



College of  
Dietitians  
of Ontario

# résumé

10  
WHY DO RDS VOLUNTEER  
TO WORK ON THE  
COLLEGE COUNCIL AND  
COMMITTEES?

12  
WHAT THE COLLEGE DOES  
TO MAINTAIN TRUST IN  
THE RD TITLE

14  
CERTIFICATES OF  
REGISTRATION

What is the public interest?

p. 2

A Framework for Managing Risk in  
Dietetic Practice

p. 4

## Toronto PPA Assessors Needed

### Please apply by January 15, 2015

The College needs PPA assessors from Toronto for Step 2 of the Peer & Practice Assessment.

For more information, contact Barbara McIntyre, RD, Quality Assurance Program Manager at 416-598-1725/1-800-668-4990, ext. 233



# What is the public interest?



Barbara Major-McEwan, RD  
President



Mary Lou Gignac, MPA  
Registrar & Executive Director

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

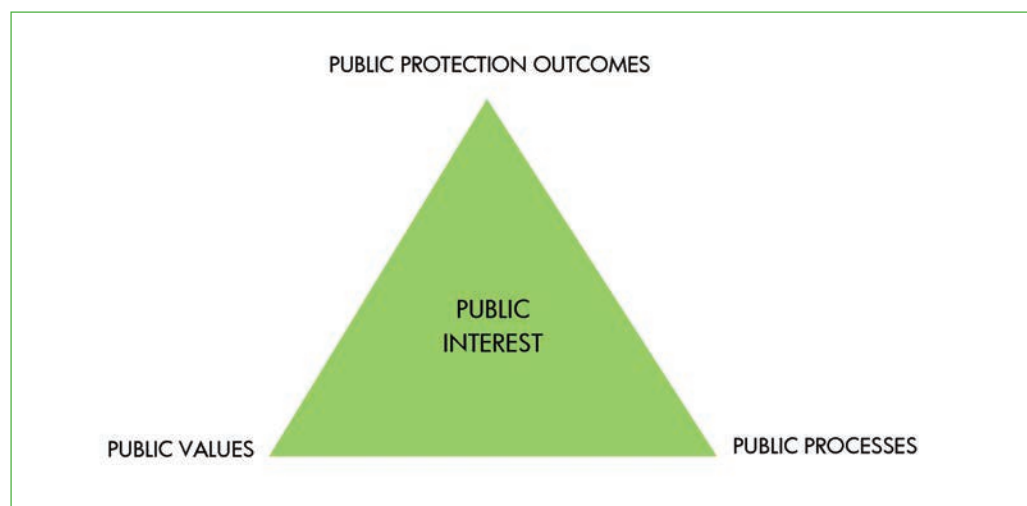
*We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians in their changing practice environments.*

The *Regulated Health Professions Act* says that, “In carrying out its objects, the College has a duty to serve and protect the public interest.” But, what does “public interest” mean?

As part of governance continuous quality improvement, a governance expert challenged the College to define the very concept of “public interest” that is at the center of our work as a health profession regulatory body. Defining public interest was a more complex undertaking than first perceived.

Public interest tends to be both an intuitive and an abstract concept. There is little in literature offering a definition of public interest which would serve as a guide to Council for the regulation and governance of the dietetics profession. Inspired by the work of Leslie Pal and Judith Maxwell at the Canadian Policy Research Networks Inc. \*, Council developed a three-point framework (below) to define three distinct areas of public protection for the regulation of the dietetics profession.

Council also developed the *Definition of Public Interest*, presented on the next page, and incorporated it into Council governance policies to guide our decision-making. It expresses the College’s governance commitment to public protection outcomes, values and processes. It describes how we work with the public and others to regulate the profession of dietetics in the public interest.



\* Leslie A. Pal and Judith Maxwell, *Assessing the Public Interest in the 21st Century: A Framework*. Canadian Policy Research Networks Inc., (CPRN) – January 2004.

## The College of Dietitians of Ontario is Committed to Serve and Protect the Public Interest

### DEFINITION OF PUBLIC INTEREST

In carrying out its regulatory objects, The College of Dietitians of Ontario commits its resources to serve and protect the public interest. The public interest is defined by the public protection outcomes it strives to achieve, by the College processes and decisions that respect the values generally held by people in Ontario. More specifically,

**Public Protection Outcomes** mean that the people who receive or benefit from the dietetic services from Registered Dietitians are not harmed or abused physically, emotionally, mentally, financially or sexually. Public protection also means that people are informed of their rights and have the benefit of dietetic services that are based on competent, ethical and safe dietetic practice.

**Public Values** will be central in all College decisions that are relevant to standards of dietetic practice or to the governance and management of the College. The public values that the College will respect are evident in Canadian and Ontario laws. Public values are also derived from input from members of the public and their representatives.

These values include the following:

- Access to professionals of choice
- Self-determination
- Right to give informed consent for treatment
- Client interest paramount over professional self-interest
- Right to be treated with sensitivity and respect
- Privacy of personal information
- Access to health information
- Free of discrimination (Human Rights Codes)
- Fairness, objectivity, impartiality and transparency of registration and other college decisions
- Reasonable costs to individuals and society
- Integrity
- Collaboration
- Transparency and accountability
- Trust

**Public Processes** mean processes that are timely, open and transparent and that support participation from the public into key College decisions. Public processes such as public education, consultations, surveys and participation in public forums will be employed to help the College determine the specific opinions and interests of the people affected by College decisions. Decision making processes will bring forward these opinions through public representation on its governing Council and through disciplined consideration of what is in the public interest.



# A Framework for Managing Risk in Dietetic Practice

Carole Chatalalsingh RD, Ph.D.  
Practice Advisor & Policy Analyst

Thank you to all the RDs who responded to the risk research survey, who participated in the focus groups, who attended and contributed to the Fall 2014 workshops, and who communicated with us online to ask questions and to share their experiences about managing risk of harm in their practice.

