



résumé

2
[College's New Strategic Plan 2016-2020](#)

3
[Responsible Stewardship and Innovation](#)

8
[Additional Mandatory Reporting Obligations for RDs](#)

8
[Dysphagia Policy: Consultation Provides Insight](#)

10
[2015 Fall Workshop Summary: Conflict of Interest and Dietetic Practice](#)

12
[Professional Responsibilities during a Work Stoppage or Strike](#)

13
[Have You Visited the New Member Dashboard?](#)

[Professional Communications Online and on Social Media](#)

With the growing popularity of social media and online platforms, more RDs have been contacting the College about how to develop and maintain professional communications online.

page 4

[The Benefits of Supervising Learners](#)

To help link potential preceptors with practicum programs or applicants, the College is creating a registry of dietitians who are willing to supervise learners.

page 14

[2016 Workshops - Register Now!](#)

Unpacking Consent: Regulatory & Professional Obligations for Dietetic Practice

Back Cover

College's New Strategic Plan 2016-2020



Susan Knowles RD, President

OUR MISSION

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.

I am pleased to announce that Council has approved a new strategic plan which will guide the College in fulfilling its regulatory mission with relevance and maximum impact over the next four years. Strategic planning helps keep the College focused on long-range goals as well as the activities and resources needed to accomplish these goals effectively in our changing regulatory and dietetic environments.

This plan was developed with the help of consultants who led us through a collaborative strategic planning process spanning eight months. The strategic goals and objectives of the plan are grounded in information gathered from environmental scans, interviews and surveys with College members and other significant stakeholders. Council, committee members and staff also participated in several planning sessions to consider past achievements, ongoing work and the environmental factors having a high impact on dietetic practice currently and for the foreseeable future.

NEW MISSION STATEMENT

The College's mission, vision and values were reviewed to ensure that they reflected our perspective going forward. As a result, the mission statement was revised to be more focused on public protection and the public values as expressed in the College's Definition of Public Interest. The mission statement still highlights the importance of supporting dietitians to be safe, ethical and competent in the interest of public protection. The best public protection is a competent dietitian. Read the new mission statement in the sidebar on the left.

CORE VALUES REVISED

The College's core values were also revised. "Public Interest" was removed from our list of core values because the College's fundamental commitment to public protection is now clearly spelled out in the new mission statement. We added "Innovation" to our set of core values to reflect that, as an organization, we strive for relevant and progressive improvements in everything we do to maximize organizational efficiency and effectiveness. The core values are:

Integrity • Collaboration • Accountability • Transparency • Innovation

Given the process, thoughtfulness and effort that went into developing our Strategic Plan 2016/2020, I am confident that the new goals and objectives reflect who we are and will keep the College moving forward with our mission.

Thank you all for your insights and contributions to this important project. You can find the complete [Strategic Plan 2016/2020](#) on the College website.

Responsible Stewardship and Innovation



Melisse L. Willems, MA, LLB
Registrar & ED

When Council approved the College's strategic plan for 2016-20, it added "innovation" as one of our core values. In the short time that I have been with the College, I have observed that innovation is valued in the culture here. To stay relevant and knowledgeable, while being thoughtful and responsible stewards of our resources, we continuously strive to find innovative, cost-effective solutions to achieve our goals.

Every regulatory health college in Ontario has the same core statutory functions – registration, quality assurance, complaints and discipline, patient relations and fitness to practice (addressing incapacity issues). In addition, we have practice advice and communications programs and, to support all of this, we have information technology and finance services. The fact that we have

these programs and services is not unique but in many instances, how we accomplish our goals is innovative. For example, we are leaders among the colleges in using new technologies for communications, such as, videos, social media and quizzes for public education. This allows us to have a greater reach in Ontario with minimal investment.

The College's new competency assessment process for internationally educated dietitians (IEDs) is another good example of leadership and innovation in dietetics regulation. Given the scope and expense of this project, we knew that we could not deliver an exceptional product without more

resources. We were creative in finding solutions to make it happen. Because we believed in the value of this innovative project to ensure a fair and objective assessment of IEDs, we persevered in asking for funding from the Ontario government; we were refused two times and on the third try, the government provided the necessary funding. Although this is an Ontario project, we reached out to other dietetic organizations, educators and IEDs in Ontario and across Canada to ensure that we had expert advice for developing the new assessment tools. The new competency assessment process with innovative online components will be ready to launch later this year.

In developing the new strategic plan, we took the time to re-evaluate our purpose as a regulatory body (protecting the public) and how we can best achieve our five strategic goals for 2016/2020. This work plan will be a living document for us and will ensure that our work continues to be relevant and innovative in the interest of public protection and safe dietetic practice.

The College's Five Strategic Goals for 2016/2020

GOAL 1

A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice

GOAL 2

Competent Members Engaged in Effective Informed Practice

GOAL 3

Stakeholders Recognize the College as an Accountable Regulator for Public Protection

GOAL 4: A Collaborative Partner

GOAL 5: An Effective Organization with Optimal Use of Resources



Professional Communications Online and on Social Media

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Good communication skills are the foundation of a good dietetic practice. With the growing popularity of social media and online platforms, more RDs have been contacting the College about how to develop and maintain professional communications online.

The College supports RDs communicating online and using social media and web-based applications, especially to provide value-added services to clients and improve efficiency. The same principles of professionalism used by dietitians in their face-to-face communications apply online and on social media. Common sense, professional judgement and critical thinking are needed when communicating online and using social media. However, to be in compliance with the law when communicating online or using social media, there are legal obligations that RDs must know.

1. ANTI-SPAM LEGISLATION

Canada's anti-spam legislation came into effect July 1, 2014. It applies to emails, text, instant messages, and any similar messages sent to electronic addresses. If you use electronic channels to promote or market your services, organization or products, this law may affect you. For compliance basics, go to: www.fightspam.gc.ca

2. PROTECTING PRIVACY AND CONFIDENTIALITY

RDs have an obligation to maintain the confidentiality of client information and comply with all relevant privacy legislation including the *Personal Health Information Protection Act, 2004* (PHIPA). Privacy legislation requires that, as a regulated health professional, you adopt reasonable safeguards to protect the personal health information under your control.

Obtain informed consent for online communications

When communicating directly with clients online, it is important to inform clients of the security issues surrounding communicating personal health information online. Informed consent must be obtained. In many cases, consent may be implied when clients choose to communicate online. Use your professional judgment as to when you can rely on implied consent versus a more formal written or verbal consent to communicate with clients online.

Encrypt mobile devices having personal health information

Online and social media communication include the use of laptops, USB keys, tablets, smart phones and other mobile devices. Ontario's Information and Privacy Commissioner requires that health care professionals encrypt all mobile devices that contain personal health information. As these devices are prone to theft, password protection is not enough, encryption is also required.

