

**College of Dietitians of Ontario  
Achievement and Impact Evaluation**

**Final Report**

Prepared for

**College of Dietitians of Ontario**

*Prepared by:*

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## EXECUTIVE SUMMARY

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The College of Dietitians of Ontario (the College) commissioned a study to assess how successful it has been in reaching its goal to support Registered Dietitians (RDs) in Ontario to provide safe, competent and ethical practice; and to measure the impact that its efforts in advancing this goal have had. R. A. Malatest and Associates was contracted to conduct the evaluation. The evaluation process consisted of two primary methodologies, viz a quantitative and a qualitative component.

A quantitative online survey was administered to all members of the College, and generated a 32% response rate. This is considered a high response rate for this type of study. The response rate was also an indication of the commitment of the College's membership, particularly due to the fact that the survey was administered at a time when the healthcare system was dealing with the impacts of the H1N1 outbreak.

The qualitative component of the survey consisted of five focus group discussions with RDs and key informant interviews with five staff members of the College. Staff members of the College were given an opportunity to hear about the concerns of its members and to respond to these concerns as part of the evaluation process. The College's responses provide insight into the issues presented in the report from its viewpoint. These issues present action items that the College intends to respond to through communication with its members and to take into consideration for future planning.

A summary of the findings from the evaluation is presented below.

1. Overall, members are very satisfied with support from the College that enables them to provide safe, ethical and competent practice to the public.
2. Members overwhelmingly rated the value that they placed on the practice advisory program and education and communication tools as valuable or very valuable. They felt that these tools were very useful. Communication from the College needs to continue with regard to the online availability of these tools.
3. Members recognize and are appreciative of efforts that the College has made to improve the support and services that it offers to them. They provided positive and constructive feedback on ways that various support services and tools could be improved upon.
4. There was evidence that there is a section of the membership that is still unclear about the mandate of the College vis-à-vis its members and the public. Misconceptions exist about the role of the College in protecting the RD title and scope of practice. There is need to continue to communicate with and educate the members on this matter.
5. RDs who are not in clinical practice feel somewhat overshadowed by the large role that clinical practice plays within the College and its resources and services. Members encouraged the College to pay greater attention to the other Areas of Practice by capturing their experiences and issues and addressing these within the College's support services.

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## SECTION 1: INTRODUCTION

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### 1.1 Background

The College of Dietitians of Ontario (hereafter referred to as the College) was founded in 1991 through the *Dietetics Act*, and became a regulatory body on December 31, 1993. Its mandate under the *Regulated Health Professions Act*, and the *Dietetics Act*, is to regulate the profession of dietitians in Ontario in the interest of the public and public protection. The College is dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians (RDs) in their fields of practice. Its obligation to protect the public includes investigation of complaints or reports about the performance and conduct of individual dietitians. The College also provides information and guidance to members of the public, employers and health care providers about dietetic services.

The *Regulated Health Professions Act* and the *Dietetics Act* set out the responsibilities, powers and procedures related to the regulations of dietitians. As a regulatory body, the College is responsible to ensure that only its members use the dietitian title. A high standard for academic and practical training must be achieved in order to practice as a dietitian in Ontario. Other standards are established and enforced for professional scope of practice, ethics, professional conduct and continuing competence. The College collaborates with other local and national organizations and agencies such as the Alliance of Canadian Dietetic Regulatory Bodies for joint action and for sharing information important to the regulation of dietitians.

The College is accountable to the public through oversight from the Ministry of Health and Long-Term Care, and a variety of mechanisms set out in the *Regulated Health Professions Act*. Additionally, it is accountable to the Fairness Commissioner to ensure that the registration practices are transparent, objective, impartial and fair.

### 1.2 CDOs Strategic Goals

The College's responsibilities towards its members fall into three main categories: Education, Registration and Quality Assurance, and Continuing Competence. In order to meet these responsibilities, the College sets strategic plans and goals that are accomplished through a series of programs, products and services geared to its membership.

The *College of Dietitians of Ontario Goal Achievement and Impact Evaluation* was designed to enable the College to determine how successful it has been in achieving its goal to support Registered Dietitians in Ontario to provide safe, ethical and competent practice, and assess the impact of its efforts in advancing this goal.

### 1.3 Evaluation Goal and Objectives

The goal of the study was to develop a body of work that evaluated the successes of the College's goal of supporting RDs. More specifically the objectives of this project were to:

1. Assess how successful the College has been in reaching its goal to support RDs in Ontario to provide safe, competent and ethical practice; and
2. Measure the impact that its efforts in advancing this goal have had.

#### **1.4 Overview of the Report**

This report outlines the results and key findings of the evaluation. The report's structure follows the sections laid out in the survey instrument. Findings from open-ended responses, focus group discussions and interviews with College staff are integrated into relevant sections of the report.

Following the introduction in Section 1, the report lays out the research approach and methodology utilized to conduct the evaluation in Section 2. This section includes research considerations – limitations that impacted the data collection or analysis process.

The evaluation findings are presented from Section 3, beginning with a profile of the respondents.

Section 4 examines knowledge and application Jurisprudence issues among respondents. Suggestions for improvement of the Jurisprudence Handbook are also included in this section.

Section 5 focuses on support that the College provides to its members and respondents' perspectives on this support. Once more, respondents' suggestions from open-ended responses and the focus group discussions are integrated into the section.

The Practice Advisory Program is evaluated in Section 6; this includes findings on respondents' perspectives on the Practice Advisor in addition to other practice support services provided by the College.

Sections 7 and 8 evaluate respondents' usage of, and value placed on various tools provided by the College to support them.

Section 9 highlights comments, suggestions and issues raised by respondents in the survey and in the focus group discussions.

Section 10 concludes the report with a summary of conclusions, and future considerations for the College in continuing to provide support to its members.

Copies of the research instruments can be found in the appendices.

## SECTION 2: RESEARCH APPROACH AND METHODOLOGY

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### 2.1 Research Design

Multiple lines of evidence were utilized to assess how successful the College has been in reaching its goal to support RDs in Ontario to provide safe, competent and ethical practice, and the impact that its efforts in advancing this goal have had. The research design included the use of quantitative, qualitative, and administrative data, including a cross sectional survey of all members of the College of Dietitians of Ontario. The survey tool was employed as a tool to recruit participants for five (5) focus groups and responses to inform the development of the focus group moderator's guide. The College decided not to offer incentives for participation in the survey. Five members of the College staff were offered an opportunity to discuss the research findings, including members' areas of concern, and to discuss the implications of the findings through Key Informant Interviews.

### 2.2 Quantitative Components

An online survey of all RDs in the province of Ontario was administered from Monday, October 26, 2009 through Friday, December 11, 2009. The College informed all the RDs through e-mail of the planned evaluation and encouraged their participation once it was launched. Prior to the launch of the online survey – available in English and French – each member received an e-mail with the survey link and a unique log-in password that allowed them access to the survey. Fourteen percent (14%) of the members responded to the survey on the day it was launched.

In response to a declining participation rate (a normal part of the survey cycle) and on the advice of Malatest, the College sent another e-mail to members on November 16, 2009 reminding those who had not completed the survey yet to do so before it closed in December. This e-mail generated a surge in responses, with 16% of the total respondents completing it on the day after the e-mail went out. Overall, 977 RDs responded to the online survey, a response rate of 32% of the College's total membership. The online survey instrument can be found in Appendix A.