In keeping with its duty to protect the public, the College recently undertook research to identify areas where there could be potential risks of harm to clients in dietetic practice. In response to input from RDs who participated in the research surveys and focus groups, the College has developed a risk management framework (next page), applicable to all practice settings. The purpose of the *Framework for Managing Risks in Dietetics* is to help RDs identify a source of risk and the corresponding protective factors, and then implement the best protective solutions for safe, client-centred services.

Risk management is the analysis and control of risks. It is a methodical approach to recognizing the likelihood of risk (how often); analyzing the impact of the potential harm (how bad) to the client; and implementing strategies and processes informed by data, to identify and respond to circumstances that put clients at risk of harm.

It is not possible to eliminate all risks in dietetics, however, RDs have a duty to protect clients from risk of harm as much as possible. The framework presented in this article is based on principles of public protection including: safety, client-centred services, communication, accountability and compliance with professional and regulatory obligations.<sup>1,2</sup> It has four steps for managing the risk of harm:

- 1) Find the Source of Risk and Analyse the Harm Characteristics;
- 2) Explore Protective Factors;
- 3) Apply the Best Protective Solutions;
- 4) Evaluate Experiences, Processes and Protective Outcomes.

## 1. FIND SOURCE(S) OF RISK AND ANALYSE THE HARM CHARACTERISTICS

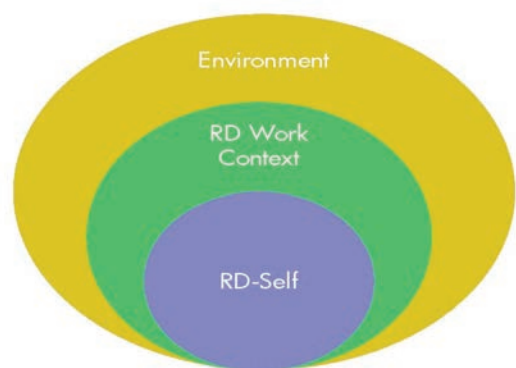
Based on RD responses to the College’s risk survey, risk of harm to a client can stem from the RD, the RD work context or the broader practice environment.

**The RD-Self:** lack of competence, high stress levels, lack of motivation and confidence.

**The RD Work Context:** issues related to complex nutrition support (e.g., enteral and parenteral feeding, diabetes management and dysphagia), issues with co-workers, dysfunctional interprofessional dynamics, heavy workload, and inadequate staffing and resources.

**Environment and System Limitations:** confusion over the RD/nutritionist title, lack of staffing ratio guidelines, outdated dietetic standards, increased client quotas, lack of funding in public health and community programs.

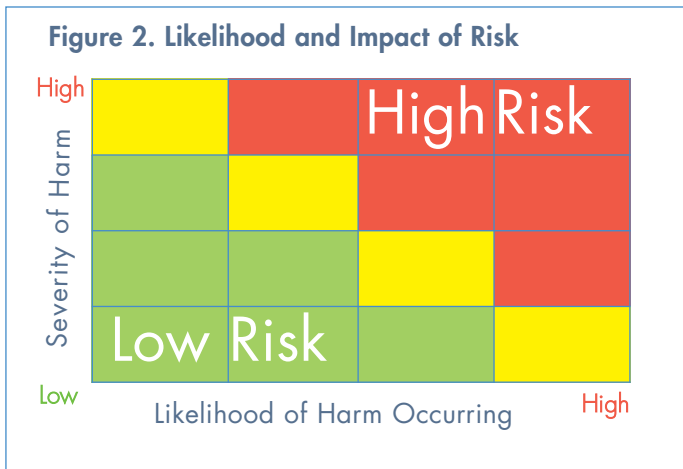
**Figure 1. Risk of harm can stem from the RD, the RD work context or the practice environment.**



Continued on page 6

# College of Dietitians of Ontario Framework for Managing Risks in Dietetics

STEPS TO MANAGING RISK	REFLECTION
<p><b>1. Find Source(s) of Risk and Analyse the Harm Characteristics</b></p> <p>Gather and analyse all the information relevant to the risk of harm. Then, analyse the situation to find the source or sources of risk.</p>	<ul style="list-style-type: none"> <li>Identify the source(s) of the risk: a) the RD-Self (competence, confidence, motivation, stress level, judgement); b) RD work factors (issues with co-workers, interprofessional relations, workload, staffing, organizational policies, team mandates, client complexity); and/or c) environmental factors (systems limitations, public misunderstanding, lack of overarching standards, and funding)..</li> <li>Identify risk of harm characteristics: a) type of harm; b) the likelihood of the risk (rare, unlikely, possible, almost certain); c) frequency (almost never, sometimes, everyday, monthly, always); d) impact or severity of harm (low, moderate, high, extremely), e) duration (one time, short, long or indefinite period of time).</li> <li>Determine whether the risk of harm is perceived (irrational beliefs or emotions) or rational? Our explanation (to ourselves) about why the situation happened can help or hinder our ability to manage risk. To determine if the risk of harm is perceived or rational: a) define the worst case scenario, the best case scenario and identify the most likely outcome; b) consider whether your personal assumptions and beliefs are having an effect on the situation.</li> </ul>
<p><b>2. Explore Protective Factors</b></p> <p>Assess all potential protective factors and explore the best solutions to mitigate risk. Some might already be in place or you may need to develop a new protective factor, such as, an advanced practice skill, a policy or standard.</p>	<ul style="list-style-type: none"> <li>Assess the various protective factors that would best mitigate the risk of harm in this situation. Protective factors can be individual (RD competencies (skills, abilities, professional judgement) and/or environmental (processes, structures, policies, resources or controls).</li> <li>The RD must have the competence to respond to the risk in a timely manner. Although RDs may be competent to respond in a situation, individual factors (abilities, traits, goals, values, inertia, time available, stress, etc.) may hamper their ability to do so and expose clients to risk of harm. Asking for help may be an important protective factor.</li> <li>Protective factors in place or to be developed must protect a client's right to autonomy, respect, confidentiality, dignity, and access to information or increase safety, effectiveness of treatment to reduce risk of harm.</li> <li>The protective factors must respect laws, regulations, and organizational policies and the professional boundaries of the client-RD relationship.</li> </ul>
<p><b>3. Apply the Best Protective Solutions</b></p> <p>Apply the most relevant protective solutions for the delivery of safe, competent, and timely client-centred dietetic services.</p>	<ul style="list-style-type: none"> <li>Protective risk responses must be client-centred and aligned with principles of public protection and safe dietetic practice.</li> <li>Deciding to do nothing may be a viable risk response, but avoiding a response or ignoring a risky situation may lead to harm or professional misconduct.</li> <li>Communication and networking may be necessary for the implementation of effective protective risk factors. Determine whether others (interprofessional care team, organization, regulatory college, professional association or other stakeholders) need to be involved in the decision-making process, development and implementation of the protective factors.</li> </ul>
<p><b>4. Evaluate Experiences, Processes and Outcomes</b></p> <p>Reflect on and assess the experiences, processes and protective outcomes. This may mean challenging previous responses and decision-making to identify any cumulative impact.</p> <p>Ask good questions to get relevant answers.</p>	<ul style="list-style-type: none"> <li>Was the risk to the client minimized or removed?</li> <li>Was client-centered care maintained?</li> <li>Was the decision-making process conducive to safe, competent and timely dietetic services?</li> <li>Are other potential protective factors desirable to further minimize the risks of harm ( e.g., further education, training related to scope of practice framework for non-RDs, etc)</li> <li>Did the communication within the team maximize learning and sharing of risk management strategies, raise awareness and highlight the importance of managing risk of harm?</li> <li>Were the roles and responsibilities of team members clear with respect to managing risk of harm to clients?</li> </ul>