The College doesn't have any specific recommendations regarding encryption devices, however, there are many options including USB keys that come pre-loaded with encryption software. For more information, consult an information technology expert or conduct an online search for encryption devices available. The Office of the Privacy Commissioner, Ontario, has published a fact sheet on this topic. The Office of the Privacy Commissioner, Ontario, has published a fact sheet on this topic at:

<http://www.ipc.on.ca/images/Resources/fact-16-e.pdf>

If you work in an organization, consult your information technology personnel to determine the best approach to secure the privacy of client information. Many employers also have rules and policies for employee use of online communications and social media.

3. MAINTAINING ONLINE PROFESSIONALISM

Professional Conduct

As RDs, your professional conduct and obligations online are the same as your behaviour in other settings such as hospitals, public health, long-term care, clinics or private practice. Be just as professional online as you are face-to-face with clients.



In keeping with the College's [Professional Misconduct Regulation](#), when practicing dietetics online, use the same name that appears in your profile on the College [Register of Dietitians](#). You must also use your professional designation to identify yourself, either "Registered Dietitian" or "RD".

Dual Relationships

Avoid dual relationships with clients, i.e. personal and professional. Social networking sites are more casual and informal than meeting clients face-to-face in an office. This makes building or maintaining a professional relationship online more challenging. Whenever possible, separate your professional online presence from your personal one. Never have interactions with your clients on your personal social networking or social media sites.

Accepting a client's "friend" invitation on Facebook, even with strict privacy settings, may involve you in the client's private life and will expose some information about your own private life. Also, accepting the invitation characterizes your relationship as social as well as professional. If a client invites you to be their "friend", the best approach is to decline the request and to discuss personally with the client on the phone or at the next visit (if it is soon) why you cannot accept the request.

Professionalism

To maintain professionalism, be cautious about what you or others post on your professional and personal social networks. Always maintain a respectful and professional image, even on your personal social media. Your personal status updates and photos, even if marked private, can be shared and distributed to a wider public by someone in your network. What you do in your personal life can impact your professional life, too.

Never Identify Clients Online

While RDs may discuss their practice experiences using social media and social networking, they should never refer to clients by name or provide any information that could be used to identify clients. It is your responsibility as a health professional to take all necessary steps to create a secure practice environment and to prevent unauthorized access to client information online or on your personal mobile devices.

Respect for Others

It is important to maintain respect for clients and colleagues online at all times. Everything you post – personally or professionally – can be linked back to your practice and your colleagues. Defamation, copyright and plagiarism laws also apply to social media and social sharing. Always provide credit and links back to original sources when sharing information.

Integrity

Maintain high standards of integrity when communicating online. For example, avoid airing workplace issues on social media. Use proper communication and conflict resolution approaches to discuss, report and resolve workplace issues in your workplace, not online.

If you share your nutrition expertise online, the best way to maintain the connection between online participants and safe, competent dietetic practice is through trustworthy and clear communications. This means that any information you provide online is accurate, current and, most of all, easy for clients to understand. Your opinions must be supported by evidence and best practice; and must never be misleading or deceptive.

Communicating online and using social media makes

information easy to publish. As RDs, it is important to reflect on your practice and aim for clear, professional and audience-appropriate communications.

4. APPLICATION OF PROFESSIONAL PRINCIPLES

Communicating with clients online

- When texting or emailing personal health information to clients, obtain informed consent from your client. Discuss the risks.
- Avoid using portable equipment in public places where people around you may view confidential information.
- Always password-protect your electronic devices and encrypt personal health information stored on your mobile equipment.
- Adopt practices for protecting the privacy of health information being transmitted online, such as, using initials to identify a client rather than a full name, password protection, assigning a numeric code or using encryption.

Interprofessional Communication – Text Orders

While the College does not have a policy regarding text orders from allied health staff, the performance expectations and regulatory obligations remain the same as when accepting orders via other means such as telephone or verbal orders. With the increased use of electronic communications by organizations and other individual employees, it means RDs must use new measures to protect the privacy of clients to meet their professional obligations. If your organization allows texting of orders, then follow the employer policies.

How to Document When Using Apps

Whenever RDs use a secure online client portal to practice or an app to exchange information with clients, the online interactions must be documented. If clients send personal health information using an app on a smartphone, RDs should transfer or summarize the information into the health record.

Social Networking

Social Networking is using an online service, platform, or site that focuses on building social relations among people who share similar interests and activities. Social networking websites may be useful places for RDs to gather and share

Always adhere to the same principles of professionalism online as you would offline.

their experiences, as well as to discuss nutrition and dietetics. These types of professional interactions represent an ancillary and convenient means for professional and interprofessional education and dialogue. However, most social networking sites do not provide a secure platform for confidential patient information.

- Using Twitter: If someone asks for dietetic advice through Twitter, it is important to note that information on Twitter is not confidential. Although general information about nutrition may be shared with a client on Twitter, for more personal advice, it would be best to take the conversation offline, unless you have explicit informed consent from the client. Also keep in mind that Twitter's character limitation can make meaningful communication more difficult. If you work for an organization, refer to your employer's social media or social networking policy for direction.
- Using Facebook: Before you post information on Facebook or "like", anything, reflect on your intentions and the possible impact on your professional image. Ask yourself: Does this post uphold my image as a professional health care provider? Does it respect my friends and colleagues who will see this post? Is it accurate? "Liking" someone's disrespectful comments, inappropriate jokes or pictures is just about the same as posting them yourself.

Web-Based Counselling

Always obtain an informed consent when providing web-based services and interacting with clients online. Web-based counselling sessions through video transmission can be done either through a secure online server, such as the Ontario Telemedicine Network (OTN) or through standard Internet connections. If you are using a standard Internet connection, remember that the information being relayed may not be as secure. Make sure your clients are aware of this when obtaining their consent.

E-mail

As a general rule, sending personal health information through regular email should be avoided. Acceptable options include obtaining the person's consent to use email, encrypt the email or make the information anonymous. This would involve informing clients of the security issues (e.g., the Internet is not 100% secure and email is subject to hacking). RDs should also consider that email can be unreliable, arriving hours or even days later, or not at all.

Blogging

Assuming there is no conflict of interest, an RD can blog about topics and products that relate to nutrition. When blogging about nutrition, ensure that your opinions are evidence-based and written in a professional manner. If you are using client examples, remove any client-identifying information from the post. Clients should not be able to identify themselves as the subject of the blog post. Before you blog, reflect on your intentions and the possible consequences of your writing. Also, be careful with your responses to blogs. "Liking" or agreeing with someone's disrespectful comments on a blog is almost the same as making them yourself. "Liking" means you are in agreement and support the comments.



Before you post information or pictures on social media or "like", anything, reflect on your intentions and the possible impact on your professional image.

"Liking" someone's disrespectful comments, inappropriate jokes or pictures is just about the same as posting them yourself.

USER AGREEMENT

We recommend that RDs develop a user agreement for all of their Internet sites (Facebook pages, websites, blogs, etc.). The user agreement should clearly indicate the purpose of the site and user responsibility for posts, respecting others, and that comments will be moderated and may be deleted by moderator if inappropriate. It should also indicate the limitations of the information shared on the site, for example, by using a disclaimer such as "information is general and is not intended to replace advice obtained from your physician, dietitian or other health professional".