### 2.3 Qualitative Components

#### 2.3.1 ...Teleconference Focus Groups

At the end section of the online survey, RDs were offered the opportunity to indicate their interest in participating in a focus group where they could discuss their views and any issues that they had. Those who wanted to participate entered their name and telephone number in a database that was separated from the main survey to prevent their contacts being associated with their survey responses. These RDs were contacted by the consultant to participate in one of the five teleconference focus groups. The surveys were conducted by teleconference in order to enable wide representation of members from all geographic areas, something that would have been difficult to accomplish if members had had to travel to a central location to participate in the discussions.

Five focus groups were conducted via teleconference with a total of 19 RDs. While Focus groups were offered in both official languages, the francophone RDs who signed up to participate in the focus groups elected to participate in English speaking groups. As a result, all the focus groups were conducted in English. All areas of practice and every region was represented in the focus groups. Participants' years of practice ranged from less than 1 year to over 45 years of practice. The focus group moderator's guide can be found in Appendix B.

### 2.3.2 ...Key Informant Interviews (KIIs)

Further qualitative research was conducted with five staff members of the College. These interviews offered the College an opportunity to respond to issues and concerns raised by members in the evaluation, to discuss the implications of the research findings, and to have its responses taken into account in the final report. The interviews were conducted by telephone after results from the survey and focus group had been analysed. The staff focus group guide can be found in Appendix C.

## **2.4 Research Considerations**

### 2.4.1 ...Sampling Limitations

The College ensured that all its members were given equal opportunity to participate in the evaluation. It ensured this by informing the members of the evaluation through various venues including:

- a. E-mail: All members who had provided the College with an e-mail address received a number of e-mails regarding the evaluation
- b. résumé: The College had an article in its quarterly magazine, résumé (Fall 2009 edition), which is sent to all members by e-mail and available on the College website
- c. Website: The College had an article about the evaluation on its website and a link to the online survey.

Although the census method of sampling was convenient and provided a good response rate to the survey, it had some associated limitations that may have led to some RDs missing the opportunity to participate in the evaluation. Not every RD may have checked or read their emails from the College and not every RD goes to the College website on a regular basis.

### 2.4.2 ...Technological Limitations

Members of the College are located throughout Ontario, including some in very remote regions of the Province, and a few are located outside of the Province and in other countries. The online survey and teleconference focus groups provided convenient methods for members to participate from wherever they were located. However, conducting an evaluation through primarily technologically advanced methods present the possibility of limitation for those members without access / regular access to internet or telephone service. This limitation was mitigated due to the fact that the College itself communicates with, and conducts a great deal of

its business with its members through electronic means (e-mail) and online, therefore its members can be assumed to find these methods of contact convenient.

#### 2.4.3 ...Representation in Area and District of Practice

Section 3.1 of the report details the breakdown and representativeness of the evaluation sample and compares it to the College's registration statistics from its 2009 Annual Report. Despite the representativeness of the sample, low numbers were represented in various areas of practice and districts. Statistics Canada's standards of reporting indicate that for privacy/confidentiality reasons, cells under 30 should not be reported on.

North-eastern (n=40) and North-western (n=35) districts of practice exceed that threshold, but when cross tabulated against other variables, fall below the threshold. As a result, distinct districts of practice cannot be reported on against other variables.

#### 2.4.4 ...Reporting on Low Numbers

Statistics Canada's reporting guidelines stipulate that cells with counts under 30 should either be collapsed into larger categories (i.e. combined with other similar categories) or go unreported due to confidentiality and privacy issues. As a result, the report does not include data with low numbers of respondents (<30) in some response categories. A note is included in the tables and graphs where this is the case within the report.

#### 2.4.5 ...High level of ambivalence in evaluation of College's support and services

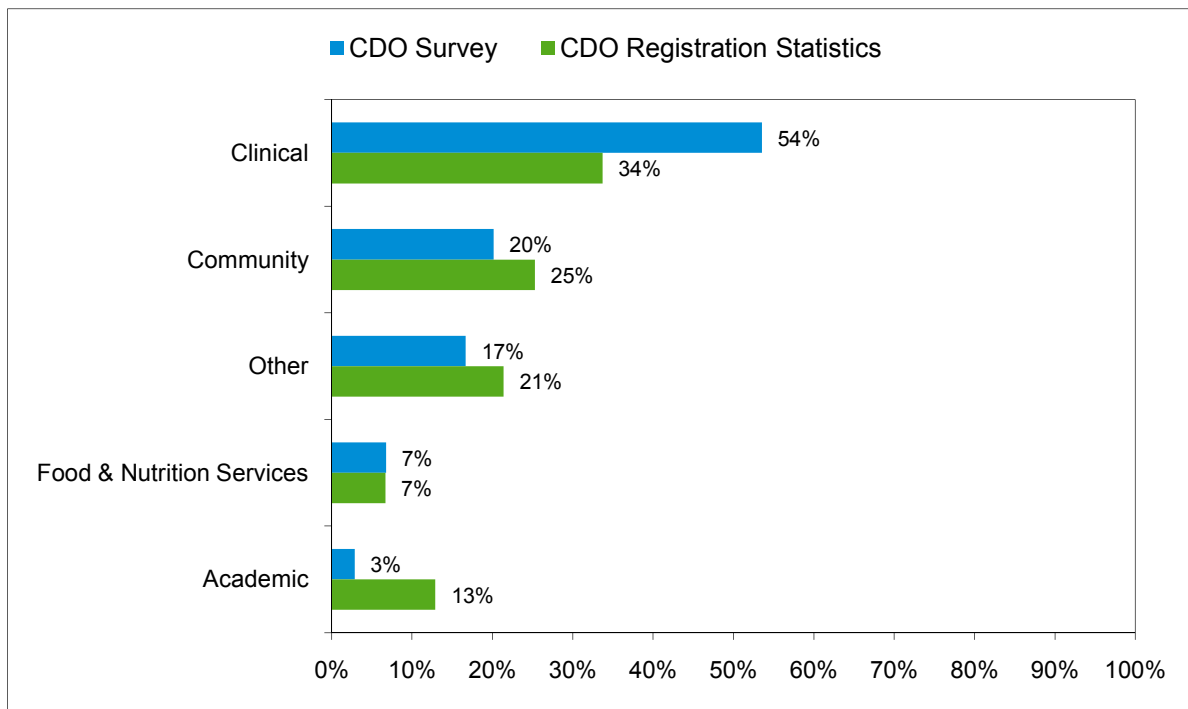
An issue that was noted in the findings from the evaluation was a relatively high level of ambivalence (up to a quarter of respondents in some cases) amongst the members, particularly with regard to the College's tools and resources. In research, it is particularly difficult to assess the positions, motivations or intentions of members who express ambivalent positions (i.e. take a 'neither agree nor disagree' position on issues). As these members are also unlikely to participate in further research (in this case, focus groups), it was not possible to find out why they felt that way. Ideally, the College would want to see low levels of ambivalence or opinions in one area or another. One way that researchers mitigate this is to use 'forced position' scales, where participants are not offered this scale. However, there is debate in the research community around this, with some schools of thought supportive of offering that position with the argument that there are those who truly do not have a definite position, one way or another, on an issue. The consultant attempted to mitigate this issue by including a "Not Applicable" option on every question. This option is good practice, and prevents the unintentional mix-up of those who hold no position on an issue, and those who do not hold a position because the issue is not applicable to their case.

