



# résumé

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## Your Tax Receipts Are Available Online

Many members will be looking for their membership receipts as the deadline approaches for their income tax submission. The College will not send receipts in the mail. Please download them from the College website anytime. Simply login to your Member Home Page using your RD number and your password, scroll down to [Print Receipts](#) under Membership on the left hand side of the screen.

# Responsible Risk Management



Lesia Kicak RD  
President

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

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

As part of its governance function, the College Council has recently been assessing its oversight tools from a risk management perspective. Potential risks areas are financial, legal, moral and reputational risks along with asset protection. We wanted to know whether the mechanisms currently in place were sufficient or whether different tools were needed to identify and mitigate risks. Our exploration has allowed us to assess in detail the checks and balances that minimize risks in how we carry out our regulatory mandate and govern the College.

## PLANNING AND EVALUATION

Careful planning and evaluation are key components of risk management. Council's risk management framework is based on the College's governance policies which includes the *Annual Council Planning and Oversight Agenda*. The oversight activities that identify risk are scheduled through this agenda.

The oversight agenda stipulates when governance policies and executive limitations must be tested and which controls, such as financial reports and audits, must be scrutinized. It also schedules time for Council to inspect and approve the annual plans and budgets submitted by committees and staff. The purpose of this inspection is to make sure that resources are spent effectively and that the College meets its regulatory obligations and strategic goals. Council evaluation of accomplishments is also planned through the scrutiny of reports, performance assessments and measurements to make sure regulatory and strategic outcomes are met.

## ASKING QUESTIONS FROM A RISK PERSPECTIVE

During our analysis, it was reassuring to observe that Council does have effective oversight risk-management mechanisms and tools. The key in using these tools effectively, however, is to apply them specifically to potential risks. In the next few months, we will continue to answer questions focused on risk: Are there any risks to the College's financial security? How effective are the protections for the College's key assets?

The fact that Council is asking whether what the College has in place is enough, and whether there is still risk involved, illustrates its commitment to continuous improvement and responsible governance. Our goal is to make sure that the assessment of risk is embedded in the College's governance culture.

# How the College will Regulate Members Who Are Not Practising Dietetics



Mary Lou Gignac, MPA  
Registrar & Executive Director

If you have worked less than 500 hours in the past three years or have not practiced dietetics and would like to maintain your RD title, I would welcome your input.

Please give me a call or send me an email to discuss ideas about what you would be prepared to do to maintain your registration with the College.

416-598-1725 / 1-800-668-4990, ext. 228

[gignacm@cdo.on.ca](mailto:gignacm@cdo.on.ca)

## WHAT DOES IT MEAN TO BE A MEMBER OF A HEALTH PROFESSION COLLEGE?

The “RD” title is obtained after a long and challenging period of education and training. It lends credibility to practice in food and nutrition in a variety of work settings. Once achieved, the “dietitian” and “RD” designations become part of a member’s identification, both personally and professionally. Successful RDs, wherever they work, bring honour to the profession.

For the public, being a member of the College means that RDs have the skills and in-depth knowledge required to offer safe, competent and ethical dietetic services. The College has an obligation to the public to maintain the integrity of the title by making sure its members are always qualified to practice their profession. Regulation is about ensuring competence for public protection.

So, what happens when an RD holds the dietetic title but is not practising the profession or is on leave for several years? Are they still competent to practice? Do they have the necessary skills and knowledge? How can we be sure?

## WHAT RDS THOUGHT ABOUT NON-PRACTISING MEMBERS

In 2009/10, the College consulted with members about proposed changes to its registration regulation. One proposed change was to create a class of “non-practising” RDs to identify those who maintained their designation but were not working in dietetics or were not practising because they had been on leave for a long period of time. The main reason for introducing this class was to make sure that anyone holding a General Certificate of Registration from the College would be qualified to practice dietetics in Ontario.

Through the consultation, we heard many different views: some RDs did not want to lose their RD title, they valued the professional designation even though they were not practising dietetics, many did not like the idea of a “non-practising” class of registration; some were clear in their view that all members of the College should be competent to practice dietetics; and others thought that not being ready to practice was a good reason not to be a member of the College. As a result of this feedback, the College dropped the idea of a provisional class and opted for an alternative approach to ensure competence.

## IDENTIFYING RDS WHO PRACTICE < 500 HOURS IN 3 CONSECUTIVE YEARS

The proposed registration regulation includes the alternative approach, which is a referral to the Quality Assurance Committee of any RD who has practiced dietetics less than 500

hours over the previous three years. These RDs will be assessed to determine whether they have maintained the knowledge and skills necessary to practice dietetics safely and competently.

The quality assurance assessment will consider both practice hours and what RDs have done to maintain or refresh their knowledge, skills and competence through professional development and other volunteer activities. RDs referred to the QA Committee will be asked to describe all of the activities that relate to the content and competencies of dietetic practice. Ultimately, the assessment must reasonably answer the question of whether the RD is competent to practice dietetics or not.

### **WHAT WILL HAPPEN WHEN RDS ARE DEEMED NOT COMPETENT FOR DIETETIC PRACTICE?**

The inevitable situation is that some RDs will not be deemed competent for dietetic practice. What then? There are a number of possible directions permitted by the *Regulated Health Professions Act*:

1. The College could require the RD to do a program of upgrading or continuing education as specified by the College. In such situations, the College would specify the time in which the upgrading must be complete. Failure to complete the upgrading would result in some conditions on the certificate of registration (see #3).
2. The RD could enter into a voluntary undertaking not to return to dietetics practice unless/until they had completed upgrading as approved by the College. This would be a transparent undertaking shown on the Register of Dietitians and include a statement that the reason for undertaking is the fact that the RD has not been working in dietetics.
3. The College could place a term, condition or limitation (TCL) on a certificate of registration indicating that the RD cannot practice dietetics unless/until they had completed upgrading as directed

by the College. This TCL would also be on the Register of Dietitians. The difference between an undertaking in #2 and a TCL in #3 is that the TCL is directed by the College and the RD would not have to agree with it.

RDs who have not practiced for years and do not intend to return to dietetic practice, may find that the third option is a reasonable regulatory response. For the RD, it permits continued membership and continued use of the RD title. For the College, it provides public protection.