Some websites have implemented a declaration box that needs to be checked before being allowed to join the group, and/or view or comment on a site. This could be something that RDs implement on the sites they are personally managing to ensure all readers are aware of the expectations for appropriate conduct.

REFERENCES

Steinecke, Richard. *A Complete Guide to the regulated Health Professions Act*. Aurora: Canada Law Book, updated annually.

DeJong, S.M. (2014) *Blogs and Tweets, Texting and Friending- Social Media and Online Professionalism in Health Care*.

Greysen S.R., Kind T., Chretien K.C. "Online professionalism and the mirror of social media." *J Gen Intern Med*. 2010;25:1227-1229.



Additional Mandatory Reporting Obligations for RDs

In December 2015, a Bill was passed in the provincial legislature to amend the *Provincial Advocate for Children and Youth Act, 2007*. These amendments included an obligation on agencies and service providers to inform the Provincial Advocate for Children and Youth promptly if they become aware of the death or critical injury of a child or youth and a children's aid society (CAS) has been involved with the child or youth, or with the child's or youth's family, within 12 months of the death or critical injury. Agencies and service providers are also required to provide those parents and children with contact information for the Provincial Advocate.

Note that the mandatory reporting obligations regarding child abuse have not changed for RDs. If an RD has reasonable grounds to suspect, not necessarily believe, that a child is in need of protection, then that RD must still make a report to a CAS. (For details, see the College's article titled, "Disclosing Personal Health Information to a Children's Aid Society". Go to the College website and enter, "child abuse" or "mandatory reporting" in the search box.)

THE NEW OBLIGATIONS FOR DIETITIANS

- Any RD who was treating a child or youth who sustained a critical injury or died, and the CAS was involved with the client or the client's family, must report this to the Provincial Advocate within 12 months.
- Agencies and service providers (including RDs) are also required to provide those parents, child or youth (as appropriate) with contact information for the Provincial Advocate.

RDs should review the review the *Child and Family Services Act, 1990*, to ensure that they are fully aware of all of their reporting obligations. If in doubt, contact your local CAS or the College for assistance.

Dysphagia Policy: Consultation Provides Insight

The College's *Dysphagia Policy* (2007), was recently updated to reflect current dietetic practice. The new policy, *Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario* (2016), was circulated to members for their comments from September to October 2015. The policy was revised to reflect the comments received by RDs and approved by Council in February 2016.

We would like to express our sincere appreciation to all the RDs who responded to the dysphagia policy consultation. Your input provided valuable insight into the critical issues surrounding the assessment and management of dysphagia. Your input helped to create a policy that reflects current practice in Ontario. Thank you.

Access the new policy at www.collegeofdietitians.org. Enter "dysphagia policy" in the search box.

NEW POLICY STATEMENTS

1. Dysphagia is a nutrition-related disorder and, therefore, aspects of dysphagia screening, assessment, treatment and management are within the scope of practice of Registered Dietitians (RDs) in Ontario.
2. RDs must be competent to do what they do at every phase of the practice, whether at entry or highly-developed practice.
3. A Registered Dietitian's role in a dysphagia assessment and management is defined by the needs of the client, the interprofessional resources and the environment in which care is provided.

4. In assessing swallowing disorders and the management of dysphagia, RDs have the same professional responsibilities as for other areas of clinical practice: providing safe dietetic practice.

The updated policy statements:

- Clarify the scope of practice of Registered Dietitians in Ontario who care for clients with dysphagia;
- Set out the College's expectations regarding managing risks and identifying and implementing the best protective solutions for safe, client-centered services; and
- Clarify the full role of the RD within a dysphagia team.

COMPETENCIES FOR DYSPHAGIA ASSESSMENT AND MANAGEMENT

To address specific knowledge or skills that could be broken down further to enhance clarity or assign it to a different level of practice, a pan-Canadian working group, formed by

PROFESSIONAL PRACTICE SCENARIO

Scope of Practice and Assessing Dysphagia

An RD was asked by her manager to complete a bedside swallowing assessment to determine if a resident with slowly declining end-stage Alzheimers was "unsafe to feed". This resident had a long-standing history of chest congestion and frequent suctioning to facilitate breathing. The staff was concerned about feeding this resident because he was constantly gurgling while feeding. The RD informed her manager that she was comfortable assessing and determining if the resident was high risk for aspiration but was not sure if it was in her scope of practice to do so. The RD wrote a note for the physician to assess the resident and to make a decision based on his medical expertise.

Did the RD approach this situation correctly?

Assessing and managing dysphagia is within the dietetic scope of practice. However, RDs must ensure that they have the appropriate education, practical training and mentorship

the provincial dietetic regulators, is developing competencies for dysphagia assessment and management. The general mandate of this working group will be to coordinate the development of comprehensive competencies for dysphagia assessment and management in dietetic practice in Canada. The competencies will reflect current practice and set out the profession's expectations of competent practice for dietitians who engage in this area of practice. Members and interprofessional colleagues will have an opportunity to provide feedback and validate these competencies. The College will notify members of related dysphagia competencies as they become available.

DYSPHAGIA POLICY QUIZ

Once you have read the policy you can test your knowledge by completing the Dysphagia Policy Quiz at <http://www.collegeofdietitiansofontariosurveys.com/s/Quiz/Dysphagia/>

to provide safe, competent dysphagia management.

When performing any task or function related to dysphagia, RDs have a duty to assess whether they can accomplish this safely and effectively both. If the RD determines that she does not have the necessary training to perform the swallow assessment, then it is correct to ask another authorized and capable healthcare provider, such as a physician, to perform the assessment.

However, if the client's needs would be better served by having an RD perform this task, then the RD must consider expanding her personal abilities to acquire the expertise needed to perform swallowing assessments in the future. Embracing new tasks in the interest of client needs and safety is an important part of decision and planning around mitigating risk of harm.

In situations where RDs are working alone or with limited access to an interprofessional team, they should develop collaborative care and communication strategies in order to provide safe dysphagia care.

2015 Workshop Summary

Conflict of Interest and Dietetic Practice

Throughout the fall, the College held its annual workshop series. This year, the topic was *Conflict of Interest and Dietetic Practice*. The College Practice Advisors thoroughly enjoyed facilitating the 28 sessions throughout Ontario. The rich discussions amongst attendees were very informative.

A total of 652 RDs (17% of membership) and 65 dietetic interns attended the workshops.

POST-WORKSHOP EVALUATION RESULTS

Workshop attendees were invited to complete a short evaluation survey; 242 RDs (a 38% response rate) completed the survey. Here are some survey results:

- 100% of RDs agreed or strongly agreed in the importance of identifying, avoiding, and managing conflict of interest in their dietetic practice;
- 100% of RDs felt they currently have sufficient resources to identify and manage conflict of interest in their dietetic practice;
- 98% of RDs felt confident in their ability to identify and manage conflict of interest in their dietetic practice;
- 92% of RDs agreed or strongly agreed that they gained an increased understanding of how conflict of interest relates to the dietetic profession; and
- 84% of RDs felt the College 2015 workshop on conflict of interest was a worthwhile learning experience.