### Likelihood and Severity of Harm

Perception of risk varies from one RD to another depending on competence, work context and circumstances. While safety can be described as “Freedom from accidental injuries”<sup>3</sup>, risk of harm has two components: the likelihood or probability that actions, inactions or events will cause harm to a client; and the relative impact of the harm.<sup>4,5</sup> What may be assessed as a high risk by one RD may be no more than a low risk for another.

Figure 2, *Likelihood and Impact of Risk*, is a simple graph to help assess risk of harm to clients: one dimension shows the likelihood of the harm occurring and the other dimension shows the potential severity of harm. Where likelihood and impact intersect on the graph represents the degree of risk:

- Low risk (green) requires quick and easy protective solutions, e.g., encrypting an e-mail response to a client to protect their health information.
- Moderate risk (yellow) requires more in-depth protective solutions, e.g., obtaining training or skills for safe practice, or obtaining a delegation to perform a controlled act.
- High risk (red) requires urgent corrective action, e.g., when the privacy of a client’s health information is breached, the client and the key stakeholders must be informed immediately of the breach and any corrective action taken.

## 2. ANALYSE AND EXPLORE PROTECTIVE FACTORS

Once the source or sources of risk have been identified, analyse the situation to determine whether the appropriate protective factors are in place to help manage the risk of harm to clients. If not, then explore the potential protective factors that can be developed or applied to best mitigate the risks. Protective factors can be classified in two groups:

1. **Individual Protective Factors:** RD competencies, including appropriate level of knowledge, skill, judgement, obligation and confidence to manage risk of harm.
2. **Environmental Protective Factors:** laws, regulations, organizational policies, communication and team collaboration strategies in place to mitigate risk of harm.

### Example: RD Competence as an Individual Protective Factor

Not knowing what you don’t know is serious and may lead to unintended negative consequences. RDs who are not aware of their strengths and weakness or overestimate their abilities to manage risks can potentially cause serious harm to clients. For instance, an RD who is unaware that they are suffering from mental health issues or emotional stress may exhibit behaviours that could cause harm to clients. According to Maslow, *Adult learning Theory*, when you don't know that you don't know something, you are unconsciously incompetent and this poses a risk. When you become aware that you are incompetent in an area of practice, you have identified a potential risk of harm and are consciously incompetent. At this level, the risk can be addressed with the protective factor of developing the needed skill. When you develop the skill needed to address the risk of harm and are evaluating the situation you are consciously competent. RD competence, at this level, is a key individual protective factor for managing risk of harm.<sup>6,7</sup>

### Example: Mandatory report as an Environmental Protective Factor

Mandatory reporting for regulated health professionals is a good example of an environmental protective factor. The Ontario government laws and regulations requiring

mandatory reporting are environmental factors that help mitigate risk to clients. For example, a report under the *Child and Family Services Act* requires only reasonable grounds to "suspect", not "believe" that a child is suffering abuse or neglect is needed to trigger a report. This means that the degree of information suggesting that a child is in need of protection can be quite low. A dietitian would need to know the law and its application when reporting a situation where a child is at risk of harm.

Managing risk of harm to clients means being aware of the laws and regulations that govern dietetic practice in Ontario and keeping abreast of changes in the health care environment that may affect your practice.

### 3. APPLY THE BEST PROTECTIVE OPTIONS

Once you have explored the potential protective factors, apply the most appropriate measures to reduce or eliminate the risk of harm. Protective factors can address multiple risks and involve individual and environmental responses. Whatever the case, make sure the risk response is client-centred and aligned with the principles of public protection.

#### Choosing Nothing or Avoidance

There are many ways to respond to risk of harm. Choosing to do nothing can be a viable response in certain circumstances. However, ignoring a risk or avoidance of responsibilities may also lead to professional misconduct if a lack of risk response has caused harm to a client.

#### Context and Environment

There are aspects of dietetics that are routine and may be considered low or minimal risk. The risks may be acceptable as long as there are no better dietetic options available. However, acceptable or non-risky situations may become unacceptable under different circumstances. For example, an RD that has little experience and knowledge of total parental nutrition (TPN) may pose little risk of harm if her clients do not need this service.

However, if she moved to a different practice setting, like the ICU of a hospital, her lack of skills in managing TPN could prove a source of risk if steps were not taken for her to gain this competency.

#### Communication and Transparent Decision-Making

Choosing and implementing a risk response sometimes depends on communication and coordination among the interprofessional team members involved in client care. For example, when an RD's workload is increased due to staffing shortages, the likelihood of harm increases because the RD may not be able to see some clients, or may have to reduce the time allotted for each client. Potentially, this could lead to incomplete or inaccurate nutrition assessments or treatments.

