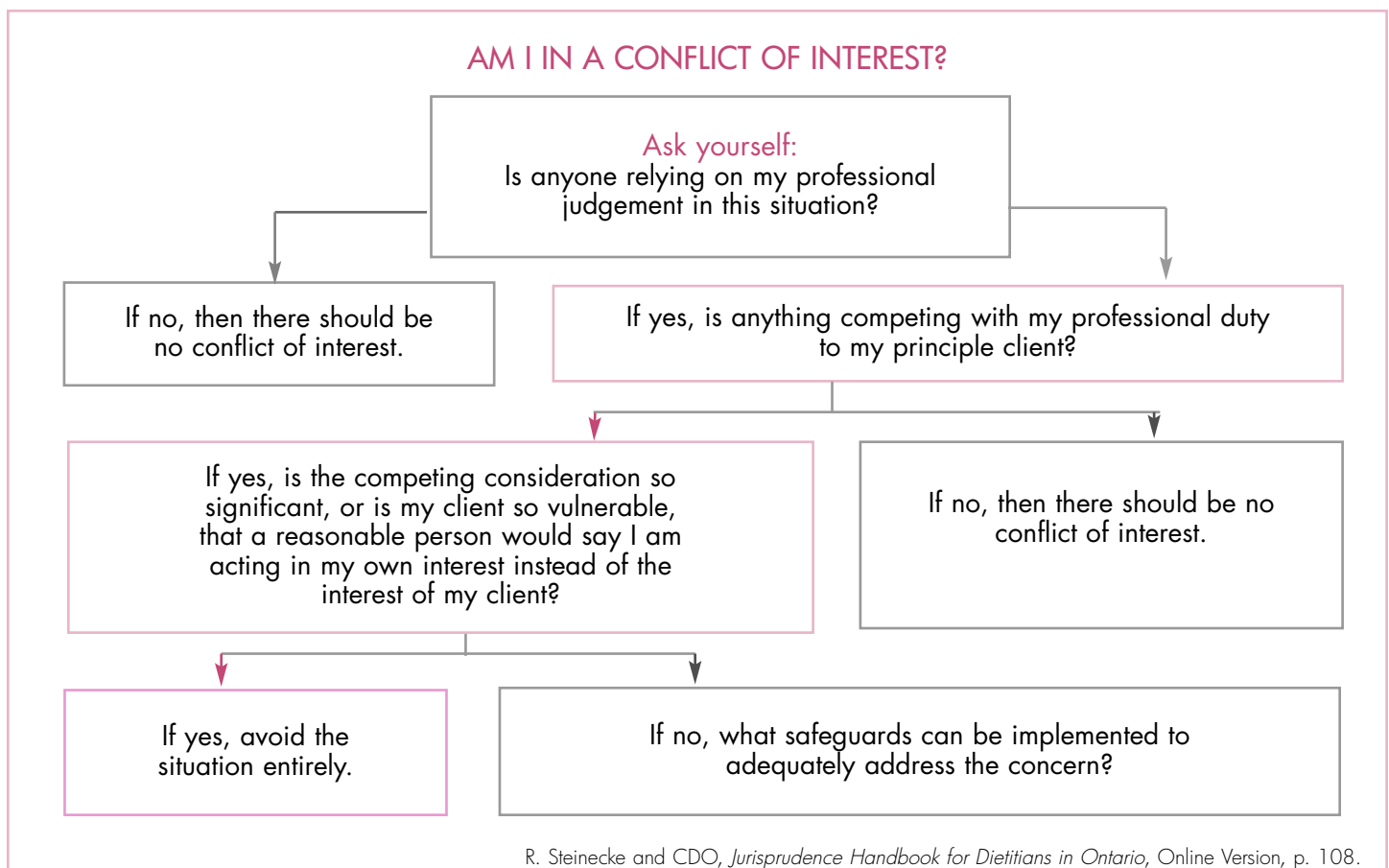
#### RECOGNIZING A CONFLICT OF INTEREST

A conflict of interest (COI) can occur when a dietitian has a personal interest or is perceived to have a personal interest that could improperly influence their professional judgment.<sup>1</sup>

While some RDs may fail to see a competing interest, others may recognize it but decide that their actions are justified. Potential or perceived COI must be addressed to preserve the RD-client relationship. To address a conflict of interest, first learn to recognize it and understand its potential impact on clients. The *Conflict of Interest Framework* below can help you pinpoint a potential COI.