"Ah-ha" Moments

When asked if there was one "ah-ha" moment during the workshop, respondents said:

- The flow chart/decision-tree and the DORM Principle were helpful.
- Perception is just as powerful as a real conflict of interest.
- Most conflicts of interest are not clear-cut or black and white; there are many grey areas surrounding conflict of interest.
- Most conflicts of interest can be managed.
- We thought there would be a lot more restrictions regarding conflict of interest. We feel much more informed now.



Other Comments

When asked if there was anything else attendees would like to share about the Workshop, respondents said:

- The workshop was a good reminder to always act in the best interests of clients.
- At my workplace ethics committee, we discussed conflict of interest shortly after the workshop and I was able to use some of the discussion points from the workshop during that meeting.
- I find professional development from CDO always or most often refers to clients as 1:1. With changing times the definition of client needs to be represented differently as the public, groups or customers versus patients.

THANK YOU!

The College learned a great deal from all those who attended this year's workshops. The issues, insights and questions gathered throughout the workshops will help inform our future work in the area of conflict of interest and dietetic practice.

COI RESOURCES ON CDO WEBSITE

- Fall 2015 Workshop: Conflict of Interest Handouts
- New online learning module based on the workshop: [Conflict of Interest and Dietetic Practice: Guiding Principles \(2016\)](#).

To access COI resources, enter the phrase, "conflict of interest" in the search box at www.collegeofdietitians.org.

Exploring Clinic Regulation in Ontario – What’s Next?

The *Clinic Regulation Working Group* was formed in 2015 by a number of health regulatory colleges to explore stronger oversight of clinics in Ontario. After conducting research and considering potential solutions, the Working Group proposed a “straw-dog” model of how clinics could be regulated in Ontario. A broad consultation of stakeholders to gather feedback about the idea and the proposed model was conducted throughout November and December 2015.

CONSULTATION RESULTS

The consultation period ended on December 31, 2015. Thank you to those of you who took the time to look at the website, watch the videos, attend town halls, and send in your comments. The Working Group has committed to a transparent consultation process. You can now read a report

about the consultation feedback and all of the stakeholder comments on the website. Find out what your colleagues and others had to say at: www.ontarioclinicregulation.com

NEXT STEPS

The Working Group met in February 2016 to consider the feedback and determine next steps for the project. The Group reached a consensus decision to submit a report to the Ministry of Health and Long-Term Care on their exploration of clinic oversight in Ontario. The Working Group hopes to open a dialogue with the Ministry about strengthening clinic oversight to benefit clients and healthcare practitioners in Ontario.

The Working Group plans to submit this report to the Ministry in Summer 2016.

Resources for RDs

PEN - A RESOURCE FOR EVIDENCE-BASED PRACTICE

Dietitians have a professional responsibility to practice in an evidence-based manner. One resource that may be of help to RDs is PEN (Practice-Based Evidence in Nutrition), which has been developed by Dietitians of Canada with input from thought leaders in dietetic practice, knowledge translation and technology.

Although the College is not affiliated with PEN, and we do not recommend or endorse specific products or services, we recognize that this resource may be of value to some RDs in providing safe, ethical, and evidence-based care. For more information, refer to www.pennutrition.com

DID YOU KNOW?

The College has an e-learning module on evidence-based practice. [Click here to access this resource](#) or search ‘evidence-based practice’ on our website at www.collegeofdietitians.org

NEW COLLEGE RESOURCES AVAILABLE

1. [Professional Practice Standard: Consent for Treatment and for the Collection, Use and Disclosure of Personal Health Information.](#)

These standards set out the professional expectations for RDs when obtaining consent in dietetic practice.

2. [Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario.](#)

This policy clarifies the role of an RD in the context of engaging in safe, quality dysphagia assessment and management. See page 8 of this issue for more information.

Visit the College homepage to view these resources under *Have you seen these resources?* Or, enter the subject, “standards of consent” or “dysphagia” in the search box in the top right hand corner of the website.



Professional Responsibilities during a Work Stoppage or Strike

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An RD is employed in a unionized position. There is potential for a labour disruption in the next couple of weeks. RDs and other health care providers may go on strike. What are the RD's professional obligations during a strike situation?

PREVENTING HARM TO CLIENTS

Labour disruptions or strikes often place RDs in a difficult situation where they must balance their professional obligations to provide safe, effective and quality client-centred care with the labour issues of their union. The College expects that during a labour disruption or a strike, RDs provide dietetic services that are urgent or otherwise necessary to prevent harm. It is likely that an RD's employer has an essential services agreement with the union to ensure that crucial services are provided to clients in the event of a strike. It is a professional responsibility for RDs to work with their employer, other RDs and the interprofessional team to determine which clients are in need of essential services and who should provide them.

ESSENTIAL SERVICES PLAN

To ensure that clients are safe and to prevent harm, it is important to plan for a potential labour disruption or a strike.

Identify the essential service clients

It is most important to determine which clients require continued care during a work stoppage. These decisions will depend on the complexity of the client care and risk to the clients should dietetic care be discontinued. Some examples of clients that could be at risk would include:

- Clients on enteral or total parenteral nutrition;
- Clients with dysphagia;

- Clients with poorly controlled diabetes;
- Clients post-transplant or recent post-op; and
- Clients with severe gastrointestinal disorders.

Determine who will work during the labour disruption

In planning for a potential labour disruption, determine who is assigned to work and decide which dietitian(s) are best suited to provide the care for the clients that have been identified for essential services. When making the decision, factor in the expertise and competence of individual RDs to ensure that care is provided safely. Where an RD is not competent in a particular area, work with your employer and the team to provide safe essential care.

All documentation should be kept up to date and client health records must be accessible so that essential service health care providers can access them. The College would also suggest that clients be notified and kept informed of the labour disruption, and when the strike is over, dietetic services must be resumed promptly.

Deciding to withdraw services

Above all, consider the following questions before making a decision to withdraw dietetic services:

- What is in the best interests of clients?
- Will clients be abandoned?
- Will the public be deprived of access to dietetic services?
- Will clients or the public be placed at risk of harm?

TAKING ON OTHER DUTIES

RDs may be asked to take on duties from other striking health providers and perform tasks outside of the dietetic scope of practice. RDs may accept reassignment of other duties provided they have the required knowledge, skills and

competence to do so. RDs should work with their employer to determine what is in their clients' best interests, while also considering their own personal safety during a strike or work stoppage.

PROFESSIONAL MISCONDUCT

The College's *Professional Misconduct Regulation* applies even during a work disruption or a strike. It states that RDs can be found to be in professional misconduct by:

- "9. Discontinuing professional services that are needed unless,
- i. the client requests the discontinuation,
 - ii. alternative services are arranged, or
 - iii. the client is given reasonable notice to arrange alternative services, and

10. Discontinuing professional services without reasonable cause contrary to the terms of an agreement between the member and the member's employer."