The protective solutions, in this case, might include developing a triage system or a system of documentation to note the high or low priority clients, and which could be referred to others. In situations where the risk comes from the RD context or the environment, solutions would normally involve other team members. Under the *Code of Ethics*, dietitians have a duty to be collegial and make interprofessional relationships work.<sup>8</sup> Involving team members in the discussions and decision-making maximizes interprofessional collaboration and buy-in for realistic and sustainable protective solutions. Collegial, interprofessional communications and transparent decision-making are environmental protective factors.

### 4. EVALUATE EXPERIENCES, PROCESSES AND OUTCOMES

Risk of harm can be addressed or prevented before it happens by evaluating the risk management strategies that were implemented in the past. Reflective practice is essential to capture the knowledge that was gained through the risk management experiences.

Experience is not the best teacher;  
evaluated experience is.<sup>9</sup>

Learning from the risk management experience may mean communicating with clients, colleagues, interprofessional team members and other care staff to gain additional insights. Asking good questions to get relevant answers can maximize personal and team learning. Examples of good questions are: What did I learn about risk of harm and safe practice through this process? What did the team learn? How did the risk management strategies impact client safety? How can safe client-centred practice be maximized through what was learned individually and as a team? What role did the client, the RD, the team members play to maximize safety? What should we keep doing and what should we stop doing? What else?

### Document the Risk Management Process

Documentation, reporting and disclosing risk strategies are helpful for preventing future risk of harm. Have effective record keeping systems in place to document risk factors, the potential impact of harm and the protective solutions that were implemented. Record the outcomes along with suggestions for improvement, if any.

Exercise due diligence and be disciplined 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.

### THE FRAMEWORK ADDRESSES RISK OF HARM IN ALL AREAS OF PRACTICE

The risk management framework applies to all practice settings and to dietitians in all stages and years of practice. In particular, it is important for educating interns and new dietitians on how best to manage risk of harm in their practice. It is a methodical tool that helps RDs develop the discipline to stop, think, seek help, offer suggestions, build team knowledge and evaluate risk management outcomes for safe, competent and ethical dietetic practice. By continuously applying the framework,

RDs can build confidence and resilience when addressing risk of harm to clients in their dietetic practice.



1. Sari A, Sheldon TA, Cracknell A, Turnbull A (2007). 'Sensitivity of routine system for reporting patient safety incidents in an NHS hospital: retrospective patient case note review.' *BMJ* 334:79.
2. College of Dietitians of Ontario, Definition of Public Interest. [http://www.collegeofdietitians.org/Resources/About-the-College/Protecting-the-Public/College-Definition-of-Public-Interest-\(2014\).aspx](http://www.collegeofdietitians.org/Resources/About-the-College/Protecting-the-Public/College-Definition-of-Public-Interest-(2014).aspx)
3. Kohn LT, Corrigan JM, Donaldson MS, eds. *To err is human: Building a safer health system*. Washington, DC, National Academy Press, 1999.
4. Department of Health (2007) Best Practice in Managing Risk: *Principles and evidence for best practice in the assessment and management of risk to self and others in mental health services*.
5. Committee of Sponsoring Organizations, *Enterprise Risk Management—Integrated Framework* (2004), p. 16.
6. Maslow, A. H. (1968). *Toward a psychology of being* (2nd ed.) NY: Van Nostrand Reinhold Ltd.
7. Hodges, B., & Lingard, L. (2012) *Question of Competence*. Cornell University Press.
8. Dietitians of Canada. *Code of Ethics for the Dietetics Profession in Canada*. [http://www.collegeofdietitians.org/Resources/About-the-College/Protecting-the-Public/College-Definition-of-Public-Interest-\(2014\).aspx](http://www.collegeofdietitians.org/Resources/About-the-College/Protecting-the-Public/College-Definition-of-Public-Interest-(2014).aspx)
9. John Maxwell, *Leadership Gold*. Nashville: Thomas Nelson Inc, 2008, Chapter 17.





# Council Meeting Highlights - October 2014

## EXECUTIVE COMMITTEE

Barbara Major-McEwan RD,  
President

Susan Knowles RD, Vice  
President

Carole Wardell, Public  
Councillor

## COUNCIL MEMBERS

### Elected Councillors

Alida Finnie, RD  
Susan Knowles, RD  
Abigail Langer, RD  
Barbara Major-McEwan, RD  
Suzanne Obiorah, RD  
Erica Sus, RD  
Krista Witherspoon, RD  
Erin Woodbeck, RD

### Public Councillors

Najmudin Hassam  
Elsie Petch  
Carole Wardell  
Allan Warren  
Elizabeth Wilfert  
Claudine Wilson

## MEMBERS APPOINTED TO COMMITTEES

Edith Chesser, RD  
Dianne Gaffney, RD  
Susan Hui, RD  
Sobia Khan, RD  
Julie Kuorikoski, RD  
Léna Laberge, RD  
Grace Lee, RD  
Kerri Loney, RD  
Marie Traynor, RD

## GUIDELINES FOR SUPERVISING LEARNERS

Following a review of comments from RDs who provided input during the consultation of the draft, Council approved guidelines for RDs who supervise learners such as interns in practical education programs. The new guidelines articulate obligations to clients and learners. The guidelines can be found on the College website. Enter *Guidelines for Supervising Learners (2014)* in the search box.

## RECIPROCITY AGREEMENT WITH THE US COMMISSION ON DIETETIC REGISTRATION

Council approved a reciprocity agreement that formalizes the existing treatment of American educated RDs who apply to the College. The agreement would recognize registration with the *US Commission on Dietetic Registration* as evidence that the RDs have the required academic and practical education qualifications and continued competence requirements for registration in Ontario.

## VALIDATION OF GOALS FOR PLANNING

After considering environmental factors in dietetic practice and health professions regulation, Council confirmed that the following five strategic goals would guide annual planning and budgeting for the fiscal year 2014/15:

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

## PUBLIC INTEREST COMMITMENT DEFINED

Council amended its governance commitment policy to incorporate the *Definition of Public Interest* approved in June 2014. The amended policy more clearly sets out the College's commitment to the public protection outcomes of regulation, the values that define public interest as well as to governance and consultation processes reaching out to the public ( page 3).