#### MANAGING OR AVOIDING A CONFLICT OF INTEREST

If you determine that a conflict exists or can be perceived to exist, evaluate whether it should be avoided or managed. Question whether the competing interests are necessary in the first place or whether alternative arrangements would



better serve your client. If you choose to provide dietetic service while having competing interests, then apply safeguards to managed them. The safeguards identified in the *DORM Principle* will help make personal interests more transparent to clients.<sup>2</sup>

**Disclosure:** At the earliest opportunity, RDs should disclose the nature of the conflict to the client;

**Options:** Inform the client of his/her alternatives and assist in arranging for alternatives where requested;

**Reassurance:** Reassure clients that choosing another product or service will not affect the quality of the professional services you offer;

**Modification:** Making small modifications can remove or greatly reduce the potential for conflict of interest.

### CONFLICTS OF INTEREST TO AVOID ENTIRELY

Many COI can be managed with the application of the DORM principles. Some conflicts are a clear breach of ethics and should always be avoided, such as:

- Receiving a benefit for referring a client to any other person or company;

### SCENARIO 1: ENDORSEMENT OF PRODUCTS

An RD has been asked to review the nutrient content and ingredients of a new energy bar. The company would like the dietitian's positive endorsement to appear on the product's packaging and advertising materials. The RD wonders if this is something that dietitians can do.

The College does not currently prohibit RDs from endorsing specific brand name products. However, be aware that many colleges have prohibitions and restrictions regarding endorsements and recommendations of products.

Promoting nutrition and food related products can be a delicate matter for dietitians as you have a certain amount of respect because of your expertise. The developer of the energy bars hopes to make a profit from selling the products that you would be promoting, knowing that the public values your professional opinion about nutrition. The dietitian is

- Offering a benefit to another when you receive a referral of a client; or
- Engaging in an arrangement, like a lease, where the amount paid is based on the volume of services that RD generates.

A trusting dietitian-client relationship is the foundation from which RDs practice dietetics and, in part, the dietitian's professional integrity and ethics contribute to the strength of that foundation. Competing interests must be handled with care to maintain the trust that your clients have placed in your professional knowledge, skills and judgement.

A competing interest can be a COI or a boundary crossing. A boundary crossing is like a COI except that personal feelings are involved rather than financial benefits or gifts.<sup>3</sup> The scenarios below present situations where competing interests may undermine the RD-client relationship. The scenarios were drawn from questions the College's Practice Advisory Service received from members.


R. Steinecke and CDO, *Jurisprudence Handbook for Dietitians in Ontario. (2014) Online Version, chapter 9:*

1. p. 101
2. p. 107
3. p. 111

responsible to ensure that the communication to the public is not false or misleading. There could be a potential or perceived conflict of interest, and a reasonable person may question whether your interest lies with the company that you are endorsing or with the public.

**Competing Interests**  
Apply DORM Principle

**Client's (the public) interest** is that they want accurate, unbiased information from an expert.



**RD's interest** perceived as being paid for providing an endorsement.

## SCENARIO 2: SELLING SUPPLEMENTS

An RD is working in private practice and has a line of supplements that she would like to sell to her clients that are athletes. Based on her evaluation of the supplements, she feels that they are superior products for athletic performance and muscle recovery. She also believes that RDs are perfectly placed to promote the safe, effective use of these products in the marketplace. She wonders if selling these products to clients is a conflict of interest.

Although the College does not currently prohibit RDs from selling products, other Colleges do. RDs need to proceed with a great deal of caution with this activity. Products selected for sale should only be recommended as part of the nutrition care plan where their use is supported by best practice guidelines and scientific evidence. It is professional misconduct to recommend vitamins, minerals or nutritional supplements for improper use (*Dietetic Act, Ontario Regulation 680/93, Professional Misconduct, 1991*).

In this case, the financial gain of the RD is competing with the client's interest in buying products that they need. Dietitians hold greater power in the RD-client relationship as they have the nutrition knowledge that client's are searching for. No matter how well intentioned, the client may feel pressured to purchase the supplements. Attempts to manage

## SCENARIO 3: SUPPLIER OFFERS TO PAY THE RD TO ATTEND A CONFERENCE

An RD works at a diabetic clinic. A company that supplies insulin pumps widely used in the clinic offers to pay for the RD's hotel fee and registration to attend a conference on diabetes management. Can the RD accept? If so, when or how should this arrangement be disclosed?

Receiving financial support for attending educational conferences from a commercial supplier can be a conflict of interest. The degree of conflict would depend on how much influence the RD has on purchasing the pumps or recommending them to clients. If the RD has no influence, then there may be no problem with accepting the offer. However, an outsider might still think that the company is influencing the RD to endorse the insulin pumps used in the clinic. This may be managed with the DORM principles by making a fully transparent disclosure about who is responsible for purchasing the pumps for the clinic.

this conflict with transparency and safeguards may still have the client questioning the RD's motives and there is a risk that their trust would be broken.

If the RD chooses to sell these products, as with any treatment, she must obtain informed consent. Clients must be informed of the rationale of using supplements for the treatment along with the evidence-based benefits of the products, any risks involved and alternative treatment options. Care must be taken not to misrepresent or overstate the merits of the products for sale or diminish the value of alternative choices. The RD needs to clearly state that she is receiving a financial benefit by selling the supplement. Alternatively, products could also be sold at cost to avoid a conflict of interest. In any case, in no way should the client feel that their service will be compromised if they choose other products.

### Competing Interest

Apply DORM Principle

Client's interest is purchasing products they need at the best price.