### **WHEN WILL THIS BE IMPLEMENTED?**

RDs having less than 500 hours of practice in the last three years will be identified through the renewal process this year. The College intends to use this first administration of the new process as a key learning opportunity. We want to better understand all of the possible practice/non-practising situations and consider what RDs in these situations are prepared to consider to maintain their membership with the College.

If you have worked less than 500 hours in the past three years or have not practiced dietetics and would like to maintain your RD title, I would welcome your input.

Please give me a call or send me an email to discuss ideas about what you would be prepared to do to maintain your registration with the College.

**Mary Lou Gignac, Registrar & ED**

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# Enhancing Capacity for Interprofessional Care



Carole Chatalalsingh, PhD, RD  
Practice Advisor &  
Policy Analyst

The integration and coordination of the interprofessional health care (IPC) team is increasingly recognized as a key factor in safe, effective and efficient health care delivery. Health-care providers are expected to engage in collaborative

practice and share their expertise within the IPC environment. Dietitians partnering in health care teams are seeking guidance from the College as they recognize that working in IPC teams does not necessarily mean that they are practising collaboratively or that their team approach is client-centred.

To support dietitians to be safe, competent and ethical within interprofessional health care teams, the College of Dietitians of Ontario is expanding its professional practice program to create new direction and education to promote a better understanding of collaborative dietetic practice.

As a new *Practice Advisor and Policy Analyst* for the College, I am thrilled to have the opportunity to make a difference by facilitating learning and creating educational opportunities for dietitians to discover and transform their skills as they take on new roles in IPC environments. Dietitians have an ethical obligation to seek new ways to achieve the goal of safe and high quality client care. In the *Code of Ethics for Dietitians in Canada*, dietitians pledge to

## Interprofessional Care

The provision of comprehensive health services to clients by multiple health care professionals who work collaboratively to deliver the best quality of care in every health care setting.<sup>5</sup>

"work co-operatively with colleagues, other professionals, and laypersons". What does collaborative practice mean within the IPC environment?

### COLLABORATIVE PRACTICE

Collaborative practice is seen as members going beyond just working in a team to synergistically learning to practice together as a team to influence the client/patient centered care. "It involves the continuous interaction of two or more professionals or disciplines, organized into a common effort to explore and solve common issues, with the best possible participation of the client. It is designed to promote the active participation of each discipline in client care. It enhances client- and family-centered goals and values, provides mechanisms for continuous communication among caregivers, optimizes staff participation in clinical decision-making within and across disciplines, and fosters respect for disciplinary contributions of all professionals."<sup>1</sup> (See Figure 1, page 6.)

### INTEGRATING THEORY INTO PRACTICE

Evidence shows that, when health care professionals work and learn together to share their knowledge and skills, the quality of client care improves.<sup>2, 4</sup> There is increasing interest in working in an interprofessional manner and many health care organizations place high priority in educating and training novice health care professionals and students. However, support for and models of interprofessional care approaches remain relatively new to more experienced health care professionals.

In the spirit of improving care and developing an understanding of how to best engage in interprofessional collaboration and learning at the level of the team, the College's educational opportunities for dietitians will focus on integrating education theories into collaborative dietetic practices.<sup>3</sup> This will involve 1) offering and implementing a professional development webinar series, 2) creating blogs

and forums for dietitians including seeking input from members, and assessing needs, as well as partnering with dietetic, academic and practice leaders in the community and 3) a developing a series of *résumé* articles.

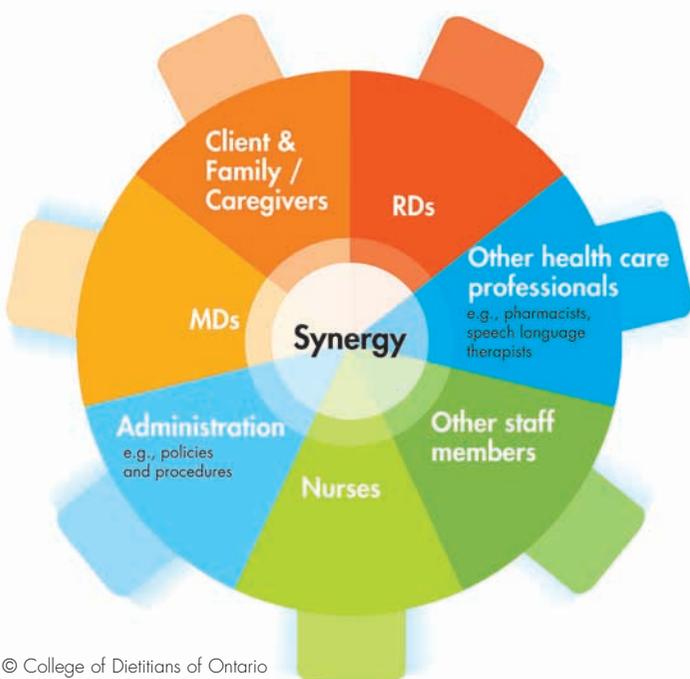
### ENHANCING INTERPROFESSIONAL HEALTH CARE TEAMS

Dietitians have already been exposed to interprofessional collaborative concepts through the College workshops held in 2009. A webinar series will be developed in 2012 based on the work started in those workshops. The webinars will focus on client-centred care and interprofessional care within teams on a day-to-day basis. The primary objectives of the webinars will be to:

1. Introduce common issues and challenges of interprofessional collaboration in dietetic work.
2. Engage in critical reflections about dietetic/health standards in caring for clients and the values underpinning them.
3. Identify opportunities for future directives, innovation and change.

**Figure 1: Synergetic Team**

Interprofessional team learning is a social learning activity that benefits the individual, the team, and most importantly, the client.



## Interprofessional Collaboration

An interprofessional process of communication and decision-making that enables the separate and shared knowledge and skills of care providers to synergistically influence the client/patient care provided.<sup>6</sup>

### IPC ON A DAY-TO-DAY BASIS

The College will be publishing a professional practice blog for dietitians which will include topics focused on client-centred care and interprofessional care within teams on a day-to-day basis. The primary objectives of the blog will be to:

1. provide a collegial venue for sharing ideas, questions and expertise about the changing landscape of dietetic and interprofessional practice environments;
2. to engage in point-of-care information sharing and decision-making;
3. to elicit feedback from members and professional associations in enhancing interprofessional innovations and to develop a plan to enhance the knowledge of organizational leaders.