**SECTION 3: PROFILE OF DIETITIANS**

**3.1 Area of Practice**

Based on recommendations from the College, Area of Practice was measured as four distinct categories plus an ‘Other’ category to capture additional areas of practice. Over half (54%) of the online survey sample identified their area of practice as Clinical, higher than the College’s Registration Statistics as reported in their draft Annual Report 2009, which reported 34% of members as Clinical. Other Areas of Practice (Community, Food Nutrition Services and Other) were within ±5% of the College’s 2009 registration statistics. Members reporting that their Area of Practice was primarily academic were underrepresented in the online survey, with only 3% of respondents identifying Academic as their primary Area of Practice. The over and underrepresentation of Area of Practice can be explained by the fact that the College allows for multiple Areas of Practice to be identified in their registration statistics, whereas the online survey asked members to identify their primary Area of Practice.

**Figure 3.1  
Registered Dietitians Area of Practice**



CDO Survey: Clinical n=523, Community n=197, Other n=163, Food Nutrition Services n=66, Academic n=28.  
 CDO Registration Statistics (multiple responses): Clinical n=1850, Community n=1390, Other n=1173, Food Nutrition Services n=367, Academic n=709.  
 Source: Online Questionnaire - A3; CDO Annual Report (Draft) 2009.

RDs who selected ‘Other’ Area of Practice in the online survey were given the option to specify their Area of Practice. Over half of the respondents to the Other category (55%) specified their

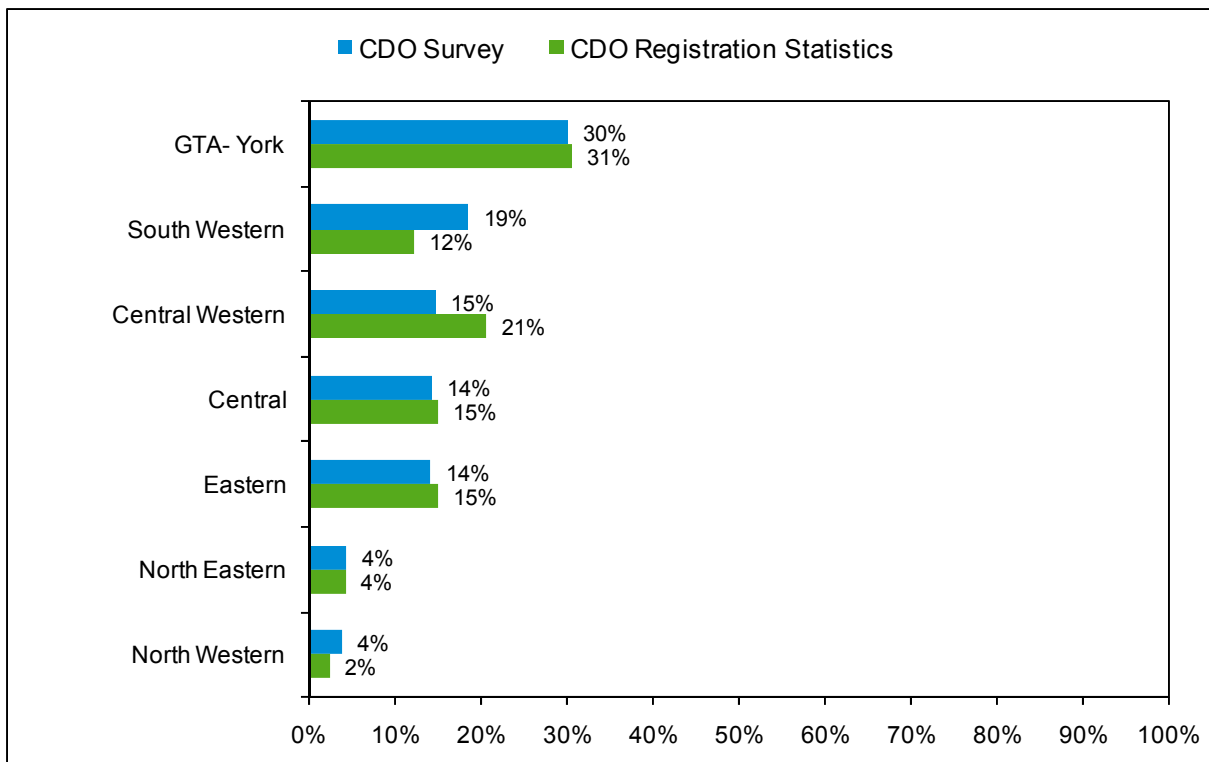
Areas of Practice as Public Health (15%), Consulting (12%), Administration (10%), Government (9%), Management (6%) and Not-for-Profit (3%). The remaining respondents provided descriptions that were difficult to categorize for example, “Pharmaceutical sales” or “Medical devices & insulin pumps”.

### 3.2 District of Practice

Representation of RDs throughout the province was very similar to the College’s registration statistics as presented in their 2009 Annual Report. The most common District of Practice for RDs in the survey and the registration statistics was the GTA – York district at just under a third of participating members.

The highest deviations occurred in the Central Western and South Western areas with the online survey having 6% less and 7% more respectively in those regions than the registration statistics.

**Figure 3.2**  
**Registered Dietitian’s District of Practice**



CDO Survey: GTA-York n=274, South Western n=169, Central Western n=134, Central n=130, Eastern n=129, North Eastern n=40, North Western n=35.

CDO Annual Report (Draft) 2009: GTA-York n=846, South Western n=346, Central Western n=584, Central n=424, Eastern n=425, North Eastern n=120, North Western n=67.

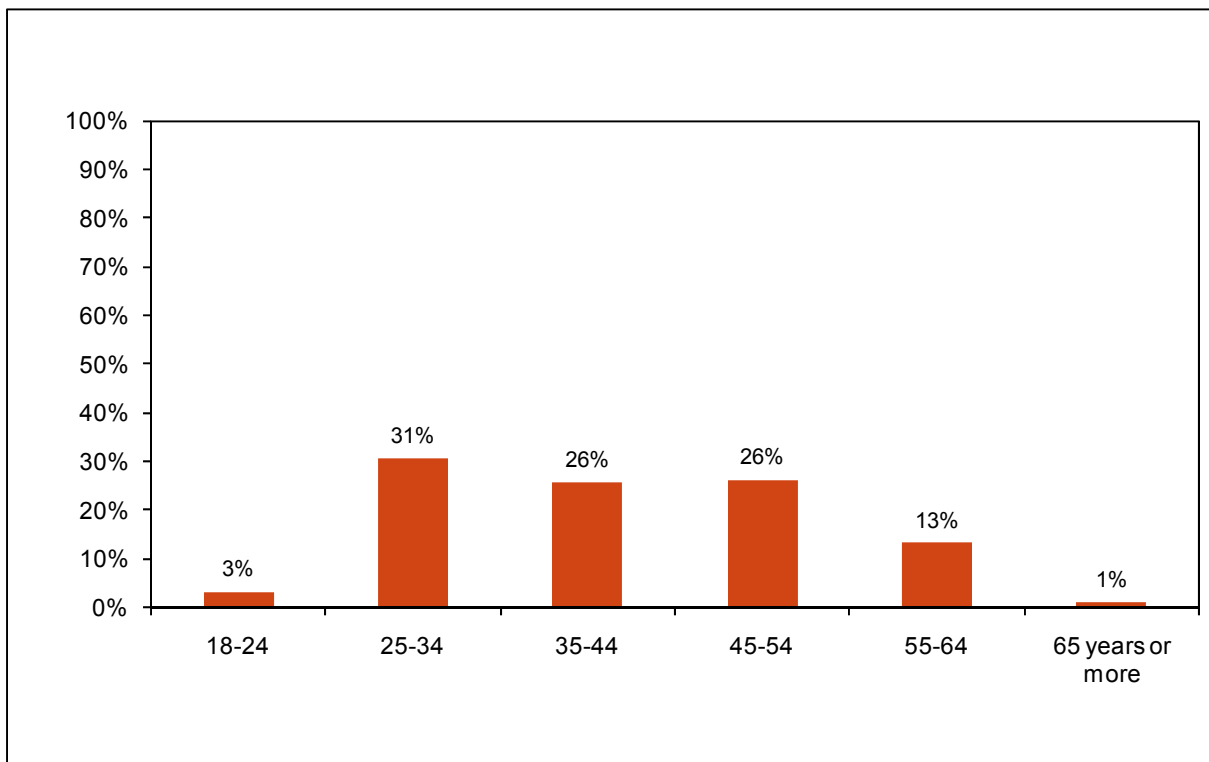
Source: Online Questionnaire – F3; CDO Annual Report (Draft) 2009.