It is also professional misconduct if RDs:

"18. Fail to inform the member's employer of the member's inability to accept specific responsibility in areas where specific training is required or where the member does not feel competent to function without supervision, and

19. Treating or attempting to treat a condition that the member knew or ought to have known was beyond his or her expertise or competence."

By following the above advice, RDs can ensure that they are meeting their professional obligations in the event of a strike or other job action.

Have You Visited Your New Member Dashboard?

In January, we launched a new user-friendly dashboard for members. We encourage you to visit your New Personalized Dashboard and be familiar with it before the membership renewal period this year.

To access your dashboard, go to the College website at www.collegeofdietitians.org and login with your registration ID and password. You will find new features including:

- A user-friendly design
- Personalized information
- Easy access to update for your profile information
- Timely renewal alerts and messages about your renewal obligations
- Timely alerts and messages about your obligations for the College's Quality Assurance Program

A handful of members have had trouble accessing the dashboard because of their older internet browsers and computer systems. If this happens to you, here are some suggestions:

- 1) Check that the system date and time on your computer are correct;

- 2) Update your browser or try a different browser that is updated;
- 3) Make sure that your computer or that your organization has the latest updates installed;
- 4) Clear the cookies and cache;
- 5) If you are at home, try a different computer that has current browsers installed, check that the date and time are correct on the computer, clear cookies, cache, Windows or Mac updates are installed
- 6) If your are at work, try a different computer or use your smart phone. Some organizations block access to external websites. If this is the case, speak to your IT support and ask them to allow access to the College website; and/or
- 7) Contact your IT support for help.



The Benefits of Supervising Learners

Carolyn Lordon, MSc, RD
Registration Program Manager

carolyn.lordon@collegeofdietitians.org

Most dietitians will be asked to supervise a student or learner at some point during their career. Supervised practical training is an essential requirement for registration, and the College relies heavily on the judgment of the dietitians who assess the competence of applicants. For this reason, the College developed the *Guidelines for Supervising Learners (2014)*, which outlines the dietitian’s professional responsibilities in this important role.

Although there are many responsibilities involved in supervising a learner, there are also many benefits to the dietitians, their employer, and the profession as a whole. For example:

- **Keeping practice current.** Students and learners ask many questions. Answering those “why” questions will lead a dietitian and a learner to consult the latest research and evidence, which can lead to changes in practice.
- **More project work.** Students always value the opportunity to work on “real” projects. If it fits with the learning goals of the student, the RD may be able to assign that special project or literature review that has been delayed due to workload pressures.
- **Learning about other cultures.** Ontario is a diverse population and the population of interns and applicants to the College reflects that diversity. Supervising a learner can provide dietitians with the opportunity to learn about the role of food in other cultures.
- **Refining reflective practice skills.** By guiding someone else through the process of reflective practice, the dietitian may actually improve their own skills.
- **Giving back to the profession.** Every dietitian practising today has benefitted from the guidance and mentoring of other dietitians. Supervising a learner provides each

dietitian with the opportunity to give back to the profession in the same way.

LINKING PRECEPTORS WITH LEARNERS

Recruiting preceptors has always been a challenge for internship programs. The College is currently seeing a dramatic increase in the volume of applications from internationally educated dietitians who require bridging placements to become registered. They need preceptors to guide them. In recent years, internship and practicum programs have been exploring ways to expand capacity in response to the increasing enrollment at the undergraduate level. This expanded capacity is only possible if the programs have a sufficient supply of preceptors. The need for linking preceptors with learners is growing and is urgent.

REGISTRY OF PRECEPTORS

To help link potential preceptors with practicum programs or applicants, the College is creating a registry of dietitians will to supervise learners. During the renewal period this Fall 2016, you will be asked if you would consider supervising a learner. If yes, your name and contact information will be added to the College’s registry of potential preceptors. This list will be provided to practicum programs who need preceptors and to applicants who are required to do placements. We invite you to consider adding your name to the registry of preceptors.

For more information, please contact me at carolyn.lordon@collegeofdietitians.org



Do I call myself an RD when presenting at a conference in another province?

The laws and regulations about using the dietitian title are different from province to province, so the answer to this question will depend on where you are presenting. In some provinces, it would be sufficient to tell the audience that you are a dietitian registered in the province of Ontario. This makes it clear that you are not registered with the regulatory body in the province where you are presenting. In other provinces, however, you must be registered with the

regulatory body there in order to identify yourself as a dietitian. These provinces typically have a “courtesy” or short-term registration status for which you can apply.

It is best to contact the regulatory body well in advance of your conference or presentation to ensure you have time to make any necessary arrangements.

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from November 1, 2015 to March 31, 2016

Name	Registration ID	Date	Name	Registration ID	Date
Aya Algeriany RD	14282	22/12/2015	Sharon Costey RD	14401	16/03/2016
Sabra Alkharousy RD	12717	08/01/2016	Carina Crupi RD	14243	23/12/2015
Michelle Allison RD	14142	15/01/2016	Rola Dabbagh RD	14246	04/01/2016
Hengameh Amoupour RD	12937	24/12/2015	Jenessa Dalton RD	14058	04/01/2016
Pascalyn Annot RD	14211	23/12/2015	Michele Davies RD	14297	11/01/2016
Alison Antonette RD	14101	11/01/2016	Janice de Boer RD	11510	17/03/2016
Rosemary Baric RD	14118	07/01/2016	John Paul Del Monte RD	14301	18/01/2016
Emma Barrett RD	14206	22/12/2015	Geneviève Desjardins RD	14122	22/12/2015
Manmeet Kaur Behl RD	10695	04/01/2016	Steven Dubé RD	14196	04/01/2016
Lisa Behnke RD	14335	23/11/2015	Roxanne Dubé RD	14289	22/12/2015
Chantal Belanger RD	14162	11/01/2016	Stephanie Eagen RD	14148	22/12/2015
Christine Bennett RD	14393	23/03/2016	Serena Eng RD	14370	27/01/2016
Sarah Berg RD	14202	04/01/2016	Cindy Fajardo RD	14136	22/12/2015
Ann Besner RD	11791	19/11/2015	Ashley Fenster RD	14184	05/01/2016
Christina Bieniek RD	14104	04/01/2016	Tania Ferrante RD	14302	20/01/2016
Kyla Blackie RD	14234	22/12/2015	Jordan Filion RD	14127	22/12/2015
Meaghan Boddy RD	14291	06/01/2016	Melissa Finley RD	14083	05/01/2016
Alexandra Bodnaruc RD	14248	15/01/2016	Emily Fitzgerald RD	14159	04/01/2016
S. Kaitlyn Bresee RD	14183	22/12/2015	Anne Marie Fougere RD	14082	22/12/2015
Molly Campbell RD	14153	04/01/2016	Riley Fulkerson RD	12543	02/03/2016
Julia Campbell RD	14124	04/01/2016	Dominika Gembluk RD	14094	15/01/2016
Jacynthe Caron RD	14305	23/12/2015	Victoria Giannotta RD	14161	07/01/2016
Ada Castren RD	14238	18/01/2016	Alexandra Godin RD	14261	24/12/2015
Samantha Chabior RD	14209	04/01/2016	Clodie Gravel RD	14171	05/01/2016
Kristy Chang RD	14205	11/01/2016	Martina Guidolin RD	14164	04/01/2016
Brenda Charlemont RD	14191	04/01/2016	Rebekah Hack RD	14084	04/01/2016
Megan Charlish RD	14072	04/01/2016	Lori Halton RD	14226	22/12/2015
Danxi Cheng RD	14102	22/12/2015	Yasmin Hamid RD	14137	23/12/2015
Pui Chi Cheng RD	14179	15/01/2016	Samantha Harvey RD	14197	22/12/2015
Alex Chesney RD	14286	15/01/2016	Dana Hawthorne RD	14098	05/01/2016
Rebecca Chessman RD	14201	15/01/2016	Gabrielle Helal RD	14061	20/11/2015
Kelly Chung RD	4271	03/11/2015	Jessica Hicks RD	14107	20/01/2016
Taylor Clark RD	14241	07/01/2016	Ivan Ho RD	14123	11/01/2016
Jonathan Conti RD	14175	06/01/2016	Evelyn Ho RD	11726	02/12/2015
			Justine Horne RD	14100	24/12/2015



