



College of
Dietitians
of Ontario

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Register Online Now!
CDO 2014 WORKSHOP

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Annual Membership Renewal

The new deadline is October 31, 2014.

Look for your renewal notices in the mail in August.
If you do not receive your notice by September 1, 2014, contact
jenny.wu@collegeofdietitians.org
416-598-1725 / 1-800-668-4990, ext. 221.

Six Key Factors Considered for Increased Fees



Barbara Major-McEwan RD,
President

COLLEGE VISION

People of Ontario are confident that the College demonstrates regulatory excellence in the public interest.

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.

I am honoured to be elected as President. I have committed to give of my time and energy to further the goals of the College of Dietitians of Ontario. I bring four years of experience on Council. During my time on Council, I have served on the Executive, Registration, and Discipline/Fitness to Practice Committees. My diverse career in rural Ontario has given me both a unique experience and a wide range of skills. As a Registered Dietitian, I have held clinical and leading administrative roles in both acute care and primary care.

At the June Council meeting, a considerable amount of time was committed to the discussion and the decision to increase fees. Council acknowledges that fee increases of any kind are never popular and I can assure you Council and College staff did not take this decision lightly. I would like to take this opportunity to share with you the six key factors considered in the decision to increase fees.

1. **Comparison to Other College Fees:** Council was able to compare membership and current annual fees for 24 Ontario health regulatory colleges. In this comparison, it was clear that the larger the college membership, the lower the fee per member. Even with the fee increase, the College fees remain among the lowest.
2. **Membership Numbers:** All colleges are required to carry out the same objects and duties outlined in the *Regulated Health Professions Act*. Since the same basis is required, there are economies of scale to be achieved when a membership is large.
3. **Workload:** Over the past 10 years our membership has increased by 45%, the College has experienced a 57% increase in the number of applications processed annually, along with increased complexity. There are also increased reporting requirements with the Office of the Fairness Commissioner, the Ministry data requirements for the *Health Professions Database* and changes in the *Regulated Health Professions Act*. These have driven costs up and added considerably to the workload especially for the Quality Assurance Program, the Registration Program and the Practice Advisory Service.
4. **Membership Support:** As members, we receive significantly more support through the Practice Advisory Service than we did in 2004. There has been a 150% increase in practice inquiries since 2004 and about 25% of members attend the annual workshops. Hats off to the College for providing this service and congrats to our members for participating!
5. **Doing More With Less:** If we look at this from the value of our membership with inflation added, we see that our 1994 fee of \$350 would be \$551 in today's dollars and our \$500 fee in 2005 would be \$603. The College has an aggressive budgeting process to ensure we are doing the very best with the resources we have to achieve our regulatory goals and strategic priorities.
6. **Responsible Fiscal Planning:** In the past few years, recognizing that many dietitians have been impacted by public sector wage freezes, the Council elected to spend reserve funds

rather than raise fees. This is no longer feasible. Council needed to ensure that the College had enough revenues to meet the expenditures needed to provide effective regulation and to maintain an appropriate reserves to be able to deal with emergencies and unanticipated but needed expenditures. The reserve target is five months of annual spending which is prudent for an organization such as the College.

Increasing fees was not an easy decision. The College takes great pride in the work that Registered Dietitians do and we want to ensure we have a strong vibrant leading regulatory organization for many years to come.

In making our decision we weighted the feedback you provided – thank you. The response was tremendous.

Transparency — A College Value



Mary Lou Gignac, MPA
Registrar & ED

COLLEGE VALUES

Public Interest

Integrity

Collaboration

Accountability & Transparency

There is a growing societal value, if not expectation, for increased transparency in public institutions and organizations such as regulatory bodies which have a public mandate. Transparency and accountability are core values that have been articulated by Council to guide College behavior and decision-making. These two values are intrinsically linked because accountability relies on being transparent in governance actions, decision-making and reporting on outcomes.

In an effort to embody the core value of transparency and to be more open about its decisions and processes, Council has directed that a new transparency policy replace a policy on confidentiality. The new direction will clearly state that College documents are public documents unless there is a compelling reason to keep them confidential. Criteria will be developed to clarify the limited circumstances when information would be considered confidential, such as personal and health information protected by law. Once this new policy is finalized, the College will use its website as the repository of information to keep stakeholders — the public, members, government, educators and collaborative partners — informed about the College's governance, management and profession regulation activities.