**Information about the professional practice blog will be sent to you by email shortly. Look for it in your email box.**

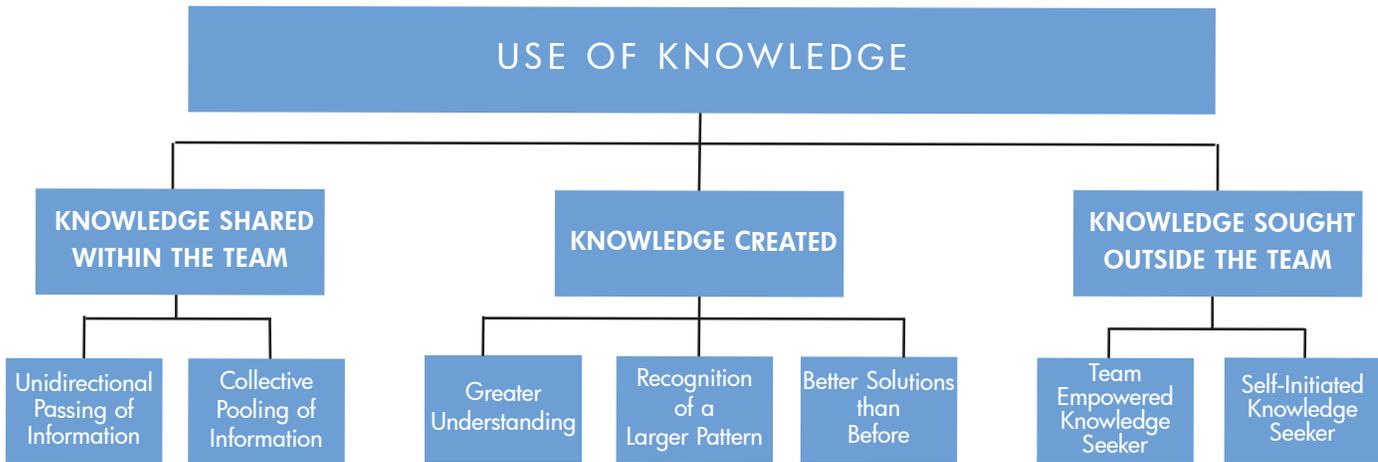
### AWARENESS, LEARNING AND POSITIVE ATTITUDES

While the scope of practice statement set out in the *Dietetics Act* describes in broad terms the focus of our profession as individual practitioners, IPC describes team expectations and focuses on a collaborative approach to health care. Within the IPC environment, dietitians are often faced with learning new roles and procedures. Developing a more in-depth understanding of the role of dietitians as collaborators is needed.

Dietitians have a professional obligation to examine themselves and their practices with a view to expanding the profession of dietetics. The *résumé* articles will help dietitians develop critical thinking and problem-solving skills in using their knowledge, skills and judgment effectively in the IPC environment.

## “Use of Knowledge” Framework

within the context of interprofessional collaboration <sup>7, 8</sup>



### INTERPROFESSIONAL TEAM LEARNING

Interprofessional care is not static. IPC teams are dynamic and create synergy by learning together and discovering new knowledge, growth and innovation. Interprofessional team learning is a social process involving a community of client-centred care providers including health professions, staff members, students and trainees, and family caregivers. The IPC team is focused on communication, mutual respect, interaction and participation. IPC teams not only deliver effective health care together, but also learn together in their daily practice.

When health care professionals work and learn together sharing their knowledge and skills, the quality of client care improves.<sup>1</sup> Team learning is a process through which knowledge is shared, created and sought in order to benefit the individual, the team, and most importantly, the client. With health care moving from health profession silos to IPC teams, it seems only natural that dietitians should also be making a concurrent shift of focus from individual self-directed learning models to models of interprofessional team learning.

In the spring *résumé*, we will examine the “Use of Knowledge” Framework, above, within the context of synergistic teams in practice. The purpose will be to show how team-related knowledge and interprofessional team learning promotes the delivery of safe, ethical and competent quality client care.

1. Oandasan et al. (2006). *Teamwork in health care: Promoting effective teamwork in health care in Canada. Policy synthesis and recommendations*. Ottawa: Canadian Health Services Research Foundation.
2. Barr, H. (2005). *Interprofessional education. Today, yesterday and tomorrow. A review*. UK Centre for the Advancement of Interprofessional Education. Oxford, UK: Blackwell Publishing Ltd.
3. Reeves, S., Suter, E., Goldman, J., Martimianakis, T., & Chatalalsingh, C. (2007). *A scoping review to identify organizational and education theories relevant for interprofessional practice and education*. Calgary Health and Queen's University Inter-Professional Patient-Centered Education Direction project.
4. Oandasan, I., Gotlib Conn, L., Lingard, L., Karim, A., Jakubovicz, D., Whitehead, C., Miller, K.L., Kenzie, N., & Reeves, S. (2009). “The impact of time and space on interprofessional teamwork in Canadian primary care settings – Implications for health care reform.” *Primary Health Care Research and Development*; 10:151-162.
5. *Interprofessional Care Steering Committee. Interprofessional Care: A Blueprint for Action in Ontario*, July 2007. Available at: [www.healthforceontario.ca/upload/en/whatishfo/ipc%20blueprint%20final.pdf](http://www.healthforceontario.ca/upload/en/whatishfo/ipc%20blueprint%20final.pdf).
6. Way, D., Jones, L., Baskerville, B., & Busing, N. (2001). “Primary health care services provided by nurse practitioners and family physicians in shared practice”. *Canadian Medical Association Journal*, 165(9), 1210.
7. Chatalalsingh, C., & Regehr, G. (2006). “Understanding team learning in a healthcare science center.” In L. English & J. Groen (Eds.), *Proceedings of the Canadian Society for the Study of Adult Education (CASAE) 25th Annual Conference* (pp. 31 – 36). Toronto, Ontario, Canada: York University.
8. Chatalalsingh, C. (2007). *Understanding team learning in a multiprofessional healthcare setting*. Master's thesis, Ontario Institute for Studies in Education, University of Toronto, Toronto, Ontario, Canada.