## PRIVACY AND TRANSPARENCY

Council confirmed its policy about keeping personal information confidential noting the exceptions as set out in the *Regulated Health Professions Act*. Council also created a new policy, "Transparency of Governance Information", which makes more College documents open to public disclosure in keeping with the College's value on transparency and accountability to the public. All documents used for College governance will be public with limited exemptions: agendas, minutes, and most Council meeting documents will be posted on the College website as well as governance and committee policies. Other documents may be disclosed at the discretion of the Registrar & Executive Director.



# Why do RDs volunteer to work on the College Council and Committees?

Since the College was incorporated 20 years ago, 43 RDs have governed as Councillors on Council. Eleven of the 14 College Presidents have been Registered Dietitians. Many more dietitians have volunteered to work on committees and projects over that time. The College would not be able to function without the dedicated expertise of these members. Why did all these dietitians volunteer their time and expertise to work for the College on Council and on College committees?

We asked this question to two RDs who recently completed their terms on the College Council, Jill Pikul, RD, and Lesia Kicak, RD. Both have served for many years on Council, on committees and as President of the College. We thank them for taking the time to reflect on their experiences at the College and to share them. Here is what they had to say about their experience.

## **JILL PIKUL, RD**

Jill was a member of the Transitional Council in 1993 and served on Council (1994-1998). She was President of the College from 1994 to 1996. More recently, as a committee appointee, she served at the College as Chair and Vice-Chair of the Registration Committee (2010-2013).

### **Jill, what did you enjoy or value about your experience on Council and on Committees?**

I really enjoyed being involved in work that was more encompassing and broader in scope with respect to our profession. It is so easy to get totally focused on our own area of practice, so being able to contribute to the foundations of the profession through registration requirements, regulations of the profession was incredibly rewarding.

### **Did you feel you were able to make a contributions?**

Absolutely – I always found the environment to be open and respectful. Idea sharing and brainstorming were always encouraged and everyone was encouraged to express themselves. One of the striking differences when I returned as a committee member after being a Council member during the formation of the College was the staff support available, which really enabled the Council and Committees to focus and realize their goals.

### **What did you learn about the College that is of value to you as an RD, if anything?**

While the College's mandate is public protection and not promotion of the profession, we are both working for the same goal – safe, ethical and competent nutritional care for all Ontarians, which benefits everyone.

### **What is your most memorable take-away from this experience?**

The high degree of teamwork, professionalism of the Committee and Council members and the staff exhibited; there were many, many tough issues to get through during my years at the College and many, many tough discussions to come to a resolution, but it was always done with honest, open respectful communication and such a sense of working together that allowed the work to be accomplished. I find that a rare thing to sustain particularly with controversial issues and turnover of members, but it was accomplished at the College.

### **What would you want to say to anyone that might be interested in being on Council or to work on committees?**

It is a very worthwhile experience that gives you a unique opportunity to contribute to the profession as a whole and

work with very committed staff and fellow Council and Committee members. The knowledge and experience gained about the Ministry of Health and Long-Term Care processes, priorities, funding, and governmental 'workings' cannot be found anywhere else. Whatever area of practice you are in, the experience is invaluable. Starting as an appointed committee member is a good way to 'get your feet wet' in that you are exposed to the Council meetings and College processes with a smaller time commitment.

### LESIA KICAK, RD

Lesia served on Council from 2008-2014 and was President of the College from June 2010 to June 2012.

#### Why did you choose to serve on Council?

I chose to serve on Council because I wanted to take part in the governance of my profession. I wanted to have the opportunity to provide my "2 cents" on how RDs serve the public, and what they need in order to be safe and competent in the care they provide. I thought that serving on Council would allow me to both have an effect on how the public is served, but also it would help me to support the infrastructure that is needed to allow RDs to provide that service.

#### What did you gain from your experience on Council?

I gained wonderful friendships, an opportunity to chair the Council meetings, an opportunity to influence the work that was done by CDO when I was the President and when I was on Council, and an opportunity to learn in detail about how self-regulation is carried out.

#### Why do you think self-regulation is important?

I believe self-regulation is important because it allows a profession to enforce standards which they feel are important

because they know their own profession (with the view of public council members as an "extra check").

#### Would you encourage other RDs to serve and why?

Yes I would encourage other RDs to serve for the reasons stated above. They will learn new skills, develop new relationships, and have an opportunity to influence how their profession is governed and what is needed to maintain their profession to be safe and competent.

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

### COLLEGE ELECTIONS FOR COUNCILLOR

Elections of Registered Dietitians to Council take place every year in different districts. This year the elections will be in districts 5, 6, and 7. Registered Dietitians who are in good standing with the College can be nominated and can vote in these elections. The information for elections will be sent out in December 2014. If you wish to be elected as a Councillor, look for the emails.

### APPOINTMENT TO COMMITTEES

RDs can apply for appointment to committees when the call for appointment is made by the College, usually once a year in April or May. RDs who apply for appointment must be members in good standing.

Whether they are elected Councillors or appointed committee members, RDs who serve at the College are committed to protecting the public interest.





## What the College does to Maintain Trust in the RD Title

Carolyn Lordon, RD  
Registration Program Manager

One of the College's functions is to protect the professional title of "dietitian". Since March 2013, the College has responded to 17 reports about the inappropriate use of the RD title. This work is important to ensure that the public, when choosing a nutrition professional, can trust that anyone using this protected title "RD" is qualified to help them.

### **PUBLIC INFORMATION ABOUT THE RD TITLE**

The College has undertaken a public information program about how we set and enforce standards for dietitians to ensure that they can offer safe, competent and ethical services to people in Ontario. We tell the public that they can tell that a dietitian has achieved the high standards for practicing in Ontario because they have "Registered Dietitian" or "RD" after their name. This education is aimed at highlighting the link between the RD title with competence, ethics and quality.