### 3.3 Age & Gender of Dietitians

Just 2% of total respondents to the online survey were male, a statistic that mirrors the College’s total membership distribution. However, this proportion is representative of the College’s total membership and therefore the sample of respondents is free of gender bias.

Close to a third (31%) of respondents were in the 25-34 age group, followed by 26% in the 35-44 and 45-54 age-groups. Only 4% of respondents were represented in the 18-24 and over 65 age groups.

**Figure 3.3**  
**Age of Respondents**



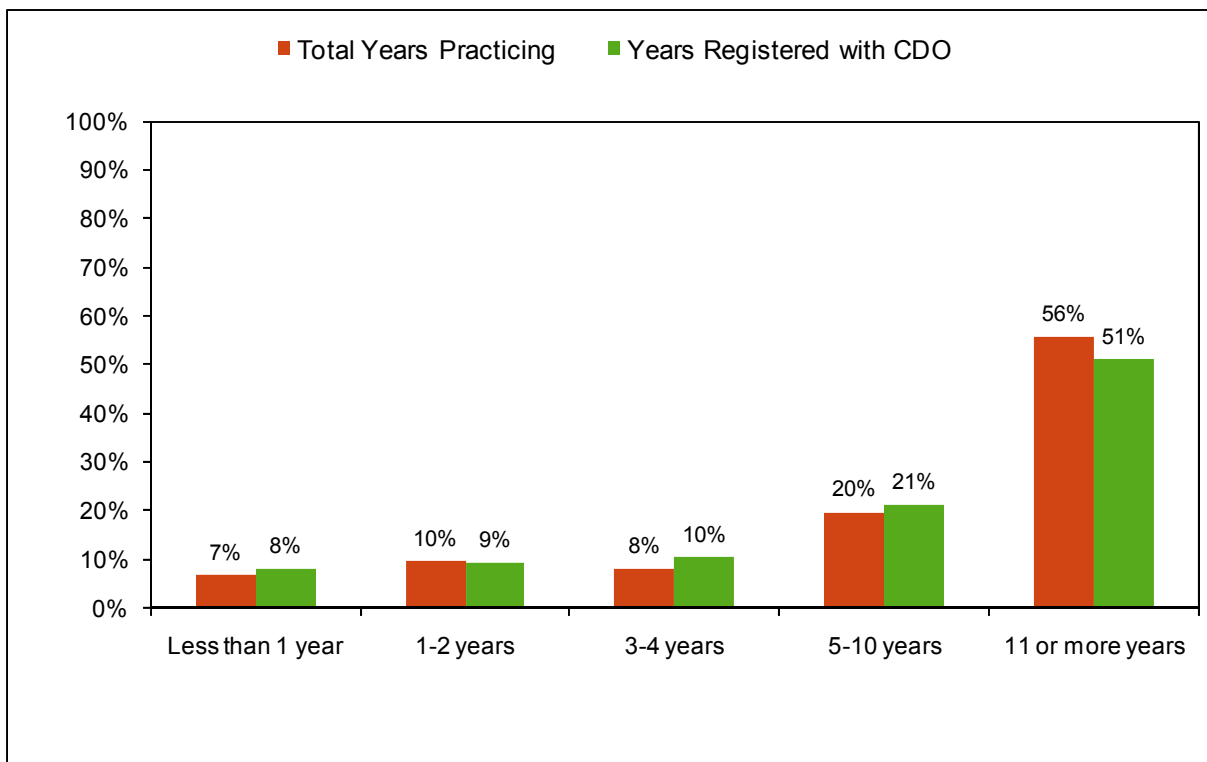
18-24 n=31; 25-34 n=289, 35-44 n=242, 45-54 n=249, 55-64 n=125, 65 years or more n=9.  
Source: Online Survey F2.

### 3.4 Number of Years Practicing

Respondents were asked to indicate how long they had been registered with the college, and how long they had practiced prior to the existence of the college, if applicable. Over half the respondents have been practicing for over 10 years, with about one quarter having practiced for between 11-20 years (24%) followed by 20% who have been practicing for between 21-30 years. A relatively high percentage of respondents (12%) were new to the College and possibly the field, as they had been practicing less than one year at the time of the survey. Although these respondents represent a possible risk in their responses due to their inexperience with the College’s services, this risk is mitigated by the fact that they would have had recent experience

with some of the registration and quality assurance programs the college offers due to these activities having taken place just prior to and during the survey period. The number is not high enough to warrant concern as it does not exceed the majority of the remaining categories.

**Figure 3.4**  
**Years as a Dietitian & Registered Dietitian**



n=977.  
Source: Online Survey - A2 & A1.

The College of Dietitians of Ontario was formed in 1991, therefore many current members practiced as dietitians prior to the College’s existence. Reported years practicing and years registered with the College are very similar, with any deviations explained by RDs moving in and out of the province of Ontario, while still practicing as dietitians.