# Evolving Roles of RDs

## Fall 2011 Annual Workshop in Review

### INCREASED ATTENDANCE THIS YEAR!

The College held 26 Workshops across Ontario on *The Evolving Role of RDs in Changing Practice Environments*. This year, attendance surpassed the College's annual 20% target with 756 RDs (23% of membership) and 45 interns in total.

### RD ROLE AND TASK DECISION FRAMEWORK

Regardless of their practice area, RDs are being asked to take on new tasks and roles. This workshop allowed participants to gain insight into how various factors impact their practice. The purpose of the workshop was to encourage RDs to embrace their full scope of practice.

The *RD Role and Task Decision Framework* (next page) is based on questions that were discussed in the workshops that RDs should consider before taking on a new task or role. Workshop discussions often centered on the first question in the Framework: "is this task/role really within an RD's scope of practice?" For instance, which health professional should be conducting swallowing assessments – RDs or speech-language pathologists? Or, do blood pressure and '60 second' foot assessments fall within the dietetic or nursing practice?

The *Regulated Health Professional Act* (RHPA) was intentionally drafted to enable overlapping scopes of practice, which allows for client-centered services and interprofessional collaboration. It is important to ensure there are mechanisms in place and enough flexibility to allow an RD's role to evolve in collaboration with other health care professionals as intended in the RHPA. Using the decision framework on the next page as a resource, RDs can exercise professional judgment to evaluate new tasks and role, and evaluate the conditions under which they should perform them in compliance with the law.

### ATTENDEES FEEDBACK

The majority of participants (92%) felt that the College has undertaken activities that support RDs in their practice. And, 86% of the attendees found the questions in the decision framework valuable and helpful in determining when it would be appropriate to accept a particular role or responsibility:

*"Like the decision tree (and) this will be helpful when determining whether tasks are within our scope of practice or is it a matter of competence / education"*

*"I found the experience-sharing to be most valuable. We are often unaware of what others are doing in their practice environments. This is a safe space to talk about issues we are facing and get feedback on ways to move forward."*

*"Always a good review of the regulatory issues and a chance to brush off the cobwebs, since although we practice within our boundaries with our ethics and competencies intact it is always good to review issues amongst colleagues."*

*"The workshops always give food for thought and help us to think outside the box a bit more."*

Some members requested more interactive sessions, webinars and that examples be incorporated from all practice areas (less clinical focus). We appreciate the feedback and will try to incorporate suggestions for improvements in future workshops and other resources.

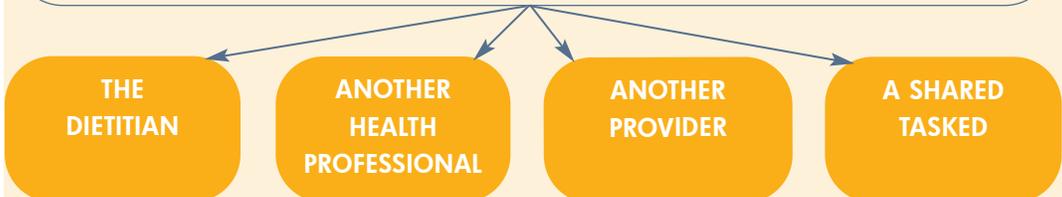
**Thank you for your participation and input. The workshop presentation slides are available on the CDO website at: [www.cdo.on.ca](http://www.cdo.on.ca) > Members > Practice Advisory Program > Annual Workshops.**

# RD Role & Task Decision Framework

RDs are encouraged to consider requests and opportunities for assuming new tasks and roles in a way that respects clients and interprofessional collaboration (IPC), and that appreciates the full scope of dietetics practice. This table shows how answering four central questions when

considering, “Can I, or should I do this?”, can be informed by focusing on client-centred services.

The College of Dietitians of Ontario is a resource for RDs as they explore new areas of practice.

SHOULD THE RD PERFORM THIS NEW TASK OR ROLE?	DECISIONS BASED ON CLIENT-CENTRED SERVICES
<p><b>IS THE NEW TASK OR ROLE WITHIN THE RD SCOPE OF PRACTICE?</b></p>	<p>Applying a narrow interpretation of the dietetic scope of practice based on traditional roles may sometimes conflict with client needs. When it does, RDs are encouraged to consult and carefully consider whether a restrictive interpretation unnecessarily limits how clients are served. The RD scope of practice statement in the <i>Dietetics Act</i> and the College definition of practising dietetics enables a very broad spectrum of activities as the scope relates to using the knowledge of food and nutrition, and working in areas related to nutritional conditions and disorders and the prevention and treatment of these.</p>
<p><b>ARE THERE ANY LEGAL OR ORGANIZATIONAL BARRIERS TO PERFORMING THIS NEW TASK OR ROLE?</b></p>	<p>Organizational policies, the <i>Regulated Health Professions Act</i>, <i>Dietetics Act</i>, <i>Public Hospitals Act</i>, and other legislation limit who can do what and under what conditions (e.g. an order or prescription). Flexibility exists within this organizational and legal framework and is intended to be used to meet client needs as long as safety and quality are given due consideration in the decision-making.</p>
<p><b>DOES THE RD HAVE THE REQUIRED SKILLS &amp; COMPETENCE TO PERFORM THE NEW TASK OR ROLE?</b></p>	<p>Competence includes knowledge, skill and judgment. Competent execution of roles and tasks is an essential professional responsibility to ensure clients benefit from practice activities and that they are not harmed. New areas of competence can be acquired at any time during a professional’s career. If client needs are better served by having an RD perform new tasks or roles, then the RDs must consider how to acquire the new area of competence. This is an important part of the decision and planning around new tasks and roles. Simply to say “no” based on existing competence may well fail to meet client needs.</p>
<p><b>WHAT ARE THE IPC POSSIBILITIES?</b></p>	<p><b>Decisions should be made in the clients’ best interest, taking into consideration scope of practice and what is intrinsically related to it, organizational and legal flexibilities, and the acquisition of competence. The outcome may not lead to a simple “yes” or “no”, but open to interprofessional possibilities.</b></p> 

# New Professional Standard for Skin Pricking

As a result of the 2008 dietetic scope of practice review, the Ministry of Health and Long-Term Care has decided to authorize Registered Dietitians (RDs) to perform a new controlled act: performing a procedure below the dermis to take blood samples by skin pricking for the purpose of monitoring capillary blood readings. The College has developed a new standard of professional practice to support RDs in the application of this new authority:

[Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings \(Point of Care Testing\).](#)

## PROFESSIONAL STANDARDS STEPS AND PROCESSES

The College's new professional standard outlines the steps and process for collecting capillary blood samples, including:

- Having the required competence – knowledge, skills and judgment;
- Ensuring a client-centered care approach;
- Being responsible and accountable;
- Communicating results, not the diagnosis, to clients;
- Sharing results with other members of the health care team and referrals to other health care providers; and
- Ensuring clear documentation

## Professional Practice Question

I am an RD currently working in a hospital. Do I still need an order or medical directive to collect and analyze capillary blood samples by skin pricking?