RD's interest perceived as the financial benefit for the sale of products.

If the RD has some influence over the choice of pumps for the clinic or helps her clients choose their pumps, then she must seriously consider the subtle impact the funding for the conference may have on her decision-making. The perception of conflict of interest could easily break client trust. Not accepting the offer would likely be the best option to avoid this conflict of interest.

### Competing Interest

Apply DORM Principle or Avoid

Client's interest is in having a cost-effective insulin pump that suits their needs best.



RD's interest perceived as having access to more funding to attend more conferences.

## SCENARIO 4: A PAYMENT FOR REFERRALS

An RD working in a private weight management clinic was asked by the manager to screen clients for sleep apnea. The manager offers to pay the dietitian \$20 for every referral to the clinic's sleep apnea program. Is it appropriate for the RD to screen clients for sleep apnea while conducting her nutritional assessment and then refer them to the clinic's program?

Two professional practice issues arise from this scenario:


### 1) Accepting a benefit for a referral

Accepting a benefit for a referral is a clear conflict of interest that should always be avoided. A neutral observer could argue that accepting \$20 for a referral influences the RD's professional judgment and that referred clients may receive unnecessary assessments or treatment. Even if the RD refuses the incentive but continues to refer clients exclusively to the clinic's sleep program, a conflict of interest may still remain. It could be argued that the RD is receiving an indirect benefit as her employment may depend on the volume of business that she generates for the sleep apnea program.

### 2) The potential for misuse of personal health information unless an informed consent is received from the client.

Based on the *Personal Health Information Protection Act*, s.29, (2004), it is unacceptable for a dietitian to use personal health information for any purpose other than the one consented to by the client. In this case, the client is visiting the RD for weight management counselling and the collected health information should be used as part of the nutrition assessment. Screening for sleep apnea is outside this scope and the RD would need to obtain an explicit informed consent before performing the screening.

**Competing Interests**  
Should be avoided entirely.



**Client's interest** is only in receiving services they want and need.

**RD's interest** perceived as being more motivated by receiving 20 dollars for every client referral than offering client-centred care.

## SCENARIO 5: TREATING A FAMILY MEMBER

Treating a family member is not a conflict of interest. However, it may lead to a boundary crossing which is about personal feelings rather than a material gain. Boundary crossings occur where there are dual relationships — in this case, a personal relationship and a professional one. The general assumption is that the closer the relationship, the harder it is to maintain a separation between the personal and professional relationships when treating a family member. If the personal relationship crosses over the boundary into the professional realm of the dietitian, the RD-client relationship may be compromised and the quality of your dietetic services may suffer.

### Ground Rules for Avoiding a Boundary Crossing

A boundary crossing may be avoided as long as the RD is aware of the issues involved with treating family members. The following questions will help guide you in making a professional client-centred decision when you are considering whether to treat a family member or not.

- How close is your relationship with this family member? Would your personal relationship unduly influence the professional one? Could the family member effectively engage in the RD-client relationship?
- How much personal, social and health information will you have access to? Is the family member comfortable with sharing sensitive confidential or personal information with you?
- What type of dietetic service is required? Helping with instructions on a diet sheet would probably not be an issue. However, maintaining appropriate boundaries might be challenging when treating a complex nutrition condition such as an eating disorder.
- How much influence would you have in accessing healthcare treatment or services for this family member? Can you do this impartially?
- Is there another RD available that could suitably provide this service?
- Can you set ground rules that both you and your family member would agree to? This would help keep the personal relationship separate from the professional one.





## Members to be Randomly Selected in March 2015 For Proof of Liability Insurance

Carolyn Lordon, RD  
Registration Program Manager

All colleges under the *Regulated Health Professions Act* must require their members to carry liability insurance. Liability insurance protects the public by providing 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.

The College monitors compliance with this requirement in two ways:

- RDs must make declarations on the annual renewal about whether they are practising dietetics and whether they are in compliance with the requirement for liability insurance; and
- The College randomly selects a group of dietitians to provide proof of their liability insurance coverage.

### RANDOM SELECTION – WHAT WE HAVE LEARNED

The results from the 2011-2013 random selection showed that:

- The College can be confident that members employed by hospitals, public health units, the federal, provincial or municipal governments, and education institutions are appropriately covered by their organization's insurance.
- Members who work in other work settings may not be able to rely on an employer's insurance and must purchase their own insurance.

- Members who change jobs or work in non-clinical areas of practice are more likely to have a gap in their insurance coverage, either because they neglect to purchase insurance or think they don't need it.
- New members are more likely to be unaware of the requirement for liability insurance, in spite of education efforts by the College.

### CHANGES TO THE RANDOM SELECTION PROCESS

The declaration questions related to liability insurance will remain on the annual renewal form. College staff will monitor the responses and follow up with members where there is a discrepancy in the information provided.

Beginning in 2015, the random selection process will be moved to Spring, instead of the very busy Fall renewal period. It will also be limited to members who are more likely to be without appropriate liability insurance, such as:

- new members;
- members who have changed jobs; and
- members who report practising dietetics in a work setting or area of practice where they are likely to require private insurance.