### **RESPONDING TO REPORTS FROM RDS AND THE PUBLIC**

The College relies heavily on reports from RDs and the public about suspected unauthorized use of the titles of

We wish to thank the Registered Dietitians who have reported to the College the individuals and organizations who were misusing the RD title. Yours was an important contribution to protecting the integrity of the professional RD Title.

"dietitian", "Registered Dietitian", and RD. When a report is received from the public or a member of the College, an initial investigation is done by College staff.

In most cases, the College uses an educational approach by contacting the person misusing the title and their employer to advise them about the law, the protected title of "dietitian" in Ontario and the potential penalty for misuse of the title. We follow-up to ensure that corrective action is taken. This approach is normally successful. When a stronger approach is necessary, legal counsel is involved. Although, this College has never been required to take anyone to court for repeated unauthorized use of the protected title, other Ontario health regulatory colleges have done so.

### **EXAMPLES OF THE TITLE PROTECTION CASES ADDRESSED BY THE COLLEGE**

#### **Nutrition graduate blog**

A member contacted the College about comments on a nutrition-related blog. One of the blog contributors is the graduate of an accredited undergraduate nutrition program who had never completed an internship. When asked about his credentials, the blogger suggested that he had completed all of the qualifications for being a dietitian, but could not call himself an RD because he had not "paid the Ontario College their money".

The College advised the blogger that, although he had been careful not to refer to himself as a 'dietitian', these comments still have the effect of representing that he is qualified to practise as a dietitian in Ontario, and could be considered a breach of the *Dietetics Act*.

Holding yourself out as being qualified to practice as a dietitian is a breach section 7(2) of the Dietetics Act:

7(2) No person other than a member shall hold himself or herself out as a person who is qualified to practise in Ontario as a dietitian or in a specialty of dietetics.

Breach of this provision is an offence and can be enforced by the College through the courts:

9. Every person who contravenes subsection 7(1) or (2) is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 for a first offence, and not more than \$50,000 for a second or subsequent offence.

### **Nutritionist at a gym**

The College received a report about a trainer at a gym whose website profile indicated that she had received “registered dietitian designation from the University of Guelph”. This person was not a member of the College.

After being advised by the College about the law in Ontario and the potential penalties for holding oneself out to be a member of the College, she corrected the information on the website and provided assurances that she would be more careful in the way she represents her qualifications.

### **Registered Holistic Nutritionist**

The College was contacted by a dietitian about a nutritionist whose online bio stated: “...she went on to study a license to council through the College of Dietitians of Ontario. She received her designation and remains in good standing as an academic affiliate through the Dietitians of Ontario.”

The College felt that the approach typically used to educate persons who misuse the RD title was not appropriate for this case, given the extreme misrepresentation and the potential impact on the College’s public information efforts. The suggestion that this person had received education from the College and continued to have an “academic affiliation” actually undermined the entire foundation of the College’s public information campaign. The campaign makes clear that the

College is a regulatory body with a mandate to protect the public; it is not an educational institution.

For this case, letters were drafted by legal counsel and served by process server to both the nutritionist and her employer. In addition the College took the unusual step of placing an advertisement in the local newspaper advising that this person has no affiliation with the College, that she is not a dietitian, and clarifying the College’s role as regulatory body, not educational institution. This advertisement caught the attention of a local reporter, who interviewed both the College and the Nutritionist and followed with an article.

### **Advertising Website for Health Professionals**

In the Winter 2013 *résumé*, the College reported about a website that helped connect consumers with a variety of health professionals. The website allowed visitors to narrow their search by specifying the health profession and the region, which included the US, Canada, and Europe.

In October 2012, the College contacted all of the nutritionists advertising in Ontario and required them to contact the website administrators and have their advertisements changed. Although the nutritionists may not have requested for their listings to appear under the heading of “Dietitian”, the College considers it the individual’s responsibility to ensure that their listing is appropriate.

The College also contacted the administrators of the website to encourage them to change the search functions so that “Nutritionists” and “Dietitians” would be advertised separately. The College also alerted the *Academy of Nutrition and Dietetics* in the US as well as all other Canadian provincial dietetic regulatory bodies about this website.

When College staff attempted to access the site in early 2013, the website was unavailable for several months. The College continued to monitor the site and found that it had been reactivated in 2014.

The College has again contacted the website administrators, as well as all nutritionists on this website to have their advertisements corrected.

## How can you help the College Protect your professional RD Title?

### **USE YOUR RD TITLE**

The Registration Regulation makes it mandatory for members to use the titles of Registered Dietitian or RD when referring to their dietetic practice. Seeing the RD title will help members of the public to recognize Dietitians as the only regulated nutrition profession in Ontario.

### **CONTACT THE COLLEGE**

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

### **EXERCISE YOUR RIGHTS AS A CONSUMER**

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

*See page 12.*



# Certificates of Registration

## GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from July 1 to October 31, 2014.

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Ramez Antoun RD	13765	04/07/2014	Joanne Kurtz RD	11847	11/09/2014	Nisha Pai RD	12425	01/08/2014
Jovairia Awan RD	13679	22/07/2014	Carmen Kwok RD	13633	03/07/2014	Marie-Christine Parent RD	13764	10/07/2014
Angela Beare RD	13635	17/07/2014	Cynthia Lapointe RD	13968	03/10/2014	Kimberly Porter RD	13897	30/07/2014
Claire Chartrand RD	13838	03/07/2014	Chloé Le Quééré RD	12515	03/07/2014	Amardeep Riar RD	12372	09/07/2014
Sumiti Gupta RD	11704	03/07/2014	Laura Maclean RD	13932	15/08/2014	Christine St. Clair RD	13899	14/08/2014
Melodi Hajjipour Fard RD	12312	04/07/2014	Heather Martin RD	13881	30/07/2014	Alma Vega RD	3602	04/09/2014
Michelle Hammell RD	13938	26/08/2014	Caroline McBride RD	13943	05/09/2014	Andrea Wappel RD	10868	23/09/2014
Erin Hanley RD	13945	27/08/2014	Florence Nemani RD	12909	04/07/2014	Natalie Wilkinson RD	12242	03/07/2014
Sarah Kennedy RD	3618	15/07/2014	Lydia Nyarko RD	12352	22/07/2014	Ladan Yeganeh RD	11964	17/07/2014
Tania Kinghom RD	13738	15/07/2014	Erin Ostler RD	13887	24/07/2014	Bingxin Zheng RD	13915	21/08/2014