Yes, RDs practising in public hospitals still require an order or medical directive to collect and analyze capillary blood samples. Although amendments to the *Dietetics Act* and the *Laboratory Specimen Collection Centre Licensing Act* authorize a select few health professionals to order diagnostic and treatment procedures in hospitals, a regulation under the *Public Hospitals Act* must still be amended before RDs can practice skin pricking and analyze capillary blood samples in public hospitals. Outside of public hospitals, however, RDs are authorized to collect and analyze capillary blood samples.

A medical directive is an order given in advance by physicians or ordering authorizers to enable RDs "to perform

To access a copy of the new standard, go to: [www.cdo.on.ca](http://www.cdo.on.ca) > Resources > Practice Standards & Resources: Professional Standards and Ethics

If you have questions about this new standard, contact the College's Practice Advisory Service at:

416-598-1725 / 1-800-688-4990, ext. 397

[practiceadvisor@cdo.on.ca](mailto:practiceadvisor@cdo.on.ca)

## WHAT ARE PROFESSIONAL PRACTICE STANDARDS

Professional practice standards are created by colleges for the purpose of public protection. These high-level statements serve a number of purposes:

- They guide the College in decision-making for matters related to professional conduct and competence.
- They provide performance assessment criteria for the College's Quality Assurance Program.
- They serve as a guide for RDs, articulating the minimum expected of them to fulfill their professional responsibility to provide safe, ethical and competent client-centered care.
- They define the required behaviours for which Registered Dietitians are held accountable in their dietetic practice.

the ordered procedure(s) under specific conditions, for a specified range of patients without a direct assessment by the physician".<sup>1</sup> In this circumstance, the dietitian would not be "ordering" the skin prick, but implementing the physician's order, under the authority of the medical directive.

1. Federation of Health Regulatory Colleges of Ontario. *An Interprofessional Guide to the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario* (2006) at: <http://www.regulatedhealthprofessions.on.ca/EVENTSRESOURCES/medical.asp>

# Development of New 2-Step PPA is Underway

## A MULTI-STEPPED APPROACH TO PEER AND PRACTICE ASSESSMENT (PPA)

Current literature indicates that a multi-stepped approach to competency assessment is the most cost effective and efficient way of identifying and supporting health professionals who may pose a risk to the public.<sup>1</sup> The peer and practice assessment currently being developed by the College is a 2-stepped approach: Step 1, multisource feedback; and Step 2, a behaviour-based interview.

Our current PPA has one step: face-to-face behaviour based interviews. It allows the College to assess only 2-3 % of the membership because these interviews are resource intensive. The new 2-Step PPA will allow the College to assess 10% of the membership. Members identified as requiring further assessment in Step 1, will move to Step 2 for the more resource intensive behaviour-based interviews.

## DEVELOPMENT OF MULTI-SOURCE FEEDBACK TOOLS

Multisource feedback (also known as 360 feedback) uses a variety of tools including a self-evaluation and survey tools for colleagues and patients. Using the current competencies for dietetic practice, members from all areas of practice were consulted by the College to identify the appropriate competencies to be assessed by multisource screening tools. Based on these consultations, the College developed the two multisource feedback screening tools for the new PPA: 1) Self/Colleague; and 2) Patients. The new PPA was pilot-tested and is ready for the 2012 administration.

## THE NEW PROCESS FOR PPA 2012

### Step 1: Random Selection of 10% of members to participate in a multi-source feedback process.

Members will be randomly selected to participate in the 2012 PPA, consisting of the multi-source feedback survey provided by colleagues and, where applicable, patients as well. This step will require the randomly selected member to:

- choose colleagues to provide anonymous feedback on their work;

- complete a self-evaluation; and.
- select patients to provide feedback, if the member treats patients.

All surveys will be sent to a 3rd party who will analyze the data. Only members whose multi-source feedback results fall below the approved “cut score” will move to the second step.

### PPA Step 2: Face-to-Face Behaviour-Based Interviews

The behavior-based interviews will be conducted by RD peer assessors chosen by the members. The interviews include 12-14 behavioural and case-based questions covering a variety of topics, depending on practice areas, such as: client-centred approach; nutrition planning, implementation and evaluation; nutrition health promotion and disease prevention; organization management; human resources management; leadership; financial management; menu planning, quality improvement; risk management; purchasing; facility design and workflow; safety and sanitation.

Once a member has completed a PPA, they will be removed from random selection for 5 years.

## RANDOM SELECTION IN SPRING 2012

The random selection of members will take place in Spring 2012. The members selected will be notified by mail and will be invited to participate in teleconferences to explain the new 2-step process in greater detail.

1. Health Professions Council. *An exploration of quality assurance programmes in professional regulators in Ontario, Canada*. London England, 2010. <http://www.hpc-uk.org/assets/documents/1000361CReportofinternationalrevalidationstudy-FINAL.pdf>

## Special Diet Allowance Update

As of January 30, 2012, the government has added the three following conditions to the unintended weight loss category on the Special Diets Schedule:

- Parkinson Disease
- Huntington Disease
- Muscular Dystrophy

For more information see

### Ontario Disability Support Program Directive 6.4 at

[http://www.mcass.gov.on.ca/documents/en/mcass/social/directives/odsp/income\\_Support/6\\_4.pdf](http://www.mcass.gov.on.ca/documents/en/mcass/social/directives/odsp/income_Support/6_4.pdf)

### Ontario Works Directive 6.6 at:

<http://www.mcass.gov.on.ca/documents/en/mcass/social/directives/ow/O6O6.pdf>

## Update Your College Profile Information

As regulated professionals, RDs have a duty to update their profile within 30 days of any change in the information required for the College's Register. Failing to do so is considered professional misconduct (Professional Misconduct Regulation, s. 35.2).