In March, notices will be sent in the mail to the randomly selected members. They will have 30 days to provide proof of liability insurance coverage.





## The 2014 CDO Workshop Resilience and Managing Risks — What we talked about

Carole Chatalalsingh, PhD, RD,  
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*A professional is a man who can do his best at a time when he doesn't particularly feel like it. (Alistair Cooke)*

**17 % of College members attended the workshop (623 RDs) at 26 locations across Ontario.**

True professionalism does not just come from obeying written professional codes; it is a mind-set informed by training, experience and professional relationships. The workshop highlighted the concepts of resilience as an approach and a mind-set that informs training, experience and professional relationships in the interest of managing risks in dietetic practice. It also presented a *Framework for Managing Risk in Dietetics Practice* (To find the risk framework on the College website, enter the word "risk" in the search box at [www.collegeofdietitians.org](http://www.collegeofdietitians.org)).

High risk dietetics circumstances are context specific and generally refer to the combination of the probability and degree of some future harm to a client or clients. According to this understanding, the probability of risk is "high" or "low" depending on whether it is more or less likely to occur, and on whether the degree of harm is more or less serious. The risk research shows that RDs are experiencing many practice situations that could result in negative consequences for clients.

The workshop focused on exploring resilience strategies for managing risks in dietetics practice in Ontario. The Ontario dietitians who participated worked in small

groups using high-risk scenarios to explore beliefs, attitudes, and approaches around:

1. The meaning of optimism, grit and perseverance in providing safe, competent dietetic services;
2. The impact of developing confidence in work context and acting in the best interest of clients;
3. The significance of identifying and applying protective factors to lessen the potential risk of harm while practising dietetics;
4. The value of communication and interprofessional collaboration in client-centred services;
5. The importance of exercising due diligence in applying the 'Framework for Managing Risks in Dietetics' to make sure that the appropriate protective factors and processes are in place to eliminate or mitigate risk of harm to clients in your practice;
6. The meaning of reflective practice and formulating professional improvement plans to deal with challenges, system limitation and barriers;
7. The importance of recognizing that poorly managed stress and burnout can have a negative impact and sub-optimal performance;
8. The importance of RDs having control of controllable aspects of dietetic practice;

9. Recognition that in order for RDs to provide safe and competent service to clients, RDs must be able to manage challenging situations whether it is constant change, more work to do, less resources, interprofessional conflicts, work-related barriers or acquiring professional competency – skills and knowledge;
10. The importance of recognizing the need to develop and enhance RD well-being.

The definition of resilience varies in different cultures and contexts, but it generally refers to the ability to “cope well with adversity” and “persevere and adapt when things go awry.” The public is best served when RDs take care of themselves. A resilient RD assumes responsibility and accountability in the provision of competent, safe, ethical services. “First, do no harm”, should always be at the back of a dietitian's mind.

### IN A POST-WORKSHOP SURVEY, PARTICIPANTS SHARED THESE THOUGHTS

*Resilience is an important topic for interns and RD's and I found the background research conducted by CDO fascinating. In the past, I focussed on stress management with interns, but the broader topic of resilience links more closely to performance/ competencies, patient outcomes and job retention.*

*Thank you for sharing this information and presentation with RDs. It certainly has allowed me to reflect on how I handle challenges in practice and within the work environment.*

*Perceived risk vs. actual risk. If I can work on my confidence in my practice by chasing learning opportunities and seeking appropriate resources and training, I can be confident in my competence in a "high risk" area of dietetic practice.*

*I love the resilience self-checkup – what a great idea – for those who need to improve in the resilience area, is*

*there any workshop or any resilience training they can attend that CDO can recommend?*

*I really appreciated the link between our ability to manage risk and our resilience. The a-ha for me was in the form of pessimism versus optimism in terms of resilience, I had never encountered those perspectives on the two and it was very enlightening for myself.*

*I think the ABCDE Therapeutic Approach; specifically, the dispute area where identifying worst and best case likelihoods. Puts situation in perspective.*

*I recognize that managing risk in my practice/workplace requires resiliency yet it also requires on-going support from my directors and I really liked the process of weighing the best and worst case scenario, the likelihood and then the most likely scenario. It is definitely a good way to evaluate your reaction to the situation and put it in perspective.*

*I will share several important topics with my students, as they are covered in my lectures (e.g., public confusion between dietitian and nutritionist; importance of communication; importance of resilience; Professional Misconduct; importance of self-compassion; reflective practice) Interesting to hear that many dietitians identified 'working in isolation, no network or resources'. Students have been reminded that this is a real aspect of practice (and, therefore, they should relish the opportunity to work with peers during undergrad and/or grad degrees).*

**We would like to thank all the 2014 workshop participants for your engagement, dialogue, reflections and learning. An online learning module of the workshop will be developed with reflective questions and scenarios. We will advise members when the module is posted on the College website.**



# How to Use the Search Feature on the College Website

The College's professional practice service receives calls from dietitians who are not aware that our website has a robust search feature. The search box is in the upper right hand corner of the website (see illustration below) and is designed to respond to a search by topic.