Council meetings have always been open to anyone who wishes to attend. Meeting dates are posted on the website under *Public Meetings & Hearings*, at the top of the home page. This is also where you will find the links to the meeting agendas and, in the future, to the documents prepared to support Council decision making.

Other tools that provide transparency into the organization are:

- the College website;
- annual reports available online;
- *résumé* newsletters; and
- annual workshops with College updates and an opportunity for members to ask questions about its activities.

The College invites scrutiny from all stakeholders. We strive to earn and maintain public and member trust in governing the College and regulating Registered Dietitians in Ontario.



Update on Psychotherapy

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

In 2007, the Ontario government proposed changes to the *Regulated Health Professions Act* that would establish a new college of psychotherapists, create a new controlled act for psychotherapy, and authorize only members of the colleges of medicine, nursing, occupational therapy, psychotherapy, psychology, and social workers and social service workers to perform the controlled act of psychotherapy. These new provisions have not as yet been proclaimed into law and the Transitional Council of the College of Registered Psychotherapists of Ontario is not at this time named as a College.

The Ministry of Health and Long-term Care is now considering options related to the controlled act of psychotherapy to enable child and youth workers, crisis counselors and other types of workers in the mental health system to continue to provide psychotherapy. It is now clear that these workers will not be regulated through the College of Registered Psychotherapists of Ontario at this time.

WHAT IS PSYCHOTHERAPY

The proposed controlled act of psychotherapy is described in section Q of Bill 171 as follows: as “to treat, by means of psychotherapy technique delivered through a therapeutic relationship, an individual's serious disorder or thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgment, insight, behaviour, communication or social functioning”

When determining whether counselling a patient is the controlled act of psychotherapy, it is important to break down the definition into understandable parts. The following features must be present in order for a treatment to be considered psychotherapy:

- The purpose of the treatment is treating the actual psychological disorder;
- A known psychotherapy technique must be used;

- A therapeutic relationship with the client must exist – the client and psychotherapists must understand that the purpose of the relationship is treating the psychological disorder;
- The disorder must be a serious disorder of cognition, mood, emotional regulation, perception or memory; and
- The serious disorder has the potential to result to serious impairment.

IMPACT ON PRACTICING DIETETICS

Some RDs who treat clients with eating disorders do provide psychotherapy. Until the controlled act is proclaimed into law, they may continue to practice psychotherapy. As soon as psychotherapy becomes a controlled act, RDs must not continue to do psychotherapy unless they have received a delegation from a professional who is legally authorized to do psychotherapy or unless they become a member of the new College of Registered Psychotherapists (CRPO).

As soon as psychotherapy becomes a controlled act, RDs must not continue to do psychotherapy unless they have received a delegation from a professional who is legally authorized to do psychotherapy or unless they become a member of the new College of Registered Psychotherapists (CRPO).

RDs who do psychotherapy in keeping with the above definition now have an opportunity to explore becoming a member of CRPO through a grandparenting application process.

HOW ABOUT PSYCHOSOCIAL COUNSELLING?

Psychosocial-counselling especially within the context of supporting a nutritional treatment plan is not performing the controlled act of psychotherapy. The RD scope of practice will continue to include providing psychosocial counselling/psychotherapy to clients who have disorders that are not serious or not likely to lead to serious impairment or for purposes other than treating an actual psychological disorder. Psycho-social counselling for nutrition conditions even when done with a known psychotherapy technique, such as cognitive or

dialectical behavior therapies, are not psychotherapy as intended by the definition of the controlled act.

HOW DO I KNOW IF MY PSYCHOSOCIAL COUNSELLING CROSSES THE LINE INTO THE CONTROLLED ACT AS STATED IN THE RHPA?

The College is working on education material on the controlled act of psychotherapy using real practice scenarios to guide RDs in this area of practice. We plan to publish these scenarios in an upcoming issue of *résumé*.

Improving Your Effectiveness by Focusing on the Quality of Your Dietetic Practice

The College has heard from several RDs who are overwhelmed by the number of clients they are asked to see. These dietitians are carrying large caseloads due to a variety of issues, including staffing constraints.

number of clients. Rather than refusing new clients, it may be more fruitful to concentrate on how to better serve them. To do this, RDs must look for ways to build capacity in their practices to manage challenging workloads.

HOW CAN RDS BE MORE EFFECTIVE WITH THE SAME OR FEWER RESOURCES?