**Not receiving correspondence from the College is not an acceptable excuse for missing a deadline or for not complying with a College requirement.**

All important notices are sent to members in several formats well ahead of deadlines and critical information is communicated in résumé and on our website. It is important to pay attention to College communications and visit the website regularly to be informed of changes in laws and College requirements affecting your practice.

## Accessible Customer Service Regulation as of January 2012

As of January 1, 2012, all organizations with one employee or more in the private and non-profit sector must be in compliance with the *Accessible Customer Service Regulation* under the *Accessibility for Ontarians with Disabilities Act (2005)*.

The regulation requires all organizations to give persons with disabilities an equal opportunity to access their services and products. This regulation is not about ramps and elevators. It's about making services and products accessible in a manner that respects the dignity and independence of all clients, including those with disabilities.

To comply with the regulation, RDs in private practice need to have a plan in place for clients with disabilities, including:

- How to communicate with persons with a disability;
- Allowing assistive devices in your workplace, e.g., wheelchairs, walkers, oxygen tanks);
- Allowing service animals in your workplace;
- Welcoming support persons;
- Inviting customers to provide feedback; and
- Having a procedure for communicating disruptions in service.

For more information about what you need to do to comply with the *Accessible Customer Service Regulation* see [www.accessON.ca](http://www.accessON.ca)

You may also view the College's *Accessibility Policy* at [www.cdo.on.ca](http://www.cdo.on.ca), at the bottom of the web page.



# Council Meeting Highlights

December 1, 2011 and February 2, 2012

## EXECUTIVE COMMITTEE

Lesia Kicak, RD, President  
Elizabeth Wilfert, Public  
Appointee, Vice President  
Terry Koivula, RD

## COUNCIL MEMBERS

### Professional Members

Cynthia Colapinto, RD  
Lesia Kicak, RD  
Susan Knowles, RD  
Terry Koivula, RD  
Barbara Major-McEwan, RD  
Nancy Polsinelli, RD  
Erica Sus, RD  
Deion Weir, RD

### Public Appointees

Edith Brown  
Francis Omoruyi  
Elsie Petch  
Jeannine Roy-Poirier  
Carole Wardell  
Elizabeth Wilfert

## NON-COUNCIL/ APPOINTED MEMBERS

Susan Campisi, RD  
Edith Chesser, RD  
Angela Clark, RD  
Claire Cronier, RD  
Alicia Garcia, RD  
Susan Hui, RD  
Laura Hoard, RD  
Julie Kuorikoski, RD  
Léna Laberge, RD  
Grace Lee, RD  
Kerri Loney, RD  
Jill Pikul, RD  
Krista Witherspoon, RD

## WORK PLANNING AND BUDGETS

At the December meeting, in preparation for planning and budgeting for the next fiscal period, the Registrar & ED presented an environmental scan regarding practice and regulatory factors which may have an impact on goals and planning for 2012/13.

## COUNCIL APPROVES PROFESSIONAL STANDARDS

As a result of the 2008 dietetic scope of practice review, the Ministry of Health and Long-Term Care has decided to authorize Registered Dietitians (RDs) to order laboratory tests for nutritional assessment and monitoring (pending); and to perform the controlled act of a procedure below the dermis to take blood samples by skin pricking for the purpose of monitoring capillary blood readings (in effect).

Council approved two new standards of professional practice to support RDs in the application of these new authorities: 1. Professional Standards for RDs ordering Lab Test for Nutrition Assessment and Monitoring; and 2. Professional Standards for RDs Collecting Capillary Blood Samples by Skin Pricking.

## REVIEW OF DRAFT ANNUAL PLANS AND BUDGETS FOR NEXT FISCAL PERIOD

Council scrutinized the draft operational and committee annual work plans and budgets for 2012/2013 and agreed to spend reserve funds and operation surplus funds to pay for all the planned activities.

## FEES FOR EXTENDING A TEMPORARY CERTIFICATE AND FOR PROVISIONAL CERTIFICATE OF REGISTRATION

Temporary Members currently pay a flat fee of \$100 for the period from when their certificate is issued, until 10 weeks after the next available exam. Council approved an additional flat fee of \$100.00 for extending a Temporary Certificate for members who have failed the exam to enable them to practice until the following exam.

Council also approved the registration fee for a Provisional Certificate of Registration, which will be a pro-rated portion of the annual fee to cover the period from when the certificate is issued until the end of the renewal year. The member will then participate in the annual renewal process and pay the annual fee of \$500.00.

## SUSPENSIONS AND REVOCATIONS FOR NON-PAYMENT OF FEES

The *Regulated Health Professions Act* gives the authority for the Registrar & ED to remove information from the Register of Dietitians in situations where it is obsolete and not relevant to the member's suitability to practise, as long as the information is not related to discipline or incapacity. After careful consideration with regard to the principles of public protection, transparency and fairness, Council decided that after 6 years, the College will remove from the Register the history related to a member's suspension and revocation for non-payment of fees.