GENERAL CERTIFICATES OF REGISTRATION, CONTINUED

Name	Registration							
	ID	Date						
Erica Horner RD	14129	24/12/2015	Antonia Morganti RD	14208	20/01/2016	Michael Sedlak RD	14203	23/12/2015
Charley-Anne Horodziejczyk RD	14220	03/02/2016	Karine Mousseau RD	14188	08/01/2016	Sarah Selves RD	14276	18/01/2016
Jenny Huang RD	14329	09/11/2015	Noor Naqvi RD	14312	16/12/2015	Ferdeela Shah RD	14168	22/12/2015
Kirstie Huneault RD	14274	22/12/2015	Kaitlin Negus RD	14390	08/03/2016	Andrea Sillberg RD	14088	11/01/2016
Julie Hutter RD	14120	22/12/2015	Cristy Nippard RD	14331	23/11/2015	Misha Sinha Roy RD	14278	22/12/2015
Jaime Ilchyna RD	14228	15/01/2016	Geneviève Noël RD	14152	22/12/2015	Marika Smit RD	14103	20/01/2016
Laura Jewer RD	14258	21/01/2016	Isabel Normandin RD	14128	22/12/2015	Donna Smith RD	14284	08/01/2016
Vanessa Kan RD	14245	15/01/2016	Kathy Oghalai RD	10545	05/01/2016	Izabela Smolik RD	14269	05/01/2016
Melissa Kazan RD	14322	09/11/2015	Muna Osman RD	14116	18/01/2016	Mikaela Snooks RD	14131	11/01/2016
Sarah Kidd RD	14108	23/12/2015	Lauren Ostler RD	14374	25/02/2016	Josée Sovinsky RD	14140	20/01/2016
Rebecca Kinio RD	14271	04/01/2016	Brianne Ozimok RD	14214	23/12/2015	Carly Spraggett RD	14230	18/01/2016
Bracha Kopstick RD	14277	24/12/2015	Julie Park RD	14186	23/12/2015	Jamie Stewart RD	14147	22/12/2015
Nicole Korodetz RD	14348	15/12/2015	Christianne Patry RD	14165	23/12/2015	Catherine Street RD	14334	01/12/2015
Daniela Kutlesa RD	14177	15/01/2016	Krista Peraza RD	14247	07/01/2016	Rawan Suleiman RD	14266	15/01/2016
Lucia Kwok RD	14170	11/01/2016	Analy Perez RD	13004	18/01/2016	Lauren Sullivan RD	14406	22/03/2016
Julie Lachance RD	14149	22/12/2015	Nicole Pin RD	14213	06/01/2016	Emily Tam RD	14106	18/01/2016
Emma Lacombe RD	14185	22/12/2015	Heidi Pola RD	14280	04/01/2016	Juweriya Taqui RD	14273	20/01/2016
Meaghan Lane RD	14373	17/02/2016	Chris Polowski RD	14169	22/12/2015	Christine Tardif RD	14130	22/12/2015
Laura Langlois RD	12667	15/01/2016	Olena Polulyakhova RD	14244	18/01/2016	Stephanie Tibelius RD	14096	04/01/2016
Véronique Lavoie RD	14167	23/12/2015	Geneviève Quevillon RD	14204	04/01/2016	Paige To RD	14259	05/01/2016
Nadia Leblanc Pagie RD	14190	20/01/2016	Nazima Qureshi RD	14119	20/01/2016	Amélie Tremblay RD	14304	24/12/2015
Darquise LeDuc RD	14240	05/01/2016	Kara Racco RD	14145	23/12/2015	Paige Turton RD	14138	04/01/2016
Jennifer Lee RD	14033	11/01/2016	Rennu Rahul RD	14216	11/01/2016	Brittney Urban RD	14207	22/12/2015
Keely Lo RD	14235	22/12/2015	Maya Ram RD	14267	04/01/2016	Leah Van Dolder RD	14105	22/12/2015
Laura MacDonald RD	14146	20/01/2016	Meghan Reddy RD	14239	15/01/2016	Anne-Marie Van Engelen RD	14097	15/01/2016
Alessandra Magisano RD	14237	11/01/2016	Maria Reesor RD	14157	22/12/2015	Holly Viaene RD	14255	22/12/2015
Rima Malak RD	14099	22/12/2015	Sylvia Rinaldi RD	14090	22/12/2015	Abigail Vilbar RD	14254	22/12/2015
Muriel Mangialardi RD	14172	05/01/2016	Kelly Ann Ringrose RD	14236	25/01/2016	Rebecca Vukan RD	14242	04/01/2016
Leah McBlain RD	14263	04/01/2016	Katherine Rivard RD	14166	22/12/2015	Alison Walker RD	14371	27/01/2016
Jade McDermid RD	14181	23/12/2015	Emily Robins RD	14251	04/01/2016	Nicole Whyte RD	14294	08/01/2016
Karly Meincke RD	14200	22/12/2015	Chanel Robinson RD	14249	07/01/2016	Eric Williamson RD	14215	21/01/2016
Heloisa Melo RD	14359	10/02/2016	Sarah Roney RD	14092	22/12/2015	Courtney Wilson RD	14091	22/12/2015
Hilary Milward RD	14182	24/12/2015	Roxanne Roschuk RD	4273	30/03/2016	Kai Yi Karry Wong RD	14253	05/01/2016
Nicole Moesker RD	14133	11/01/2016	Sarah Nicole Rowe RD	4386	18/12/2015	Madison Wood RD	14227	22/12/2015
Carolyne Mondoux RD	14178	22/12/2015	Shareen Ruddock RD	13097	17/03/2016	Natasha Wood RD	14199	23/12/2015
Hiliary Monteith RD	14337	24/12/2015	Rubby Rudhar RD	14309	22/01/2016	Iris H.L Wu RD	14231	04/01/2016
			RosarySaad RD	14222	04/01/2016	Cara-Leigh Wyllie RD	14394	31/03/2016
			Kathleen Saunders RD	4358	04/01/2016	Jordan Zietsma RD	14268	22/12/2015
			Emily Saunders RD	14121	20/01/2016	Soraya Ziou RD	14303	04/01/2016
			Stefanie Savoie RD	14260	04/01/2016	Vanessa Zoras RD	14229	04/01/2016
			Reethamol Sebastian RD	12851	22/12/2015			