As RDs, we have a professional obligation to provide safe, ethical and competent services to each and every client that we accept in our workloads. It is not acceptable to reduce the thoroughness of an assessment, intervention, follow-up or record-keeping in order to see more clients.¹ This is supported by the *Dietetics Act*, 1991, Professional Misconduct Regulation, O. Reg. 680/93, which defines professional misconduct as:

5. *Failing to maintain a standard of practice of the profession.*
22. *Failing to keep records as required.*

The College fully appreciates the realities of today's healthcare system and the heavy workloads carried by many dietitians. RDs do have a responsibility to maintain quality services and can refuse to accept new clients when they cannot provide safe service.² However, in some practice settings, it is difficult or simply not possible to reduce the

BUILDING CAPACITY THROUGH QUALITY IMPROVEMENTS

One way to build capacity is through quality improvements. The illustration below shows the Six Quality Aims identified by the Institute of Medicine (National Academy Press: Washington, D.C., 2002), which are client safety, client-centered, effectiveness, efficiency, timeliness, and equity.³ Reflecting on these quality aspects, may help identify areas in your practice for quality improvements. Below are six suggestions for building capacity with these quality aims in mind.

Six Quality Aims
Institute of Medicine



1. Ranking Client Priority

Create a screening tool to rank client priority on nutrition risk and other indicators important to your practice setting. Alternatively, selected nutrition criteria may be added to a tool currently used by your healthcare team. When demand is high, having a clear policy for sharing the caseload between staff dietitians is also helpful.

2. Referring Clients Appropriately

Educate other healthcare professionals on appropriate RD referrals. Consider developing a referral tool and booking procedure to enable clear triaging of clients and appropriate referral pathways. You may want to get together with your colleagues to review your triaging policy, so that everyone is aware and using the same rationale for referring clients. Clear expectations can help build team collaboration.

3. Developing Skillful Communications

Focus on the quality, not the quantity, of time spent with your clients. Based on physician-patient interaction evidence, physicians with skillful, patient-friendly communication styles tend to have patients who have better health outcomes and are more satisfied with their care. These researchers concluded, "The most productive technique for time management is to improve the physician's communication skills."⁴ Extrapolating to dietetic practice, RDs who focus on building their communication skills — active listening, soliciting feedback, providing support, and establishing agreement — will have more impactful interactions with clients, regardless of the time available.⁵

4. Engaging Clients

Clients who are more engaged in their health care do better. Engagement is defined as "actions individuals take to obtain the greatest benefit from the health care services available to them."⁶ Providing clients with preparation information or tools, such as an FAQ sheet or a food diary, prior to their first visit may promote engagement. Consider creating print and digital resource materials that support clients in your practice setting and are suitable for self-serve access by them.

5. Collaborating with Other Health Professionals

Strive to collaborate with the other health professionals. Work plan tools that focus on teams can help clarify roles, responsibilities and scope of practice of the various team members, thereby improving team collaboration.⁷ You can also consider assigning appropriate dietetic tasks to other competent team members to increase workload capacity.

6. Practising More Effectively

Assess your practice with a view to improving your own efficiency. Changing how you practice can build the greatest capacity. Here are some areas you may want to examine for improvements:

- Evaluate your current work routines and determine whether you can improve your work flow and increase productivity.
- Appraise your record keeping process. Be wary of excessive record-keeping with redundant or unnecessary information. This can be a significant waste of time. Strive to produce clear, complete, accurate and timely documentation in a client health record.
- Work to develop a participatory decision-making communication style when interacting with clients.
- Build your personal resilience to practice more effectively by using resilient techniques such solution-focused thinking, setting limits and having realistic optimism.

1. Richard Steinecke & College of Dietitians of Ontario, *Jurisprudence Handbook for Dietitians in Ontario*, p. 3.

2. Carolyn Lordon. Extra Workload Responsibilities. *résumé* Spring 2008, p10-11.

3. Institute of Medicine. *Crossing the Quality Chasm: A New System for the 21st Century*, Committee on Quality of Health Care in America: Washington D.C., National Academy Press, March 2001.

4. Dugdale, D.C. et al. "Time and the Patient-Physician Relationship." *J Gen Intern Med*. Jan 1999; 14(Suppl 1): S34-S40.