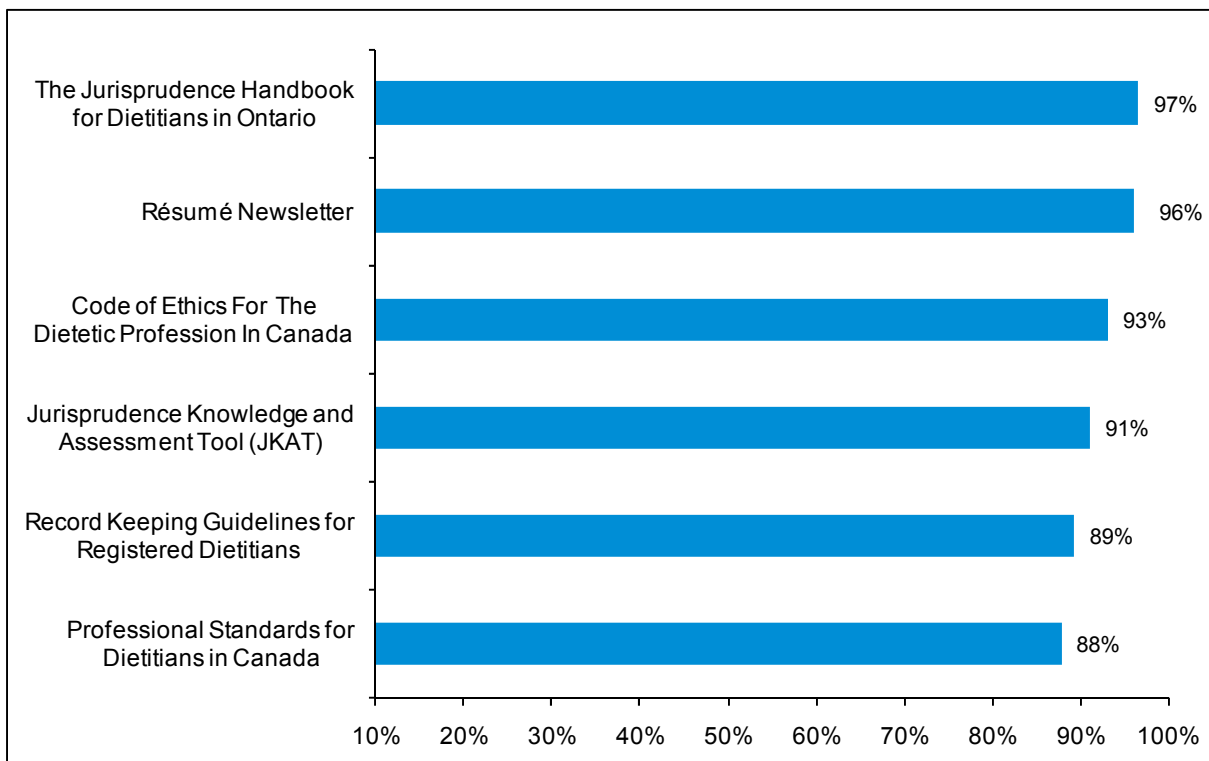
### 3.5 Familiarity with Laws and Professional Standards and Guidelines

The *Regulated Health Professions Act* (RHPA) and the *Dietetics Act* set out the objectives, structure, procedures and accountability mechanisms for the College of Dietitians of Ontario. Accountability has become a key focus of the government of Ontario and its agencies, including the Health Professions Regulatory Advisory Council, the Health Professions Appeal and Review Board and the Office of the Fairness Commissioner. Together, these agencies are becoming more involved in the oversight of how agencies like the College carry out their delegated authority.

The College of Dietitians of Ontario has a legal obligation to serve and protect the public interest. It strives to ensure safe, ethical and competent food and nutrition services by setting and monitoring standards and providing support to Registered Dietitians<sup>1</sup>.

Dietitians were questioned about their familiarity with items that the College has determined to be essential to practicing dietetics. The survey results reveal that respondents are overall very familiar with the resources considered essential for practicing dietetics, in addition to tools and resources that the College provides to its members toward this end. Respondents were most familiar with the Jurisprudence Handbook (97%) and résumé newsletter (96%), and a little less so with the Professional Standards for Dietitians in Canada (88%).

**Table 3.1  
Familiarity with Dietetic Practice  
(Top 2 Box – Familiar & Very Familiar)**



n=977.  
Source: Online Survey A4.

<sup>2</sup> College of Dietitians of Ontario (2010) <http://www.cdo.on.ca>

**SECTION 4: JURISPRUDENCE KNOWLEDGE & SKILLS**

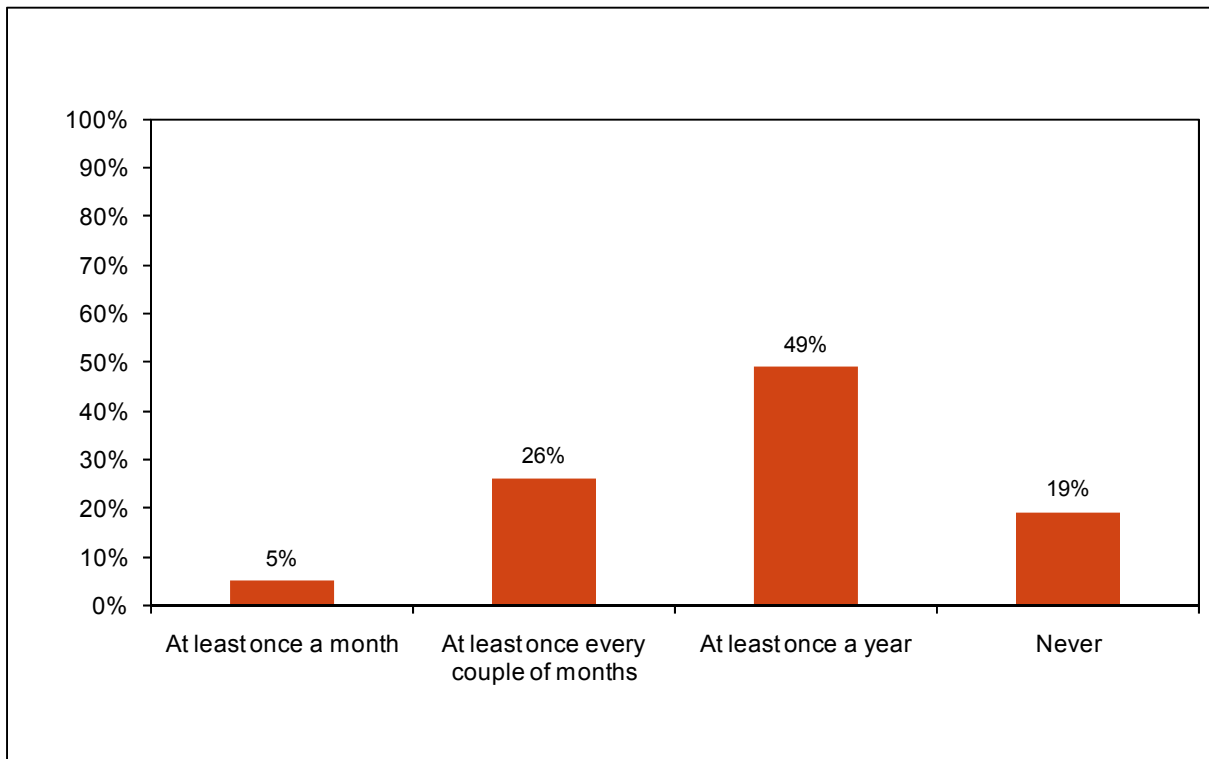
The Jurisprudence Handbook is a rich and comprehensive resource of the laws that govern professional dietetic practice, with reference to the public interest principles that are at the root of professional ethics and laws. Since the application of law in day-to-day practice can be complex, the Jurisprudence Handbook has been organized to help dietetic practitioners gain clarity about what the law requires its effect on professional practice, duty to clients, and accountability.

**4.1 Usage & Application of the Jurisprudence Handbook**

Respondents were questioned on various issues related to their knowledge of jurisprudence, their use of the Jurisprudence Handbook and the impact of their knowledge and application to their practice.

Almost half (49%) of the respondents indicated that they use the Jurisprudence Handbook at least once a year in their day-to-day practice, while 19% indicated that they never do (Figure 5.1). Most of the respondents (93%) indicated that they used the Jurisprudence Handbook to study for the Jurisprudence Knowledge and Assessment Test (JKAT).

**Figure 4.1  
Jurisprudence Handbook - Frequency of Use**



n= 977.