PROVISIONAL CERTIFICATE OF REGISTRATON

Bakadi Patient Beya, RD	13979	30/03/2016
Suzanne Maphar-Wenneker, RD	13713	22/03/2016

PROFESSIONAL CORPORATION

Danielle Aldous Dietitian Professional Corporation	14323	08/12/2015
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SUSPENSION LIFTED/MEMBER REINSTATED

Sarah Louise Winterton, RD	3469	08/02/2016
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TEMPORARY CERTIFICATES

Name	Registration		Name	ID	Date	Name	ID	Date
	ID	Date						
Rashmi Ahuja RD	10479	10/03/2016	Eun Hyoung Kim RD	13758	10/03/2016	Nadia Pabani RD	14341	20/01/2016
Diana Al-Farraj RD	13767	14/03/2016	Yoon Shin Lee RD	13982	10/03/2016	Sabrina Paquin-Marseille RD		
Kathryn Alp RD	14326	18/12/2015	Amy Leong RD	14362	10/02/2016		14314	25/11/2015
Jamil Ben Hmida RD	14388	04/03/2016	Catherine Lin RD	14400	08/03/2016	Natasha Paulic RD	14358	18/12/2015
Bryndis Blondal RD	14349	18/12/2015	Gigi Loong RD	14379	04/03/2016	Deneize Puri RD	13798	14/03/2016
Michelle Boere RD	14299	05/11/2015	Cindy Lui RD	14340	18/12/2015	Chloé Rouleau RD	14360	12/01/2016
Jacynthe Boudreau RD	14189	25/11/2015	Kristi MacMillan RD	14399	08/03/2016	Hafsah Samad RD	12177	22/03/2016
Susan Camargo RD	13770	15/03/2016	Alannah Maxwell RD	14345	18/12/2015	Andrea Scalzo RD	14347	18/12/2015
Zhiyu Leslie Chang RD	14367	26/01/2016	Samar Milan RD	14343	16/12/2015	Jennine Seaman RD	14350	18/12/2015
Alysha Coughler RD	14353	18/12/2015	Radhika Mohan RD	12852	14/03/2016	Justina Juanya Shi RD	14397	17/03/2016
Laura Dias RD	13981	09/03/2016	Patrick Mooney RD	14372	26/01/2016	Eman Soliman RD	12940	10/03/2016
Lily Fatemi RD	14342	18/12/2015	Austina Mui RD	14364	14/01/2016	Olivia Wolter RD	14357	06/01/2016
Karen Fung RD	14336	18/12/2015	Samantha Nesrallah RD			Melanie Yeung RD	14344	18/12/2015
Hedie Habibnia RD	4169	19/02/2016		14382	02/03/2016	Renee Young RD	14383	23/02/2016
Noberthe Jean-Baptiste RD			Shavonne Nice RD	14354	06/01/2016	Sophia Zheng RD	14385	23/02/2016
	14384	22/02/2016	Nicole Norris RD	14355	14/01/2016	Joanne Zhou RD	14398	08/03/2016
			Michelle North RD	14352	18/12/2015			
			Stephanie Oak RD	14339	18/12/2015			

RESIGNATIONS

Jill Archibald	12025	26/11/2015	Chloé Le Quéré	12515	01/11/2015	Marie-Christine Parent	13764	08/02/2016
Renu Arora	4407	10/11/2015	Lisa LeBrun	10845	19/11/2015	Alyssa Quon	14049	14/11/2015
Stephanie Bell	1700	31/03/2016	Henry Lee	14046	03/11/2015	Margaret Saporsantos	2021	31/03/2016
Danièle Bourbeau	1985	23/11/2015	Julie Lejeune	13930	30/11/2015	Judy Sheeshka	1182	31/01/2016
Kavanagh Danaher	13535	15/01/2016	Elizabeth Levitt	2968	01/11/2015	Roni T. Singh	3063	27/11/2015
Sophie Desjardins	13952	04/12/2015	Heidi Los	13960	19/12/2015	Adrianna Smallwood	13974	23/11/2015
Karen Evans	3558	26/01/2016	Sajedeh Mahdavi	13989	23/11/2015	Nicole St-Pierre	12720	11/11/2015
Katherine Ford	14032	14/01/2016	Bridget Mahoney	14155	14/01/2016	Amélie Tremblay	14304	08/02/2016
Julie Fortin	13894	15/12/2015	Mélissa Martineau	14071	14/11/2015	Lorraine Vinette	3919	17/03/2016
Claire Galloway	14080	02/12/2015	Tania Morrison	11169	05/01/2016	Kirstin Wingate	13962	19/01/2016
Carmen Ho	13940	11/11/2015	Jillian Murray	14012	31/03/2016	Jessy Younes	14264	01/03/2016
Nicole Houghtaling	10485	31/03/2016	Sandy Njikiague	13891	01/11/2015	Jenny Zawaly	11362	19/01/2016
Tanya James	12643	15/11/2015	Hillary Norris	13095	31/03/2016			
Jennifer Laban	12881	24/11/2015	Laura O'Brien	12894	31/12/2015			

RETIRED

Mary Bowlby	1385	31/10/2015
Grace Chan	1872	31/10/2015
Ellen Desjardins	1936	31/10/2015
Jasmeet Dhillon	1195	24/11/2015
Pearl Duff	2621	31/10/2015
Liz Kirby	1221	31/10/2015
Bonnie Lacroix	2578	02/12/2015
Marnee Moore	2570	17/12/2015
Sandra Rothberg	1082	31/10/2015
Barbara Stuart	2363	04/12/2015
Barbara Tomkinson	2033	25/09/2015

SUSPENSIONS

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.

Nancy Fenton	1688	08/12/2015
Marcey Quenneville	3488	22/12/2015



Council Meeting Summary (February & April)

EXECUTIVE COMMITTEE

Susan Knowles RD,
President

Barbara Major-McEwan RD,
Vice President

Erin Woodbeck RD

Najmudin Hassam, Public
Councillor

COUNCIL MEMBERS

Elected Councillors

Alida Finnie, RD

Susan Knowles, RD

Alexandra Lacarte, RD

Abigail Langer, RD

Barbara Major-McEwan, RD

Suzanne Obiorah, RD

Nicole Osinga, RD

Erin Woodbeck, RD

Public Councillors

Mark Behar-Bannelier

Najmudin Hassam

Shelagh Kerr

Ruki Kondaj

Julie McKendry

Elsie Petch

Ray Skaff

Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Khashayar Amirhosseini, RD

Edith Chesser, RD

Dianne Gaffney, RD

Renée Gaudet, RD

Susan Hui, RD

Sobia Khan, RD

Kerri LaBrecque, RD

Grace Lee, RD

Kerri Loney, RD

Marie Traynor, RD

Cindy Tsai, RD

Krista Witherspoon, RD

STRATEGIC PLAN 2016-2020

In February, Council approved the College's Strategic Plan (Goals and Objectives) for 2016-2020. The Strategic Planning process, which began in April 2015, was facilitated by a consultant with guidance from the College's Strategic Planning Committee. The Strategic Plan is the result of input from many sources: Council, committees, staff, members and other stakeholders. The College is confident that this plan focuses our resources on the most important issues facing profession regulation to ensure that safe, ethical and competent dietetic practice is enhanced in Ontario. The plan can be accessed on our website at www.collegeofdietitians.org: enter "strategic plan" in the search box.