5. Beckman H et al. "Getting the most from a 20-minute visit." *Am J Gastroenterol*. 1994 May;89(5):662-4.

6. Centre for Advancing Health, www.cfah.org/engagement

7. The College has several IPC resources, including the *Interprofessional Collaboration (IPC) e-learning module* (2013) and *Building Capacity for Collaborative Leadership* (*résumé*, Winter 2013). Go to www.collegeofdietitians.org and enter "interprofessional" or "IPC" in the search box.

Also see, Federation of Health Regulatory Colleges of Ontario, *Interprofessional Collaboration (IPC) eTool*. <http://ipc.fhrco.org>.



Survey Provides Insight Into HIGH RISK ACTIVITIES IN DIETETICS

Carole Chatalalsingh, Ph.D., RD
Practice Advisor & Policy Analyst
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In Spring 2014, the College sent out a consultation survey to help identify high risk activities in dietetics. Risk of harm or unsafe acts were defined in the survey as “the potential for an event, action or inaction to adversely affect an RD’s work in providing quality, safe dietetic services.” This definition includes physical, mental, emotional, and social harm or danger to a practicing RD or a client due to intended or unintended events or circumstances.

The survey results have provided valuable insight into the critical issues surrounding perceived high risk practice. Identifying and addressing the areas of high risk dietetic practice is important to help the College fulfill its public protection mandate by developing resources and standards for RDs to practise safely, ethically, and competently in their changing practice environments.

THE THREE HIGHEST LEVELS OF PERCEIVED RISKS IDENTIFIED

1. Nutrition Support (Parenteral Nutrition and Enteral Nutrition including Refeeding);
2. Swallow assessments and dysphagia management; and
3. Diabetes: Insulin adjustments, glucose testing, hypoglycemia management.

More than 50% of College members report working in one of the top three high risk areas in their annual renewal membership. 85% agreed or strongly agreed that, “Defining risk and risky activities is an important first step to managing risk of harm to the public in changing dietetics practice environments.” While it is not necessarily difficult to “think” about risk and risk assessment, it may take some processes to apply and mitigate risk of harm to clients.

The College will establish guidelines and standards in these high risk areas to help RDs to identify and address high risk dietetic practice.

**35% (1342) of
members responded
to the survey**

We would like to express our sincere appreciation to all the RDs who responded to the risk survey. Your input was valuable and has provided the insight needed for the development of standards and guidelines to address risk in dietetic practice.

Thank you.



Annual Renewal The Importance of Your Declaration

Carolyn Lordon, RD
Registration Program Manager

The annual renewal form includes questions about your contact information, current practice, and personal situation. Some of the information is collected for reporting to the Ministry of Health and Long-Term Care's health professions database (in aggregate form). Most of the information is needed to carry out the College's regulatory obligations and business.

The College relies on members to answer the questions truthfully and accurately. For this reason, the College includes "declarations", where the member confirms or declares that the answers they have provided are accurate.

YOUR ANSWERS MUST BE TRUTHFUL

During renewal, the College sometimes receives calls from members who want advice about how to answer a question to avoid a particular outcome, like having to purchasing liability insurance or being referred to the Quality Assurance Committee. The College's answer to these questions is always the same: You have to answer the questions honestly regardless of the outcome; answering one way or another depending on the outcome should not factor into any decision about how to respond to a question.

For example, a dietitian who does dietetics-related volunteer work outside of her regular job would be required to purchase private liability insurance. Even though she can rely on her employer's insurance at work, it would not cover the volunteer work. While it might be tempting to tell the College that she does not do dietetics-related volunteer work, this would be considered a false or misleading statement. According to section 25 of the *Professional Misconduct Regulation*, "signing or issuing, in the member's professional capacity, a document that the member knows contains a false or misleading statement", is professional misconduct.

You have 60 days – don't wait.

The renewal portal is open on the website from August 29 to October 31, 2014.

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

IMPORTANT NOTICE

Your annual renewal fees, form and SDL Tool are due on October 31, 2014.

A late fee will apply if your renewal fees and/or your renewal form are received at the College after midnight October 31, 2014.

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from May 1, 2014 to June 30, 2014.