## USE THE SEARCH BOX TO FIND INFORMATION

You can type in a word or a string of words in the search box. If you have a specific phrase, use quotation marks to let your browser know that it should only search for those words together. For example, when you type in guidelines, you will get the list of all College guidelines; and when you type "Record Keeping Guidelines" with quotation marks, only those guidelines will appear.

## HOW DO I SEARCH FOR ARTICLES THAT APPEARED IN PAST RÉSUMÉ NEWSLETTERS?

There is no need to search for old *résumé* newsletters to access articles that were published in the past. All the articles have been pulled out of the newsletters and posted as separate documents on the website. This allows anyone to search for an article by topic, key word or "title", and access all the information ever published by the College about a subject. Articles with outdated information were removed from the website.

The archive section for old *résumé* newsletters no longer exists. We only have complete newsletters dating back to Winter 2012 posted on the website. You can search for the *résumé* newsletters by typing in *résumé* or "*resume fall 2012*" for a specific issue dating back to 2012 only.

## RESOURCES LIST

A list of resources appears on the right hand side of each web page. This list replaces the old FAQs. The topics listed in the *Resources* column are related to the subjects discussed on that page. When you click on a topic link, College publications and documents related to that subject appear in the search. See the illustration below.

## ASK FOR HELP

We have tried to think of all the words that might help with your search. If you cannot find the information you are looking for, it is possible you are using a key word we have missed. Please call the Practice Advisory Service. The practice advisors will help you find the information you need and also make sure that your keyword is added to facilitate future searches. Your input will help strengthen the search feature.

## Search by topic

The screenshot shows the top navigation bar of the College of Dietitians of Ontario website. A red arrow points to a search box in the upper right corner. Below the navigation bar, there is a sidebar with menu items: public, employers, members, and apply to the college. The main content area features a 'MEMBER SUPPORT' section with a 'PRACTICE ADVISORY SERVICE' link. A red arrow points to a 'Resources' list on the right side of the page, which includes links like 'Consent to Treatment', 'Infection Control', 'Liability Insurance', 'Medical Waste', 'Name Change', 'Pandemic', and 'Practice Advisory Service'. A red arrow also points to the 'Resources' list. The footer of the page includes the text 'College of Dietitians of Ontario' and 'WINTER 2012'.

Resources related to the page are listed by topic on the right.

Click on a topic link to access information about that subject.



## The Quality Assurance Program — Friend or Foe?

Barbara McIntyre RD, QA Program Manager,  
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The answer to that question may depend on your personal perspective. From the College's perspective, we strive to provide support to members to maintain their competence. At the same time, we need to ensure that all members who practice dietetics in Ontario have the necessary knowledge, skill and judgement to practice safely in the interest of public.

The *Regulated Health Professions Act* stipulates that each College must have a Quality Assurance (QA) Program with a self, peer and practice assessment, a professional development and/or continuing education component and a mechanism to monitor member participation and compliance with the program requirements.

### CHANGING AND EVOLVING

For those who have been members of the College for a number of years, you have seen the QA Program evolve in response to member feedback, changes in the profession, new research and the need for the College to assure the public that we have programs in place to monitor RD competence.

Our *2-Step Peer and Practice Assessment* is a good example. In 2012, it was implemented to enable the College to reach more members for assessment without increasing the cost of the overall program. Since then, 668 RDs have been assessed in Step 1, through a multi-source survey of their patients and peers, and 5% proceeded to Step 2, which includes a behaviour-based interview for a more in-depth view of the member's practice and, if applicable, a chart review.

The assessment gives RDs valuable feedback about their practice from both colleagues and patients. Most members are stressed about being randomly selected for this process, but when they complete it, over 90% say they found it informative and helpful to their practice.

The *Jurisprudence and Knowledge Assessment Tool* (JKAT) is another tool that has evolved to reflect the changing practice environment. Members must complete the JKAT the

first year of their membership and every five years after that. Over 50% of members have now completed the JKAT twice. Most RDs find it useful because it ensures that they have the knowledge necessary to comply with the laws and standards that govern their practice. This tool has been adapted by many colleges both in Ontario and nationally.

The *Self-Directed Learning (SDL) Tool* is a key component of the program and the only one which must be completed by practising dietitians annually. Drawing on feedback from the members, it was redesigned two years ago. Over 90% of members state that the new SDL Tool is much more relevant to their practice. The QA Committee has also noted a positive change in the quality of the learning goals submitted by members.

### MEMBERS PRACTISING FEWER THAN 500 HOURS

With the amendment to the *Registration Regulation* in 2012, members practicing fewer than 500 hours in the past three year are referred to the QA Committee for an assessment of their competence to practice. Members practicing dietetics under 500 hours in three years, submit a learning diary of their professional development activities, which, along with their practice hours, was considered in their competence assessment. Once they are deemed competent, these members are included in a smaller pool of members to be selected for the 2-Step PPA.