STANDARDS OF CONSENT

In February, Council approved the new *Professional Practice Standard; Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information*. The standards articulate the minimum level of performance expected from RDs for obtaining informed consent prior to nutrition assessments and interventions, for making significant changes to existing treatment plans, and for collecting, using and disclosing personal health or other confidential information. To access the standards, go to the College website and enter "Consent 2016" in the search box.

DYSPHAGIA POLICY CONSULTATION RESULTS

In February, Council approved the revised College dysphagia policy, *Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario*. Revisions were made in consideration of the new role-definition paper from Dietitians of Canada to create clarity between entry level competence and full scope of practice skills. The revised policy defines the RD full scope of practice when assessing and managing dysphagia, with emphasis on competence, interprofessional collaboration and managing risk of harm. To access the policy, enter "dysphagia policy" in the website search box.

BUDGET 2016-17

Council approved the budget for 2016-17 at the April meeting. The budget assumes a modest increase in the fee for a General Certificate of Registration equal to the consumer price index (CPI) increase of 1.4% as of February 29, 2016 (which would bring the annual fee to \$608 from \$600 for the 2016-17 renewal year). This application of the CPI is in accordance with the By-law 2: Fees, s2.03.

BY-LAW AMENDMENTS

After circulation to members, amendments to By-Law 2 and By-law 4 were approved by Council on April 8, 2016, as circulated. The amendments address the registration application fees needed to implement the new process for assessing the education and training of internationally educated applicants. They also include an increase in the fees for the provision of certificates of authorization for professional corporations aligning them with the fees for General and Provisional Members. The College thanks all members who participated in the consultation process. Council carefully considered the feedback before making its decision.

Farewell and Best Wishes



Left: Susan Knowles, RD, CDO President
Right: Najmudin Hassam

NAJMUDIN HASSAM

Najmudin Hassam has served on Council as a public appointee since April 2013 and left Council on April 26, 2016. He has served diligently on several committees including the Discipline and the Inquiries, Complaints and Reports Committees. In the past year, he also served as a member of the Executive Committee.

Naj has always been willing to carry a heavy workload on Council and in his contribution to committees. His financial knowledge has been a great resource for Council. His measured and thoughtful approach in discussions was appreciated both on Council and in committee work. His focus was always on keeping public protection forefront in all discussions. Thank you, Naj for all of your hard work and your thoughtful contributions. We wish you all the best in your future endeavours.

Welcome to New Public Appointees on Council



MARK BEHAR-BANNELIER PUBLIC APPOINTEE

After University, Mark graduated from Paris École Dentaire Française and became a Certified Dental Technician in France. In 1965, he moved to Toronto

where he worked as a Registered Dental Technologist and operated a small successful dental laboratory in the city for 30 years. Then, for several years, he helped manage a large laboratory before semi-retiring 10 years ago. He still lends a hand to the profession when he can.

Mark has taught dental technology at George Brown, Casa Loma Campus. His hobbies include ballroom dancing where he has achieved high levels in competitions.

Mark gained a significant experience in College governance when he sat as a Councillor on the Council of Dental Technologists for 18 years. During that time he served on all the College committees and become familiar with every aspect of College governance. He also gained an in-depth knowledge of the *Regulated Health Professions Act*.



RUKI KONDAJ BSC, MSC, PHD, RA PUBLIC APPOINTEE

Dr. Kondaj holds a PhD in Pharmaceutical Sciences from the University of Tirana, Albania and a Master's Degree on International Health

Care Management, Economics and Policy from the University of Bocconi, Milan, Italy. She earned a Postgraduate Diploma in Pharmaceutical Regulatory Affairs, from the Institute of Pharmaceutical Technology (TIPT).

Dr. Kondaj is an experienced project manager and author of scientific publications, books and articles and member of professional associations and scientific boards.

Dr. Kondaj was honoured with the Queen Elizabeth Diamond Jubilee Award from the Governor General of Canada in November 2012.

Welcome Mark and Ruki to the College. We look forward to working with you.



Fall 2016 CDO Workshop

Unpacking Consent: Regulatory & Professional Obligations for Dietetic Practice

Are you ever been in a situation where you are unsure of your responsibilities for consent? When do you need consent? Who gives consent? Is it implied or express, (written or verbal)? When should you document consent? What if there are disagreements? Is consent required for providing group education, communicating online, using social media, and collecting, using and sharing information?

If your head is spinning, you are not alone!

The fall 2016 CDO workshops will dive deep into the topic of consent. Participants will learn how to apply the new Standards for Consent by applying them to real situations from diverse dietetic practice areas and settings. If you are an educator, learn how the concepts of consent can advance client-centred care and contribute to curriculum development and preceptoring interns.

COLLEGE UPDATES

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

Login to your Member Dashboard on the CDO website and scroll to the "Upcoming Workshop" link on the right hand side of the page.

Barrie	September 23, 1-4pm	Oshawa	October 4, 1-4pm
Belleville	November 8, 1-4pm	Ottawa	October 6th, 1-4pm
Brampton	September 20, 1-4pm	Owen Sound	September 29, 1-4pm
Dryden	September 27, 1-4pm	Peterborough	November 9, 1-4pm (12-1pm: lunch networking)
Guelph	October 26, 1-4pm	Sarnia	November 17th, 1-4pm
Hamilton	October 25th, 1-4pm	Sault Ste. Marie	September 30, 1-4pm
Kingston	November 7, 1-4pm	Scarborough	November 23, 1-4pm
Kitchener	September 22, 1-4pm	Sudbury (with OTN in Timmins & Moose Factory)	October 19, 1-4pm
Lindsay	November 10, 1-4pm	Thunder Bay	September 26, 1-4pm
London	November 16, 1-4pm (12-1pm: lunch networking)	Toronto - UHN	October 5, 1-4pm
Mississauga	November 22, 1-4pm	Toronto - Ryerson	November 15, 1-4pm
Niagara/St Catharines	November 4, 1-4pm	Toronto - St. Michael's	November 3, 9am-12pm
North Bay	October 18, 1-4pm	Toronto - Sunnybrook	October 20, 1-4pm
North York General Hospital	November 24, 1-4pm	Windsor	October 13, 6-9pm
Oakville	October 27, 1-4pm		