## TEMPORARY CERTIFICATES OF REGISTRATION

Alberto Accardi RD	13869	10/09/2014	Michelle Evans RD	13890	15/08/2014	Meaghan MacPhee RD	13850	15/07/2014
Jenny Accettura RD	13826	15/07/2014	Farsad Farassati RD	13937	20/08/2014	Ahuva Magder RD	13898	31/07/2014
Melissa Akerib-Marchand RD	13861	07/08/2014	Catherine Farez Kamanzi RD	13863	31/07/2014	Salma Mahmoud RD	12272	22/09/2014
Erin Alaimo RD	13877	20/08/2014	Elisa Ferrante RD	13946	10/09/2014	Pooja Mansukhani RD	13871	18/07/2014
Stephanie Alexander RD	13950	28/08/2014	Julie Fortin RD	13894	07/08/2014	Paméla Marleau RD	13904	28/08/2014
Valérie Allard RD	13929	07/08/2014	Samantha Fournier RD	13907	07/08/2014	Meagan McGregor RD	13846	03/07/2014
Chelsea Allen RD	13855	15/07/2014	Jaëlle Gagné RD	13936	20/08/2014	Gelareh Mehrbod RD	12381	12/08/2014
Jennifer Arce RD	13841	03/07/2014	Roseline Gagnon RD	13873	12/09/2014	Mojgan Mirzaeian RD	12346	24/07/2014
Netta Atlas RD	13848	03/07/2014	Katie Genge RD	13828	15/07/2014	Lauren Murch RD	13831	03/07/2014
Kiran Bains RD	13878	31/07/2014	Molly Giffen RD	13843	07/08/2014	Emily Murray RD	13892	12/09/2014
Monica Bashaw RD	13965	24/10/2014	Hannah Gilbertson RD	13823	30/07/2014	Taylor Musclow RD	13812	15/07/2014
Brigitte Bélanger RD	13947	28/08/2014	Jennifer Green RD	13842	15/07/2014	Ellen Mycyk RD	13864	15/07/2014
Inga Berger RD	13917	12/08/2014	Andrea Green RD	13885	07/08/2014	Sandy Njikiague RD	13891	25/07/2014
Jodi Bernstein RD	13888	24/10/2014	Abby Groulx RD	13876	07/08/2014	Carley O'Kane RD	13903	07/08/2014
Maria Biasutti RD	13715	01/08/2014	Robin Harper RD	13867	24/07/2014	Courtney O'Neill RD	13948	05/09/2014
Pierre-luc Bouchard RD	13874	30/07/2014	Marika Hartviksen RD	13860	15/07/2014	Sara Ogilvie RD	13918	12/09/2014
Meagan Bourret RD	13813	15/07/2014	Jennifer Hatchard RD	13920	07/08/2014	Monica Ostlund RD	13956	28/08/2014
Roxanne Brault RD	13819	31/07/2014	Trevor Heer RD	13910	15/08/2014	Angela Pavarin-De Luca RD	13804	15/07/2014
Megan Burns RD	13883	31/07/2014	Vanessa Henry RD	13849	15/07/2014	Sara Perlmutter RD	13961	19/09/2014
Isabelle Carrière RD	13928	15/08/2014	Joyce Ho RD	13821	24/07/2014	Marie-Ève Perron RD	13944	28/08/2014
Emily Cercado RD	13769	12/09/2014	Carmen Ho RD	13940	12/09/2014	Maryse Reinhardt RD	13963	02/10/2014
Jessica Chen RD	13866	07/08/2014	Koren Hobbs RD	13949	05/09/2014	Jordana Riesel RD	13806	15/07/2014
Jenna Cormier RD	13919	07/08/2014	Melissa Houde RD	13879	02/10/2014	Marie-Christine Robitaille RD	13880	07/08/2014
Mary Cranmer-Byng RD	13857	30/07/2014	Esther Huang RD	13906	30/07/2014	Ariellia Rodrigues RD	13872	18/07/2014
Andy De Santis RD	13942	28/08/2014	Michelle Johnson RD	13807	15/07/2014	Julia Roen RD	13953	29/08/2014
Erika Depatie RD	13814	30/07/2014	Grace Karam RD	13851	30/07/2014	Stephanie Ruggieri RD	13845	03/07/2014
Sophie Desjardins RD	13952	12/09/2014	Nadine Kebbe RD	13913	31/07/2014	Farhanaz Safi RD	13934	15/08/2014
Alessandra DiMattia RD	13889	14/08/2014	Katerina Kolarczyk RD	13895	24/07/2014	Kaila Saunders RD	13971	08/10/2014
Andrea Docherty RD	13931	15/08/2014	Katie Kozak RD	13865	18/07/2014	Holly-Anne Scott RD	13912	14/08/2014
Jessica Drummond RD	13816	30/07/2014	Natasha Krotowski RD	13924	07/08/2014	Lauren Serafini RD	13862	15/07/2014
Sarah Dunford RD	13834	07/08/2014	Shela Kwong RD	13868	24/07/2014	Navreeti Sharma RD	13954	29/08/2014
Karine Dupuis RD	13858	30/07/2014	Michael Lacey RD	13875	07/08/2014	Jessica Simons RD	13908	30/07/2014
Nicole Durand RD	13856	15/07/2014	Heidi Los RD	13960	17/09/2014	Marie-Claude Sirois RD	13859	28/08/2014
Robyn Edwards RD	13927	07/08/2014	Sarah Lynch RD	13893	25/07/2014	Jane Skapinker RD	13951	28/08/2014
Maryam Estakhri RD	12910	12/08/2014	Erin M'Larkey RD	13832	03/07/2014			