To date, 64 of 68 RDs who were not practicing dietetics elected to sign a voluntary undertaking "not to practice dietetics" to maintain their membership; four were assessed and found competent to practice and will be reassessed again in three years.

So, friend or foe? As the QA Program Manager, I can only say that we approach the quality assurance task required by law with fairness, objectivity and support for each member. We work hard to put a human touch in all our interactions with members. I encourage you to contact me to discuss any component of the QA Program.

# Certificates of Registration

## GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from November 1, 2014 to January 31, 2015.

Name	Registration ID	Date	Name	Registration ID	Date
Alberto Accardi RD	13869	19/01/2015	Farsad Farassati RD	13937	07/01/2015
Jenny Accettura RD	13826	19/01/2015	Catherine Farez Kamanzi RD		
Allison Adamo RD	13825	12/01/2015		13863	07/01/2015
Melissa Akerib-Marchand RD			Elisa Ferrante RD	13946	15/01/2015
	13861	19/01/2015	Julie Fortin RD	13894	07/01/2015
Luma Al-Shubbak RD	13797	12/01/2015	Samantha Fournier RD	13907	12/01/2015
Erin Alaimo RD	13877	12/01/2015	Jane Francis RD	13808	07/01/2015
Stephanie Alexander RD	13950	14/01/2015	Jaëlle Gagné RD	13936	16/01/2015
Jennifer Arce RD	13841	15/01/2015	Roseline Gagnon RD	13873	12/01/2015
Masoud Arya RD	10521	08/01/2015	Katie Genge RD	13828	09/01/2015
Netta Atlas RD	13848	12/01/2015	Molly Giffen RD	13843	07/01/2015
Nassim Azadibakhsh RD	12216	12/01/2015	Hannah Gilbertson RD	13823	07/01/2015
Elen Azevedo RD	11759	20/11/2014	Andrea Green RD	13885	12/01/2015
Kiran Bains RD	13878	20/01/2015	Jennifer Green RD	13842	12/01/2015
Brigitte Bélanger RD	13947	08/01/2015	Abby Groulx RD	13876	07/01/2015
Karen Bellemore RD	13778	08/01/2015	Melissa Hardy RD	13824	13/01/2015
Inga Berger RD	13917	15/01/2015	Robin Harper RD	13867	07/01/2015
Jodi Bernstein RD	13888	12/01/2015	Marika Hartviksen RD	13860	07/01/2015
Debby Berteau RD	13809	13/01/2015	Jennifer Hatchard RD	13920	20/01/2015
Maria Biasutti RD	13715	08/01/2015	Trevor Heer RD	13910	08/01/2015
Courtney Bloch RD	13817	09/01/2015	Vanessa Henry RD	13849	08/01/2015
Pierre-Luc Bouchard RD	13874	07/01/2015	Carmen Ho RD	13940	19/01/2015
Stephanie Boutette RD	13810	19/01/2015	Joyce Ho RD	13821	08/01/2015
Roxanne Brault RD	13819	07/01/2015	Koren Hobbs RD	13949	07/01/2015
Valeria Burnazov RD	13835	14/01/2015	Victoria Holla RD	13748	07/01/2015
Megan Burns RD	13883	07/01/2015	Jessica Hrgetic RD	13827	09/01/2015
Isabelle Carrière RD	13928	09/01/2015	Esther Huang RD	13906	08/01/2015
Emily Cercado RD	13769	07/01/2015	Hanifah Hussain RD	14026	19/01/2015
Alicia Chan RD	13941	22/01/2015	Michelle Johnson RD	13807	07/01/2015
Kitty Chan RD	13805	16/01/2015	Grace Karam RD	13851	12/01/2015
Jessica Chen RD	13866	07/01/2015	Nadine Kebbe RD	13913	12/01/2015
Isabelle Coiteux-Boudreau RD			Faiqua Khalid RD	13796	20/01/2015
	13980	11/11/2014	Katerina Kolarczyk RD	13895	07/01/2015
Veronik Connan RD	14039	19/01/2015	Katie Kozak RD	13865	08/01/2015
Jenna Cormier RD	13919	08/01/2015	Natasha Krotowski RD	13924	15/01/2015
Andy De Santis RD	13942	19/01/2015	Shela Kwong RD	13868	07/01/2015
Erika Depatie RD	13814	07/01/2015	Michael Lacey RD	13875	08/01/2015
Lorna DePetrillo RD	11293	09/12/2014	Caroline Lawrance RD	13688	19/01/2015
Alessandra DiMattia RD	13889	07/01/2015	Julie LeJeune RD	13930	07/01/2015
Andrea Docherty RD	13931	15/01/2015	Heidi Los RD	13960	13/01/2015
Lisa Doerr RD	13784	08/01/2015	Jonathan Luk RD	13786	08/01/2015
Jessica Drummond RD	13816	07/01/2015	Sarah Lynch RD	13893	13/01/2015
Sarah Dunford RD	13834	19/01/2015	Erin M'Larkey RD	13832	07/01/2015
Karine Dupuis RD	13858	19/01/2015	Ahuva Magder RD	13898	12/01/2015
Nicole Durand RD	13856	19/01/2015	Diana Mager RD	2312	01/11/2014
Robyn Edwards RD	13927	07/01/2015	Sajedah Mahdavi RD	13989	22/12/2014
Meaghan Elger RD	13850	13/01/2015	Joyce Mak RD	13959	16/01/2015
Caitlin Ellery RD	13985	13/11/2014	Pooja Mansukhani RD	13871	16/01/2015
Maryam Estakhri RD	12910	08/01/2015	Paméla Marleau RD	13904	08/01/2015
RochelleÉthier RD	13818	19/01/2015	Chantal Matar RD	11935	08/01/2015
Laurel Ettinger RD	13829	12/01/2015	Meagan McGregor RD	13846	16/01/2015
Michelle Evans RD	13890	07/01/2015	Gelareh Mehrbod RD	12381	12/01/2015
Karley Fallaise RD	13884	12/01/2015	Nouhad Mokdad RD	13791	19/01/2015
			Catalin Manuel Moldovan RD		
				13811	12/01/2015