Source: Online Survey - B1.

Focus groups explored the high number of RDs (49%) reporting that they only used the Jurisprudence Handbook at least once a year. Since the Jurisprudence Handbook is designed as a reference to help RDs in the application of complex laws in their day to day practice, focus groups explored what other resources RDs were using in addition to the Jurisprudence Handbook. The most common resource that RDs reported using was the College of Dietitians of Ontario's website ([www.cdo.on.ca](http://www.cdo.on.ca)); a common explanation for this was, "I usually check the CDO website because I never know where the hard copies of things are" (RD with the Canadian Diabetes Association). The website provides up to date news posted by the College, as well as electronic copies of the Jurisprudence Handbook and back issues of *résumé*.

In addition to turning to the Jurisprudence Handbook, focus group participants indicated that they used the Practice Advisor when they had specific practice related question. One RD commented,

*"I typically use the website first unless it's something that I know is more of a grey area and that's when I've used the Practice Advisor. And I find that resource to be very, very helpful and in a timely manner"* – RD in Community Health.

Although RDs generally did not use the Jurisprudence Handbook as a day-to-day dietetic practice resource, focus group participants expressed their appreciation for the handbook and its guidance, noting that it's an important resource for Dietitians. One focus group participant noted,

*"I use it as a reference tool in reference to the law and certainly use it for ethics. It's a great resource to have. Do I use it every day? Certainly not. I refer back to it as necessary, but I always know it's there. I actually think it's a very good book and it's well written. I also like the scenarios that they give. I think it's user friendly and I think it's good"* – RD in Management

Since the RDs utilized the Practice Advisor and the CDO website as a day-to-day resource, focus groups probed what RDs primarily used the Jurisprudence Handbook for. As noted in Table 5.1, a majority of the survey respondents reported using the handbook to study for the JKAT. Focus group participants confirmed usage as primarily for the purposes of studying for the JKAT, while others reported using the Jurisprudence Handbook for record keeping guidelines, especially when switching to electronic charting. One focus group participant, an RD in Public Health who had been practicing for 13 years, mentioned that her team uses the Jurisprudence Handbook in a unique way:

*"All the Dietitians where I work got together and we did chapter by chapter, every monthly meeting, we sort of went through chapter to chapter and did it as our own educational tool, about a year, year and a half ago."*

RDs overwhelmingly agreed or strongly agreed with various statements regarding their knowledge of jurisprudence from the handbook and its applicability to their dietetic practice (see Table 5.1). Just over one-fifth of respondents neither agreed nor disagreed with the statement that the Handbook helped them to demonstrate professionalism in their practice (21%). Close to a quarter (24%) also neither agreed nor disagreed that it helped them to understand the importance of effective communication in their practice.

**Table 4.1  
Application of the Jurisprudence Handbook**

|   | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---------------------------|-------|----------------|
| Demonstrate professionalism in my practice.   | 21%                       | 48%   | 24%            |
| Increase my ability to maintain confidentiality and share information as appropriate. | 17%                       | 49%   | 28%            |
| Understand and apply informed consent.  | 14%                       | 58%   | 26%            |
| Understand and apply the laws surrounding my practice.                                | 11%                       | 59%   | 28%            |
| Understand the scope of my practice and it's the restrictions on it.                  | 12%                       | 56%   | 28%            |
| Understand the importance of effective communication in my practice.                  | 24%                       | 47%   | 21%            |
| Understand and apply my record keeping duties as a Registered Dietitian.              | 15%                       | 57%   | 24%            |
| Understand potential conflicts of interest in my practice.                            | 10%                       | 58%   | 29%            |
| Understand potential boundary issues in my practice.                                  | 11%                       | 59%   | 27%            |
| Perform better on the JKAT.   | 12%                       | 38%   | 49%            |

n=977.

Source: Online Survey – B3.

Note: Bottom 2 response categories were suppressed due to small cell size to maintain confidentiality.

#### 4.2 Benefits of Knowledge Gained from Jurisprudence Handbook

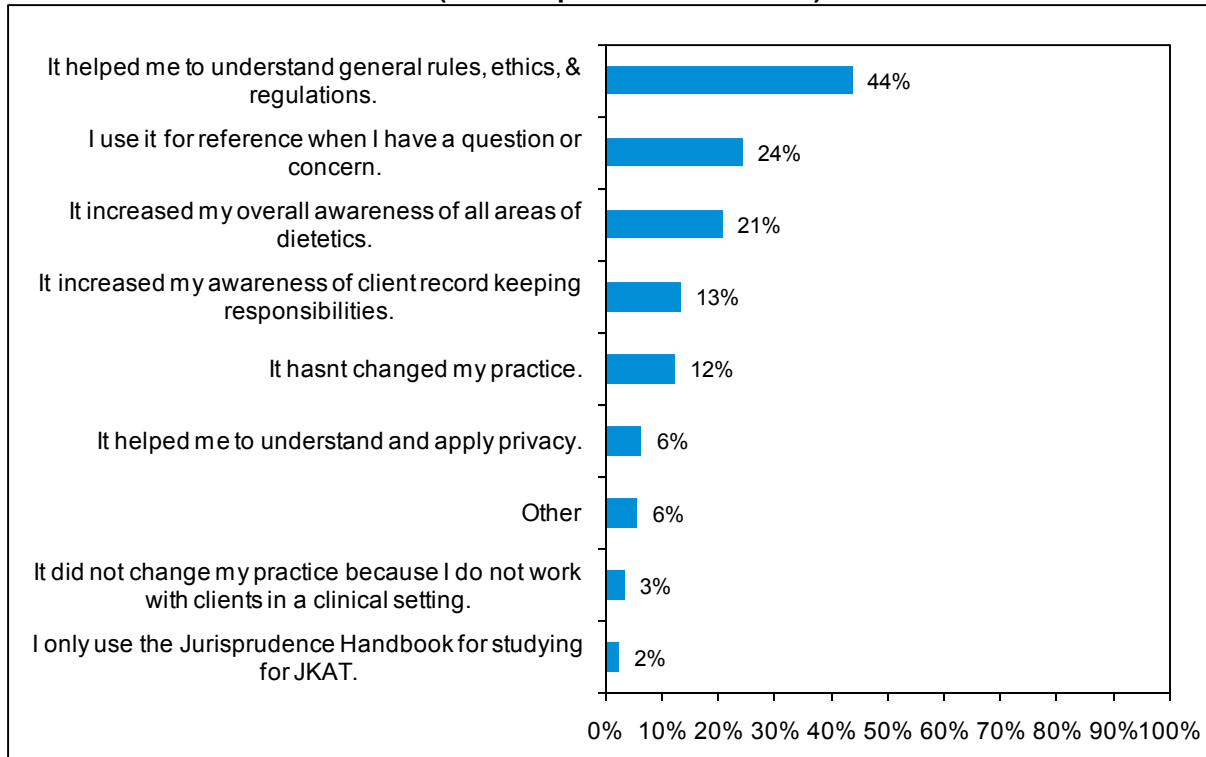
Respondents were asked to indicate their level of agreement with the statement that knowledge that they had gained from the Jurisprudence Handbook had helped them to improve their adherence to the laws that apply to their practice. Over half (54%) of respondents agreed that the Jurisprudence Handbook had helped them, while about one quarter (24%) strongly agreed with the statement.