# Certificates of Registration

## GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from November 1, 2011 to February 17, 2012.

Name	Registration ID	Date	Name	Registration ID	Date
Rahaf Al Bochi RD	12437	09/01/2012	Jessica Ferris RD	12432	12/01/2012
Diana Al-Qutub RD	11710	12/01/2012	Lauren Fleming RD	12298	09/01/2012
Layla Al-Rehany RD	12451	09/01/2012	Christina Forget RD	12440	09/01/2012
Heather Anderson RD	12442	16/01/2012	Lilliane Francoeur RD	12498	12/01/2012
Lisa Armstrong RD	12504	11/01/2012	Holly Freill RD	12328	11/01/2012
Lisa Armstrong RD	12400	10/01/2012	Riley Fulkerson RD	12543	09/01/2012
Maggie Armstrong RD	12383	16/01/2012	Katie Funk RD	12584	09/01/2012
Shubpreet Aujla RD	11709	23/01/2012	Adele Gagnon RD	12478	18/01/2012
Jennifer Ayres RD	12361	10/01/2012	Kelsey Gallagher RD	12490	09/01/2012
Kristine Beaulieu RD	12486	11/01/2012	Rachelle Geerts RD	12502	09/01/2012
Julie Bednarski RD	12156	09/01/2012	Jenn Giurgevich RD	12297	09/01/2012
Jill Berg RD	12472	09/01/2012	Karna Glen RD	12327	09/01/2012
Rylee Blasky RD	12436	16/01/2012	Barbara Grohmann RD	12369	09/01/2012
Nancy Boisvert RD	12596	06/01/2012	Nicole Gulette RD	12494	23/01/2012
Kim Booker RD	12423	13/01/2012	Julia Gurau RD	12454	10/01/2012
Lindsay Botnick RD	12513	11/01/2012	Ashley Hartnett RD	12446	12/01/2012
Andrea Bottoms RD	12412	09/01/2012	Tyla Haygarth RD	12452	13/01/2012
Maryse Bourbonnais RD	12535	12/01/2012	Rosemary Hayhoe RD	12399	10/01/2012
Angie Bouwmeester RD	12362	10/01/2012	Christina Hazell RD	12433	16/01/2012
Christy Brissette RD	12493	11/01/2012	Danielle Heidt RD	12500	09/01/2012
Brooke Brown RD	12443	16/01/2012	Stephanie Hill RD	12485	24/01/2012
Brittany Brown RD	12424	10/01/2012	Arwen Hodina RD	11744	09/01/2012
Adam Bryant RD	12402	12/01/2012	Jenille Hutchinson RD	12374	12/01/2012
Meghan Burek RD	12542	11/01/2012	Stephanie Irvine RD	12345	23/12/2011
Melanie Byland RD	12337	10/01/2012	Pooja Jadon RD	11445	06/01/2012
Jenna Cafferty RD	12489	09/01/2012	Eva Jasielski RD	12473	09/01/2012
Alison Campbell RD	12499	16/01/2012	Shaheen Jivanjee RD	12293	09/11/2011
Jenna Campbell RD	12455	11/01/2012	Jenn Johnson RD	12419	13/01/2012
Rommana Captain RD	11745	13/01/2012	Rachel Jones RD	12392	10/01/2012
Rafaël Caron-Marquis RD	12525	11/01/2012	Anita Kalamarz RD	12501	09/01/2012
Emma Yee-Man Cheng RD	12420	09/01/2012	Michelle Karra RD	12309	09/01/2012
Queenie Cheung RD	12471	10/01/2012	Kim Kessler RD	4388	02/11/2011
Irene Cheung RD	4396	15/02/2012	Amber Khalid RD	11910	12/01/2012
Janet Chu RD	12484	10/01/2012	Norine Khalil RD	12407	09/01/2012
Martha M. Clementino RD	12441	09/01/2012	Yumna Khan RD	11754	09/01/2012
Nicole Clowe RD	11611	23/01/2012	Julia King RD	12453	09/01/2012
Stephanie Conrad RD	12467	10/01/2012	Lori Klin RD	12415	09/01/2012
Sandy Corriveau RD	12598	13/01/2012	Nora Kozman RD	12431	10/01/2012
Aleris Cronk RD	12463	11/01/2012	Janna Kwong RD	12527	09/01/2012
Jenna Crown RD	12604	01/02/2012	Geneviève Labbé RD	12430	09/01/2012
Ashley D'Agostini RD	12410	10/01/2012	Rosanne Lafontaine RD	12458	13/01/2012
Nina D'Urzo RD	12421	09/01/2012	Dawn Lai RD	12416	10/01/2012
Marcia Dawes RD	12426	10/01/2012	Josée Landry RD	12567	16/01/2012
Jessica de Wit RD	12422	10/01/2012	Stéphanie LaPlante RD	12373	11/01/2012
Milène Demers RD	12505	11/01/2012	Arthur Lay RD	12448	16/01/2012
Hillary Deyne RD	12445	10/01/2012	Robert Lazzinnaro RD	12388	09/01/2012
Sarah Di Blasio RD	12438	13/01/2012	Chloé Le Quéré RD	12515	10/01/2012
Veronica Di Marco RD	12411	09/01/2012	Erica Lee RD	12531	09/01/2012
Chiara DiAngelo RD	12365	10/01/2012	Amanda Li RD	12459	16/01/2012
Antonia Drivas RD	12468	09/01/2012	Edmond Luk RD	12491	13/01/2012
Annelise Duval RD	12396	10/01/2012	Sara Lum RD	12475	09/01/2012
Patricia Ellis RD	12464	09/01/2012	Ann MacGillivray RD	11987	09/01/2012
Andrea Charlotte Engerer RD	12470	11/01/2012	Daniela Malta RD	12299	13/01/2012
Marie-Eve English RD	12495	10/01/2012	Erin Angela Marinoff RD	12389	10/01/2012
Rebecca Ennis RD	12434	11/01/2012	Lise-André Massé RD	12538	10/01/2012
Sarah Ferguson RD	12414	09/01/2012	Amy Mastrofini RD	12511	12/01/2012
			Claudia Mazariegos RD	12522	11/01/2012