## GENERAL CERTIFICATES OF REGISTRATION, CONTINUED

Joanna Mosko RD	11184	7/11/2014	Julia Roen RD	13953	19/01/2015	Andra Taylor RD	13799	15/01/2015
Mariel Munoz Tayraco RD	13836	9/01/2015	Stephanie Ruggieri RD	13845	09/01/2015	Robert Tenneriello RD	13815	13/01/2015
Lauren Murch RD	13831	12/01/2015	Farhanaz Safi RD	13934	07/01/2015	Erica Thomas RD	13958	07/01/2015
Taylor Musclow RD	13812	14/01/2015	Holly-Anne Scott RD	13912	16/01/2015	Ouxi Tian RD	13852	15/01/2015
Ellen Mycyk RD	13864	13/01/2015	Lauren Serafini RD	13862	07/01/2015	Anthea Tonelli RD	13854	08/01/2015
Sandy Njikiague RD	13891	16/01/2015	Jessica Simons RD	13908	13/01/2015	Denis Tsang RD	13820	07/01/2015
Carley O'Kane RD	13903	12/01/2015	Olivia Siswanto RD	13792	12/01/2015	Renae Tulloch RD	13914	19/01/2015
Courtney O'Neill RD	13948	12/01/2015	Jane Skapinker RD	13951	20/01/2015	Stephanie Tulsiram RD	13900	07/01/2015
Sara Ogilvie RD	13918	14/01/2015	Jill Skube RD	13905	20/01/2015	Colleen Turner RD	13839	07/01/2015
Monica Ostlund RD	13956	15/01/2015	Jaime Slavin RD	13882	12/01/2015	Robyn Tyo RD	13853	09/01/2015
Angela Pavarin-De Luca RD	13804	08/01/2015	Adrianna Smallwood RD	13974	07/01/2015	Alissa Vieth RD	13976	21/01/2015
Brielle Perl RD	13774	07/01/2015	Kendall Smeall RD	13780	08/01/2015	Carolyn Wall RD	13909	19/01/2015
Sara Perlmutter RD	13961	13/01/2015	Lisa Snider-Nevin RD	13870	08/01/2015	Kathryn Walton RD	13822	07/01/2015
Zahra'a Qassim RD	12028	08/01/2015	Emily Spencer RD	13790	08/01/2015	Tiffany Watson RD	13787	08/01/2015
Brittany Raftis RD	13785	13/01/2015	Dusty Stevenson RD	13847	07/01/2015	Kristen Wetherall RD	13837	07/01/2015
Kendra Read RD	11656	13/11/2014	Jessica Sugg RD	13939	07/01/2015	Brock Williams RD	13844	07/01/2015
Jordana Riesel RD	13806	14/01/2015	Mariana Suzeau RD	13902	20/01/2015	Kirstin Wingate RD	13962	12/01/2015
Marie-Christine Robitaille RD	13880	08/01/2015	Monica Szeliga RD	13789	07/01/2015	Laurie Wybenga RD	13840	08/01/2015
Ariellia Rodrigues RD	13872	12/01/2015	Nadeen Taha RD	13916	08/01/2015	Kate Young RD	13833	12/01/2015
			Diana Tarraf RD	13921	07/01/2015	Karmen Yuen RD	13933	13/01/2015