While just over one quarter (26%) of respondents neither agreed nor disagreed that knowledge from the Handbook has helped them to improve their provision of ethical practice, 69% agreed or strongly agreed that it had done so.

#### 4.3 How Jurisprudence Handbook Has Changed RDs' Practice

RDs were asked in the online survey to indicate how the Jurisprudence Handbook had changed their practice. The open ended answers were coded to include the most common responses, with just 6% of responses not fitting within the major categories. RDs reported numerous ways in which the Jurisprudence Handbook had changed their practice. Overall, RDs reported that the Jurisprudence Handbook had helped them to understand dietetic rules, ethics, and regulations (44%).

**Figure 4.2**  
**Jurisprudence Handbook’s Impact on Practice**  
**(Coded Open-Ended Answers)**



n= 526.

Source: Online Survey – B5.

Note: Multiple responses permitted.

Those responses that were categorized as “It hasn’t changed my practice” were further examined; most of the responses continued to be positive, with comments such as, “I don’t believe it has significantly changed my practice, but it is useful as a resource.” Other RDs mentioned that they felt they already had a good understanding of the material prior to reading the Jurisprudence Handbook.

#### 4.4 Suggested Changes to the Jurisprudence Handbook

RDs in the focus groups were asked about changes that they thought could be made to the Jurisprudence Handbook. The changes suggested by participants were primarily formatting changes to the handbook. The most common recommendation was to have it available online. This recommendation indicated that there is still a section of the membership who are unaware that the Handbook is available online. The College makes the Jurisprudence Handbook available in pdf form in the resource section of their website, and it can be accessed by the public and its members. Only one member of the focus groups was aware of this fact. Some of the comments were:

*“I don’t think the whole thing is online, but I think that some of the sections are. Because it’s legal, it needs to be kept up to date” – RD in Administration*

*“I don’t know if it’s available online. If it could be made available online that would be useful” – RD in Physical Rehab*

*“I’m just popping online and when you look at it online, it’s just sort of a pdf version and it would be nice to see it online in a format where you could just click to get the information, and it could be updated on a regular basis. Sometimes there have been, for example, there was a scenario where they, in the resume, they put an update about record keeping in public health, for example, and it would be nice to have that updated into an online jurisprudence handbook... might be more useful, you know, as things sort of evolve” – RD in Public Health*

The one member of the focus groups, and RD in Public Health, knew that the Jurisprudence Handbook was available online. She mentioned that the copy available online was a pdf version which was useful because it was searchable and could be updated by the College on a regular basis. This way, she, and others, mentioned they could print off sections of the Handbook and insert articles from résumé into the relevant section of the Handbook.

In addition to formatting changes, RDs recommended that the Jurisprudence Handbook be adapted to specific Areas of Practice. The Handbook provides scenarios and quizzes at the end of chapters that are designed to demonstrate application of knowledge from the chapter through practical scenarios in dietetic practice. RDs found this very helpful, with some mentioning they would like more scenarios and quizzes specifically tailored to different Areas of Practice.

*“I think it might need some more scenarios to relate to the different scope of practice of Dietitians because I know when I looked at it, nothing really was reflecting my practice and I found it difficult to relate to some of the elements that were discussed in the book.” – RD in Education*

*“What I like about the Jurisprudence Handbook is that it has case studies and examples, and I think if there’s anything that could make it better, would be to have more case studies and examples. Because that helps you apply the information that is being stated.” – RD in Palliative Care*

Others noted that it would be useful if the scenarios and quizzes were based on actual calls/ concerns the college had received from RDs.

*“If there was some way to collect questions that might come up and also to maybe look at the different scenarios and try and have different scenarios in each section for different Areas of Practice. As opposed to having different scenarios throughout, each section should have where this issue might come up in clinical practice, private practice, public health, education...” – RD in Public Health*

## SECTION 5: SUPPORT FROM THE COLLEGE

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Different aspects of the support that the College provides to RDs were evaluated through the survey and the focus groups. Although different aspects of the College's support are assessed throughout the report, this section deals with general perceptions of overall support from the College by RDs.

### 5.1 Overall Support from the College

Overall, RDs in the survey and focus groups noted that the College has greatly increased the support they have provided over the past few years. Some sentiments from the online survey were such statements as:

*"The CDO is an excellent source of support and provides valuable information re: laws/rules/guidelines, making our profession respectable and reliable and allowing our clients/patients to trust that they are receiving the best care/treatment. The general population is still learning about the role of a Dietitian and hopefully over the next few years it will be a familiar term to the majority of the general public."*

*"Everyone at the CDO are very friendly and approachable, making it extremely easy to approach them regarding practice or registration issues. I especially enjoy the resume and other periodic e-mail or newsletters keeping us up to date with our practice - it also serves as inspiration and motivation to be a better Dietitian. Thank you very much for your hard work!"*

With regard to its mandate, many RDs specifically commented about the support they have experienced from the College in terms of providing safe, ethical and competent practice, noting that they feel very supported in their practice.

*"I value the efforts being made to ensure that the public is being offered safe, ethical and competent services through various support and assessment initiatives for Dietitians."* – Online Survey Respondent

*"The College has been very supportive in every step of my career and I really appreciate all the efforts and wonderful work it has done over the years. I think that the College is strong and reliable and provides me with all the tools I can possibly need to provide a safe, ethical and competent practice."* – Online Survey Respondent

These positive comments were further supported by statements made in the focus groups:

*"I do appreciate all the hard work that's gone into getting us where we are today and all of the accomplishments that have been done and I just want to say I really appreciate all the hard work everyone's done"* – Clinical RD

*“I’d like to say that I think the college has done a really good job to date” – Consulting RD*

In both the online survey as well as the focus groups, there was an overall appreciation for the support the College has provided, especially in recent years. RDs are noticing and value the work that the College has been doing to increase support to RDs in providing safe, ethical, and competent practice.

## **5.2 Support in Area of Practice**

Members of the focus groups and survey respondents recognized that the majority of RDs practice in a clinical setting and as a result, much of the College’s materials are focused around clinical practice. They expressed interest in the College providing additional materials tailored to other Areas of Practice.

While there was agreement about the need for additional resources tailored to other areas of practice, several RDs in Public Health expressed the need for more support from the College typified by statements as the one below by a Public Health RD:

*“I think there is still a strong focus by the College on clinical dietetics and even information geared towards those working in private practice. RDs working in public health settings are sometimes forgotten, and we need more information, newsletters, etc. that are tailored to our Area of Practice in order for everything to be relevant to us.” – Survey Respondent*

Additionally, RDs commented that there is public misunderstanding regarding Areas of Practice outside of the traditional clinical setting. Often employers, co-workers and the public are unaware of the RDs important role(s) outside of the clinical setting and therefore their expertise is under-recognized and undervalued. An RD in the online survey gave an example:

*“I think the College can have a bigger role in supporting Dietitians in non-clinical settings, such as CHCs and FHTs, where there is not always a good understanding of what the role of the RD is (ideally, legally, etc), no matter how much education the RD provides to management and other health care professionals. In one organization where I worked, the RD was not even considered to be a primary health care professional and was left out of important discussions such as charting and peer chart reviews, for example.” – Online Survey Respondent*

*“I think an area that the College needs to move in supporting RDs is I think they really need to move into the workplaces and educate administrator and workplace managers and Dietitian managers, I think there’s a serious lack of understanding at that level, the workload of the Dietitian. And I think the reality is that when the dollars are scarce, as they are right now in health care, that the money is continuously funnelled into nursing instead of allied health and a great deal of frustration can be alleviated if employers looked more realistically at their staffing of all allied health instead of nursing. I think there is still way too much focus on nursing and instead of nursing working together with allied health, I still think they work in their own interest” – RD in Palliative Care*

The College is cognizant of the fact that its membership is expanding outside of purely clinical practice, and as a result has made efforts to address different practice areas. When asked about the reason for the primarily clinical focus, the College noted that the Registered Health Professional Act uses the term ‘patient’ and that most of the laws that the College is responsible for ensuring are focused on the rights and protection of patients. Other Ontario laws extend rights and privileges to patients and as a result, RDs working in clinical/one-on-one settings with patients have more laws and regulations guiding their practice than other areas of practice. Per its mandate, the College interprets, communicates and educates its members who interact with patients/clients about these laws and regulations. It communicates general principles that guide dietetic practice to the other members.