## GENERAL CERTIFICATES OF REGISTRATION, CONTINUED

Spenta Mazkooori RD	12398	09/01/2012	Stephanie Psutka RD	12457	09/01/2012	Victoria Thomson RD	12385	09/01/2012
Barbara McIntyre RD	12244	06/01/2012	Alison Ross RD	12413	09/01/2012	Melodie Tomas RD	12325	12/01/2012
Sarah Yvonne McIsaac RD	12620	17/02/2012	Sahar Salmani Khosh RD	11911	23/01/2012	Danielle Trudeau RD	12539	24/01/2012
Meredith McQuade RD	12524	13/01/2012	Shivon Sanduja RD	12476	09/01/2012	Elena Usdenski RD	12353	09/01/2012
Ashley Mendes RD	12387	11/01/2012	Sara Santianni RD	12405	11/01/2012	Tammy Vachon RD	12435	10/01/2012
Leanne Mezzabotta RD	12384	13/01/2012	Andrea Santoro RD	12508	09/01/2012	Laura Vandervet RD	12357	09/01/2012
Colleen Miller RD	12391	09/01/2012	Chelsey Schnegelsberg RD	12408	09/01/2012	Paméla Vienneau RD	12380	09/01/2012
Diane Morris RD	12370	09/01/2012	Alexandra Shishkov RD	12409	10/01/2012	Alia Virjee RD	12360	12/01/2012
Megan Morrison RD	12456	11/01/2012	Aysha Sidiqi RD	12480	13/01/2012	Quyen Vuong RD	12529	17/01/2012
Kim Mulderrig RD	12444	09/01/2012	Megan Skinner RD	12461	12/01/2012	Cherie Wan RD	12488	09/01/2012
Vanessa Nagy RD	12364	09/01/2012	Susan Snitynsky RD	12581	13/01/2012	Magdalena Wasilewska RD	12342	10/01/2012
Jackie Nairn RD	12447	09/01/2012	Melissa A. Sobie RD	12482	09/01/2012	Joanna Weinfeld RD	12510	12/01/2012
Tracy Ng RD	12397	09/01/2012	Hoda Soltani RD	12358	09/01/2012	Kathleen White RD	12566	07/11/2011
Jessica Omand RD	12481	09/01/2012	Leah Sommerfield RD	12363	11/01/2012	Brenda Williams RD	12469	09/01/2012
Jacqueline Orlando RD	12329	09/01/2012	Jacquelyn Sorichetti RD	12403	17/01/2012	Eliana Witchell RD	12386	09/01/2012
Samantha Ouellette RD	12460	09/01/2012	Liz Stevens RD	12534	11/01/2012	Carman Wong RD	12466	16/01/2012
Amanda Paashuis RD	12439	10/01/2012	Lindsay Sutherland RD	12418	13/01/2012	Jennifer Wong RD	12462	10/01/2012
Summiya Padela RD	12562	10/11/2011	Kimberly Swayne RD	12449	09/01/2012	Camille Xu RD	12354	11/01/2012
Nisha Pai RD	12425	11/01/2012	Cathy Tang RD	12506	09/01/2012	Emily Zamora RD	12533	09/01/2012
Stefania Palmeri RD	12406	09/01/2012	Carolyn Tereszowski RD	12497	16/01/2012	Tess Zanatta RD	12492	09/01/2012
Marla Parker RD	12401	09/01/2012	Audrey Therriault RD	12518	19/01/2012	Christina Zavaglia RD	12393	09/01/2012

## TEMPORARY CERTIFICATES OF REGISTRATION

Katrina Anciado RD	12607	19/01/2012	Kristy Lalonde RD	12573	16/01/2012	Megan Smith RD	12606	31/01/2012
Sara Awija RD	12605	16/01/2012	Dawn McGuffin RD	2616	05/01/2012	Robert Smith RD	12603	16/01/2012
Danielle Suzanne Battram RD	11998	08/02/2012	Julie Murray RD	12572	24/11/2011	Erika Vander Wielen RD	12595	19/01/2012
Jedid'Jah Blom RD	11867	21/12/2011	Joan Nieman-Agapas RD	11857	23/01/2012	Melinda Vanderheide RD	12599	26/01/2012
Sarah Chaisson RD	12582	14/12/2011	Amy O'Connor RD	12601	16/01/2012	Ruchika Wadhwa RD	12031	19/12/2011
Krista-Lee Christensen RD	12611	26/01/2012	Kaylynn Parkes RD	12577	14/12/2011	Ping Wang RD	11462	13/02/2012
Debbie Clarke-Grant RD	12220	21/11/2011	Tatiana Pyper RD	12306	25/01/2012	Jessica Zupan RD	12610	19/01/2012
Jenny Harrison RD	12526	02/11/2011	Gabrielle Schmid RD	12600	16/01/2012			
			Nital Sheth RD	11044	19/12/2011			

## PROFESSIONAL CORPORATIONS

Jogy Mathew Dietetics Professional Corporation	12528	26/01/2012
Jane Oulton Dietetics Professional Corporation	12612	01/01/2012

## RESIGNED

Sheri Bobrowski	11989	02/12/2011
Abigail Brodovitch	11215	03/11/2011
Amanda Jacqueline Burton	11623	05/12/2011
Margaretha Hugo Day	11575	30/01/2012
Lorna De Petrillo	11293	01/12/2011
Sandra Keller	1949	27/11/2011
Gary Lebovics	12217	08/11/2011
Heather Parsons	11960	06/12/2011
Nicola Penney	11395	12/12/2011
Kathyaini Sambasivan	1818	01/12/2011
Helen H. Tomasik	1610	06/12/2011
Risa Vandersluis	2203	02/11/2011
Claudette Zijlstra	3405	15/10/2011

## SUSPENSION LIFTED/ MEMBER REINSTATED

Lois Barney RD	2198	19/01/2012
Nadine Day RD	3691	24/01/2012

## SUSPENSION

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

Sherry Buckingham	2916	06/12/2011
Josie Deeks	2725	06/12/2011
Jessica Dooley	12018	06/12/2011
Marie-Andrée Gagnon	12044	06/12/2011
Nancy Lew	1882	06/12/2011
Trupti Parekh	4347	06/12/2011
Lyndall Stanley-Thompson	1670	06/12/2011
Alyson Werger	11223	06/12/2011
Sarah Louise Winterton	3469	06/12/2011

## RETIRED

Joan McLaughlin	2462	23/11/2011
Leticia R. Santos	2583	09/11/2011
Elaine Doris Stewart	3329	31/10/2011

## REVOCACTION

A *Certificate of Registration* suspended for failure to pay the prescribed fee is automatically revoked after it has been suspended for 12 months.

Nicole Gabsch	1180	12/12/2011
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## Process Improvements for Proof of Professional Liability Insurance

During the 2011 renewal period, the first group of randomly selected members provided proof of their liability insurance coverage. Staff and members provided useful feedback and suggestions about how to improve the process for next year.

Here are some of the process improvements that will be implemented this year's renewal:

- Notice of being randomly selected to provide proof of liability insurance will be included in the same envelope as the renewal notice, instead of being mailed separately.
- Email reminders about the renewal deadline will also mention the need to provide proof of liability insurance by October 15, if you have been randomly selected.
- Changes to the form will make it easier for members to provide proof when their insurance coverage is through their employer.
- The online annual renewal form will include a reminder to members who have been randomly selected.

### ALL MEMBERS ARE ELIGIBLE FOR RANDOM SELECTION EVERY YEAR

If you were randomly selected to provide proof of liability insurance in 2011, you are eligible to be selected again in 2012, and every year after that.

**Check your annual renewal notice carefully  
to make sure you do not miss your notification.**