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Ghazal Avand RD	12602	18/06/2014	Natalie Klaver RD	13730	06/06/2014	Kendra Patrick RD	13718	06/06/2014
Lindsay Buchanan RD	13777	02/05/2014	Christine Laidlaw RD	13732	10/06/2014	Corinne Price RD	13617	18/06/2014
Victoria-Lynn Craig RD	13739	18/06/2014	Athena Li RD	13743	19/06/2014	Catherine Richard RD	13634	18/06/2014
Dionne Drew-Brook RD	12608	18/06/2014	Denise Luk RD	13761	10/06/2014	Di Shen RD	13759	10/06/2014
Courtney Drouillard RD	12970	06/06/2014	Angela MacDonald RD	4093	16/06/2014	Jennifer Snyder RD	13793	22/05/2014
Anjali Dua RD	11796	10/06/2014	Jennifer MacPherson RD	13795	23/05/2014	Sébastien Soucy RD	12780	11/06/2014
Andrea Fennell RD	13733	06/06/2014	Scholastica Madu RD	12553	11/06/2014	Susanne Suchar RD	13750	16/06/2014
Annabel Forgues RD	13747	06/06/2014	Nadia Malik RD	10908	06/06/2014	Alice Temu RD	11376	06/06/2014
Sarah Hamdan RD	13749	06/06/2014	Lindsay McIntosh RD	13757	27/06/2014	Pamela Voisin RD	12985	19/06/2014
Meaghan Henderson RD	13741	06/06/2014	Mireille Moreau RD	13609	06/06/2014	Marika Wambach RD	11177	20/06/2014
Melanie Ho RD	13712	06/06/2014	Daniela Morgado RD	12660	10/06/2014	Ningying Wang RD	13801	02/06/2014
Hinson Ho RD	13800	26/05/2014	Lua Moslemi RD	13746	16/06/2014	Susan Qi Yang RD	13802	30/05/2014
Kamalpreet Kaur RD	12359	06/06/2014	Maria Corazon Muya RD	12341	12/06/2014	Maysam Youssef RD	12903	18/06/2014
Arpita Khalsa RD	12479	06/06/2014	Jharna Patel RD	12368	10/06/2014	Racha Zarzour RD	13034	06/06/2014

TEMPORARY CERTIFICATES OF REGISTRATION

Allison Adamo RD	13825	20/06/2014	Rochelle Ethier RD	13818	18/06/2014	Marisel Munoz Tarraco RD	13836	27/06/2014
Luma Al-Shubbak RD	13797	20/05/2014	Laurel Ettinger RD	13829	18/06/2014	Zahra'a Qassim RD	12028	27/06/2014
Nassim Azadibakhsh RD	12216	08/05/2014	Jane Francis RD	13808	06/06/2014	Brittany Raffis RD	13785	22/05/2014
Debby Berteau RD	13809	18/06/2014	Melissa Hardy RD	13824	18/06/2014	Olivia Siswanto RD	13792	22/05/2014
Courtney Bloch RD	13817	27/06/2014	Jessica Hrgetic RD	13827	18/06/2014	Emily Spencer RD	13790	12/05/2014
Stephanie Boutette RD	13810	20/06/2014	Faiqa Khalid RD	13796	20/05/2014	Monica Szeliga RD	13789	20/05/2014
Valeria Burnazov RD	13835	27/06/2014	Caroline Lawrance RD	13688	20/05/2014	Andra Taylor RD	13799	13/06/2014
Kitty Chan RD	13805	30/05/2014	Jonathan Luk RD	13786	12/05/2014	Robert Tenneriello RD	13815	18/06/2014
Adam Dickey RD	13783	12/05/2014	Nouhad Mokdad RD	13791	30/05/2014	Tiffany Watson RD	13787	12/05/2014
Lisa Doerr RD	13784	20/05/2014	Catalin Moldovan RD	13811	18/06/2014	Ye Yuan RD	12841	18/06/2014

RETIRED

Susan Crawford	2257	12/05/2014
Sandra Matheson	1721	27/06/2014
John Tomas	1845	05/06/2014

RESIGNATIONS

Rebekah Keith	13029	07/06/2014
Shannon Pelletier	13045	02/05/2014

REVOCATION

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

Nancy Bradshaw	1881	09/06/2014
Laurette Brunette	3400	09/06/2014
Lori Kelly	1804	09/06/2014
Deanna Mortimer	12837	09/06/2014
Leila Smaily	10676	09/06/2014
Kathleen White	12566	09/06/2014





Council Meeting Highlights - June 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

DEFINITION OF “PUBLIC INTEREST”

In 2013, a governance specialist recommended that CDO define “public interest”. It is a legal duty for the College to protect and serve the public interest and at the heart of everything that we do. Council approved a definition of public interest that recognizes public protection outcomes, public values and public processes. The definition can be found on the College website. Enter “public interest” in the search box.