## TEMPORARY CERTIFICATES

Nada Abu Afoon RD	14037	30/01/2015
Stephanie Alp RD	14023	19/12/2014
Courtney Ballantyne RD	13994	19/12/2014
Heather Carson RD	13991	19/12/2014
Charlotte Chan RD	14038	19/01/2015
Hui Xuan Chew RD	14040	15/01/2015
Amrit Chhoker RD	13969	05/12/2014
Samantha Cooper RD	14028	19/12/2014
Rae-Ann Dresser RD	13990	19/12/2014
Katherine Ford RD	14032	19/12/2014
Amanda Freeman RD	13999	19/12/2014
Anna Maria Fruscione RD	13987	19/12/2014
Evan Huang-Ku RD	14036	19/01/2015
Umara Irshad RD	14025	19/12/2014
Jackie Kachuik RD	14042	20/01/2015
Jennifer Lee RD	14033	24/12/2014
Sarah Losier RD	13988	19/12/2014
Jillian Murray RD	14012	24/12/2014
Michelle Park RD	14029	15/01/2015
Aarohi Patel RD	14030	19/12/2014
Emily St. Aubin RD	14031	19/12/2014
Shirley Tam RD	13992	19/12/2014
Emma Ueffing RD	14034	15/01/2015
Sarah Walkom RD	13995	19/12/2014
Fergie Wallwin RD	13978	13/11/2014
Catherine Zammit RD	13993	19/12/2014

## RETIRED

Rita Lee	1344	03/11/2014
Lucie Lortie	1552	13/01/2015
Sheila Ann Nagy	1941	05/01/2015
Maureen Salter	2344	01/11/2014
Cynthia Scythes	1202	30/10/2014

## RESIGNED

Heather Barnes	10327	03/12/2014
Mana Bayanzadeh	12571	05/12/2014
Kristine Beaulieu	12486	30/01/2015
Ann Besner	11791	01/11/2014
Joan Beyette	1291	21/11/2014
Sarah Clément	13124	12/11/2014
Jenna Crown	12604	21/11/2014
Angie Daouk	11214	04/12/2014
Léa Décarie-Spain	12964	18/12/2014
Joanne Beverley Edwards-Miller	10939	05/12/2014
Emily Foster	13059	02/12/2014
Caroline Fraser	11969	22/12/2014
Dany Fréchette	12827	28/11/2014
Jacqui Gingras	10899	19/11/2014
Karen Jackson	1995	17/11/2014
Kelsey Kennedy	12684	01/11/2014
Jenilee Kidd	12326	17/11/2014
Kristin Knight	12927	08/12/2014
Kerri LaBrecque	11363	07/11/2014
Anne Marie Leclair	12900	05/12/2014
Nancy Lee	12351	01/12/2014
Erin Love	3615	04/12/2014
Tanya MacLaurin	11349	01/01/2015
Krista McLellan	12623	24/11/2014
Kaylynne Parkes	12577	01/11/2014
Karen Reading	3830	12/11/2014
Elana Silverberg	3827	05/11/2014
Megan Smith	12606	09/01/2015
Leah Sommerfield	12363	07/01/2015
Annette Stavrou	11032	26/11/2014
Sarah Wafa	13638	08/11/2014
Anyia White	11505	01/11/2014

## SUSPENSION

In accordance with the *Regulated Health Professions Act (1991), Procedural Code, Section 24*, these *Certificates of Registration* have been suspended for failure to pay the prescribed fees.

Sweta Amin	11893	08/12/2014
Laura Hojeij	12570	08/12/2014
Louise Y. Lanthier	3455	08/12/2014
Marie-Anne Lefebvre	12848	08/12/2014
Kimmy Lu	12702	08/12/2014
Donna Ng	1362	08/12/2014
Viktoria Shihab	12911	08/12/2014
Karen Trainoff	11862	08/12/2014
Harsimrat Virk	12820	08/12/2014

## SUSPENSION LIFTED/MEMBER REINSTATED

Mélissa Brien	13054	07/01/2015
Wing Yin Mak	12338	15/01/2015

## IN MEMORIAM

Barbara Marr Anguish	2282	15/12/2014
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## HAVE YOU SEEN THE NEW FORMAT FOR THE COLLEGE RECEIPTS?

The receipt showing you have paid your registration fees no longer includes a wallet card with the current membership year and the Registrar's signature.

### WHY THE CHANGE?

Most regulatory colleges in Ontario are moving away from wallet cards because they are not the best source of information for verifying the current status of members for the following reasons:

- The receipt and wallet card simply prove that the annual fees have been paid for the current year;
- A receipt and wallet card do not reflect the current member status. A member may have been suspended or may have terms, conditions or limitations imposed on their certificate after the receipt was issued; and
- Experience has shown that the dates on paper receipts and wallet cards can easily be altered for fraudulent purposes.

**The Register of Dietitians  
is the best source to verify a dietitian's status.**

The [Register of Dietitians](#) has the most up to date information about the status of a member's registration.

If your employer or anyone else requires verification of your current standing with the College, please direct them to the Register of Dietitians at [www.collegeofdietitians.org](http://www.collegeofdietitians.org)

### TAX RECEIPTS AVAILABLE ONLINE

Download receipts from the College website anytime. Login to your *Member Home Page* using your Registration Number and your password. Under *Membership* in the left hand side of the screen, click on [Print Receipts](#).