**TEMPORARY CERTIFICATES, CONTINUED...**

Jill Skube RD	13905	30/07/2014	Erica Thomas RD	13958	01/10/2014	Carolyn Wall RD	13909	15/08/2014
Jaime Slavin RD	13882	15/08/2014	Ouxi Tian RD	13852	11/07/2014	Kathryn Walton RD	13822	03/07/2014
Adrianna Smallwood RD	13974	27/10/2014	Anthea Tonelli RD	13854	15/07/2014	Kristen Wetherall RD	13837	03/07/2014
Lisa Snider-Nevin RD	13870	11/07/2014	Denis Tsang RD	13820	15/07/2014	Brock Williams RD	13844	15/07/2014
Dusty Stevenson RD	13847	15/07/2014	Renae Tulloch RD	13914	30/07/2014	Kirstin Wingate RD	13962	19/09/2014
Jessica Sugg RD	13939	28/08/2014	Stephanie Tulsiram RD	13900	31/07/2014	Laurie Wybenga RD	13840	03/07/2014
Mariana Suzeau RD	13902	15/08/2014	Colleen Turner RD	13839	11/07/2014	Kate Young RD	13833	18/07/2014
Nadeen Taha RD	13916	15/08/2014	Robyn Tyo RD	13853	24/07/2014	Karmen Yuen RD	13933	15/08/2014
Diana Tarraf RD	13921	07/08/2014	Josée Violette RD	13970	17/10/2014			

**RESIGNATIONS**

Sonia Archibald	2126	20/09/2014	Nuryt Gioulos	3840	20/10/2014	Jenny Mulock	12565	24/08/2014
Abeer Bader	12059	31/10/2014	Amy Gyger	10912	31/10/2014	Thi Haiyen Nguyen	13751	29/08/2014
Sara Elizabeth Baker	3570	20/10/2014	Markie Habros	12945	25/10/2014	Deborah Northmore	2077	31/10/2014
Yunnie Luk Balders	11219	15/10/2014	Ashley Hartnett	12446	31/10/2014	Rebecca Noseworthy	12097	31/10/2014
Patricia Bertin	10916	31/10/2014	Emilie Hebert	13594	15/10/2014	Ann Oake	2102	30/09/2014
Mamta Bhasin	11695	28/10/2014	Jane Henderson	1618	27/10/2014	Itunu Afessi Ogouma	12254	27/10/2014
Meghan Blair	12273	27/10/2014	Arwen Hodina	11744	30/10/2014	Dianne Oickle	3584	09/07/2014
Heidi Boyd	3973	14/10/2014	Nicole Holdsworth	10603	30/10/2014	Megan Pennington	11359	31/10/2014
Stéphanie Alice Caissie	11537	24/10/2014	Jenille Hutchinson	12374	31/10/2014	Alexandra Plouffe	12760	31/10/2014
Hui Tung Chan	12519	31/10/2014	Christina Jackowetz	11920	31/10/2014	Debra Reid	1677	30/10/2014
Stephanie Conrad	12467	29/10/2014	Laura James	12667	02/08/2014	Sarah Nicole Rowe	4386	30/10/2014
Halina Cyr	2008	13/09/2014	Stephanie Jew	10435	11/10/2014	Dina Salonina	13779	29/09/2014
Natalie Diaz	12735	30/10/2014	Kamalpreet Kaur	12359	30/10/2014	Barbara Scholz	1408	31/10/2014
Annelise Duval	12396	27/10/2014	Adonica Keddy	4443	01/10/2014	Lindsay Shopman	11904	28/10/2014
Teri Emrich	11897	24/09/2014	Colleen Kiel	3161	01/10/2014	Riddhi Shukla	10389	31/10/2014
Norine Catherine Foley	3048	31/10/2014	Susan C. Kiley Mullaly	3885	24/10/2014	Sébastien Soucy	12780	17/09/2014
Roy Fontaine	11598	03/10/2014	Tarannum Lavani	11559	30/10/2014	Jill Steen	1698	31/10/2014
Beth Fox	10917	20/10/2014	Angela MacDonald	4093	02/09/2014	Alice Temu	11376	20/10/2014
Isabelle Gagnon	12988	01/10/2014	Carole Ann Maloney	3909	30/10/2014	Deborah Van Dyke	12723	31/10/2014
Adele Gagnon	12478	23/09/2014	Nicholas Martineau	13192	28/10/2014	Marcey Wilson	2279	31/10/2014
Narinder Kaur Ghai	10926	13/10/2014	Kirsten McFadyen	3928	30/10/2014	Jenny Zawaly	11362	06/10/2014
Vanessa Giordano	12045	20/09/2014	Javier Medina Valdivia	13766	31/10/2014			

**RETIRED**

Debra Botman	2269	01/10/2014	Marilyn Jessome	2138	31/10/2014	Margaret Robinson	1267	01/10/2014
Julie Brittain	1457	31/10/2014	Barbara Lalonde	2576	31/10/2014	Lynmore Scott	1175	31/10/2014
Gail Butler	1997	06/10/2014	Lorna V. Lawrence	1026	31/10/2014	Donna Secker	2615	31/10/2014
Paula Cody	1041	30/10/2014	Marie Delores MacDonald	1792	17/07/2014	Elizabeth Anne Shaver Heeney		
Marilyn Cowling	2380	31/10/2014	Barbara Martyn	4149	31/10/2014		1048	24/10/2014
Margaret Devor	2028	31/10/2014	Mona Moorhouse	2431	28/10/2014	Mary Stanford	1515	03/07/2014
Deborah Farley	1467	16/10/2014	Melanie Morris	1253	31/10/2014	Janet Storey	1526	02/10/2014
Bonnie Frye	1125	31/10/2014	Kimberley Morrison	2535	31/10/2014	Judy Trumpler	1100	15/10/2014
Sheila Grose	1658	31/10/2014	Carolyn Patterson	1811	31/10/2014	Lydia Woo	1914	30/10/2014
Anna Hibbert	2241	29/10/2014	Susan Pugh	2568	30/09/2014			
Sheila Jarvie	1342	31/10/2014	Carol Robertson	1844	20/10/2014			

**REVOCATIONS**

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

Melody Roberts	1427	28/07/2014
----------------	------	------------