RISK IN DIETETIC PRACTICE

Council amended the 2014/15 work plan to add activities that will position the College to respond to the most commonly identified risks in dietetic practice.

1. The College will support work already underway with Dietitians of Canada and the Alliance of Canadian Dietetic Regulatory Bodies to define the role of RDs in dysphagia. Our work will extend to exploring the development of standards and potential recognition of certification programs in dysphagia. The work on dysphagia is expected to provide a model for future years’ work on parenteral and enteral nutrition, and for diabetes and insulin management .
2. The Quality Assurance Program will revise tools to incorporate risk identification and risk management, e.g., one learning goal in the SDL Tool will relate to risk in an RD’s practice.
3. The Practice Advisory Program will provide education on risk in dietetic practice related to personal, contextual and environmental factors including delivering a work shop in 2014 on risk and resilience in practice.
4. The Registration Program will investigate collecting and displaying information about advanced practice certifications on the Register of Dietitians. Additional work plan items will be considered beyond 2014/15.

FEES BY-LAW AMENDMENTS

Council again considered the financial requirements of the College to effectively regulate dietitians in Ontario and to manage and govern the organization. After thoughtful debate, Council decided to raise the renewal fees. Beginning this renewal year, November 1, 2014-October 31, 2015, annual renewal fees will be \$590. In subsequent years, fees will be adjusted by the rate of inflation or 2%, whichever is lowest. Council made a commitment to review the need for the inflationary increase every year and may decide not to apply it. This would be done through a by-law amendment for that year.

Other fee adjustments are as follows: effective September 1, 2014 temporary certificate of registration will be \$120, proration of fees will be based on monthly rather than daily proration, NSF Fees \$55 and declined credit card fees \$35.

INCREASED TRANSPARENCY

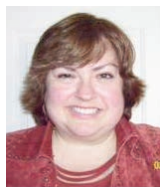
Council has adopted a policy making college documents accessible to the public and members, unless the information falls within a few stated criteria such as “personal and health information that is protected by law” or “information that if made public may threaten a relationship or business position”.

It is anticipated that all policies and procedures, manuals, and especially governance decision support documents will be made available on the College website. Transparency is important for accountability and building trust.

Farewell and Thank You

Registered Dietitians have an impact on their profession’s regulation by serving on College Council and committees. Their professional knowledge and judgment is highly valued in College governance and the development of regulations, programs and policies to support safe, ethical and quality dietetic services in the interest of the public.

COUNCIL MEMBERS



Lesia Kicak RD

The College offers heartfelt thanks and appreciation for the contributions, professional insight and judgment that Lesia Kicak brought over the last six years to her work on Council, on committees and as the College President. Lesia served two terms on Council from June 2008 to June 2014. She was elected as President of the College and also served as Chair of the Executive Committee from June 2010 to June 2012. Lesia was a valued member of the following statutory committees: Inquiries, Complaints and Reports, Discipline, Fitness to Practice, Patient Relations and Quality Assurance.

Her attention to detail and diligence were also appreciated on the Registrar Performance and Compensation Review and the Audit Committees.



Cynthia Colapinto RD

Cynthia was appointed to Council from June 2011 to June 2014. She also served on the Inquiries, Complaints and Reports Committee, the Discipline and the Fitness to Practice Committees, and the Legislative Issues Committee. Cynthia’s commitment to evidence-based decision-making was appreciated in her work on Council and committees.

COMMITTEE MEMBERS

Jill Pikul RD

In 2010, Jill was appointed to the Registration Committee, where she has served two consecutive terms. With her leadership as Committee Chair, the Committee has renewed and created policies and assessment tools that have improved efficiency and effectiveness of assessing the files of applicants wishing to practice dietetics in Ontario. Jill will be greatly missed for her dedication, attention to detail and her significant contributions.



Diane Shrott, RD

During her term (2012-2014) as an Appointment Committee member to the Registration Committee, Diane brought thoughtful and measured perspectives to policy discussions and the review of applications.



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

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

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

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

The workshop will also present the College highlights over the past year including the activities from the College's Registration, Quality Assurance, Practice Advisory & Patient Relations Programs.

WHO SHOULD ATTEND?

The workshop is applicable to all RDs regardless of their area of practice. We encourage RDs within public health, community, industry, sales, food services, and management, clinical as well as those who may consider themselves to be in 'non-traditional' roles to attend.

Register Online

[Login to your Member Home Page and scroll down to Events on the left.](#)

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