### **5.3 Support in District of Practice**

Generally, participants in the focus groups and the survey open ended responses indicated that RDs felt supported in their district of practice and did not need any more attention than the other districts. One of the survey respondents said:

*“I work in a remote area and appreciate the fact that the College brings Annual Workshops to areas all over the Province. This means that relevant and timely knowledge is easily accessible to everyone.” – Online Survey Respondent*

The majority of the comments on support regarding the RDs district of practice were centered around appreciation for workshops being offered in different locations. Some RDs spoke to the fact that they felt supported in their district of practice outside of the workshops:

*“I actually thought that they did provide coverage, when I had issues, whether it was by phone or by email, I got really quick turnaround responses and complete responses with the invitation to contact them further for more information. So my experience has been actually very positive on the one to one basis” – RD in Public Health*

Although most RDs were satisfied with the current support in their district, some RDs in the focus groups mentioned that they would appreciate more support, especially workshops, in their district of practice. The moderator asked these participants how they thought the College could provide these services i.e. for example, would they accept an increased fee in order to accommodate the increased services? The RDs reported that they would not want the additional services if it meant they would have to pay increased fees to the College.

### **5.4 Recommendations for Additional Support**

The focus groups emphasized the importance of educating everyone (e.g. managers, administrators, law/policy makers), in addition to the public, about the expertise of RDs. In the focus groups, a number of RDs mentioned the fact that they were not as well-known or recognized, or that the services they provided were not as well understood and/or appreciated mainly due to limited understanding of their role within the health care continuum.

One recommendation that was put forth by RDs in the focus groups was for the College to enhance the standing and recognition of value of RDs qualifications within the allied health

network and with the public and relevant stakeholders by promoting Registered Dietitians and the services that they can provide. As one member said:

*“I feel that CDO is an integral part of supporting Dietitians in superior practices. I believe that résumé is a wonderful communication tool as per updates on safe, ethical and competent practices. I would find it valuable to have CDO working toward building relationships with other health provider organizations to improve respect for Dietitians and improving communication about importance of interdisciplinary care. I believe that Dietitians are well-versed in interdisciplinary care; however, other health professions are less familiar with application of this important type of care” – RD in Public Health*

The College noted that although this represents an important issue for the RDs, promotion of RDs’ qualifications falls outside of the College’s mandate. This further highlights the need for increased education of members on the mandate of the College.

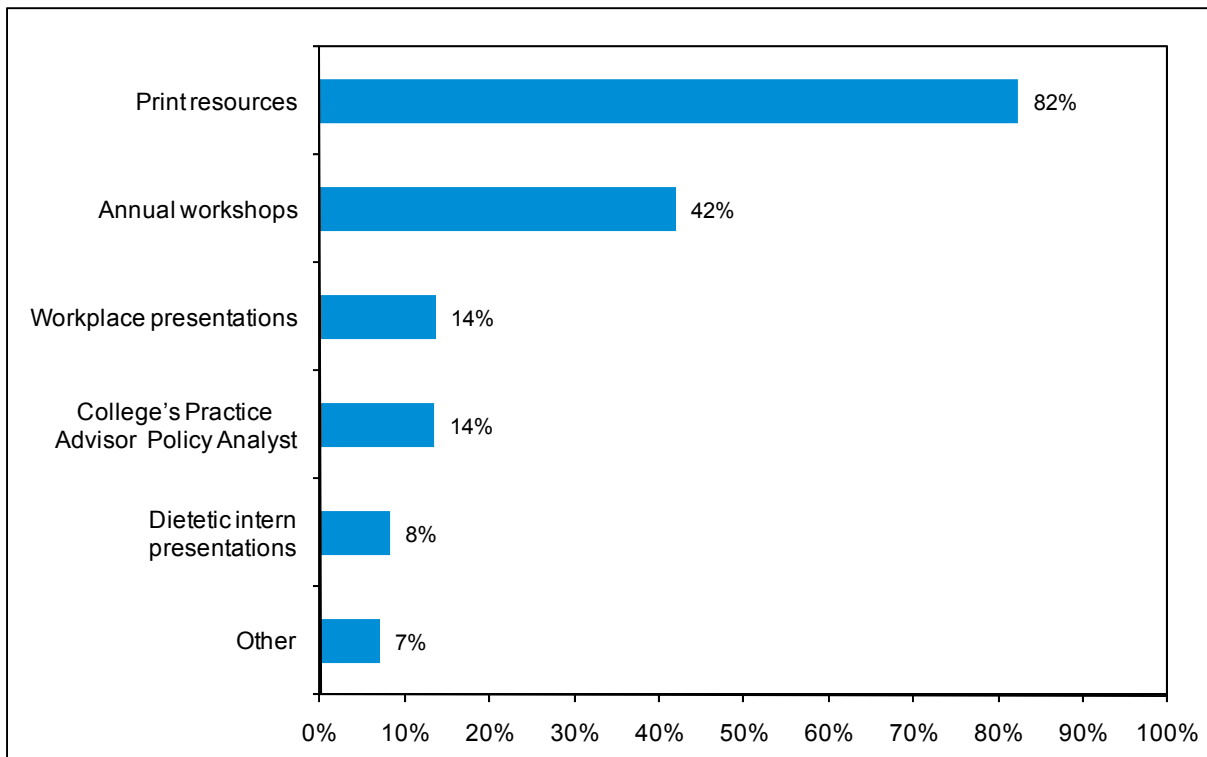
**SECTION 6: PRACTICE ADVISORY PROGRAM**

The Practice Advisory Program provides practical information about standards, the code of ethics and how the laws and regulations affect dietetic practice in Ontario. A central College mandate is to protect the public by promoting the delivery of high quality, ethical and legal dietetic care by Registered Dietitians in Ontario. The Practice Advisory Program fulfills this mandate.

The Practice Advisory Program provides RDs with individualized practice advice from the College's Practice Advisor & Policy Analyst. In addition to this personalized service, this program also provides annual workshops, articles in the CDO newsletter résumé, workplace presentations, as well as dietetic intern presentations. The program is expanding and constantly adding additional services for RDs, with many of the print resources being made available online.

The online survey of RDs provided an initial screening question to assess which of the Practice Advisory services the RDs had used. They were permitted to indicate as many programs as they had used. An overwhelming 82% of RDs reported using the print resources available through the program. The next most commonly utilized service was the annual workshops, with 42% of RDs reporting that they have attended the workshops..

**Figure 6.1  
Usage of Practice Advisory Programs**



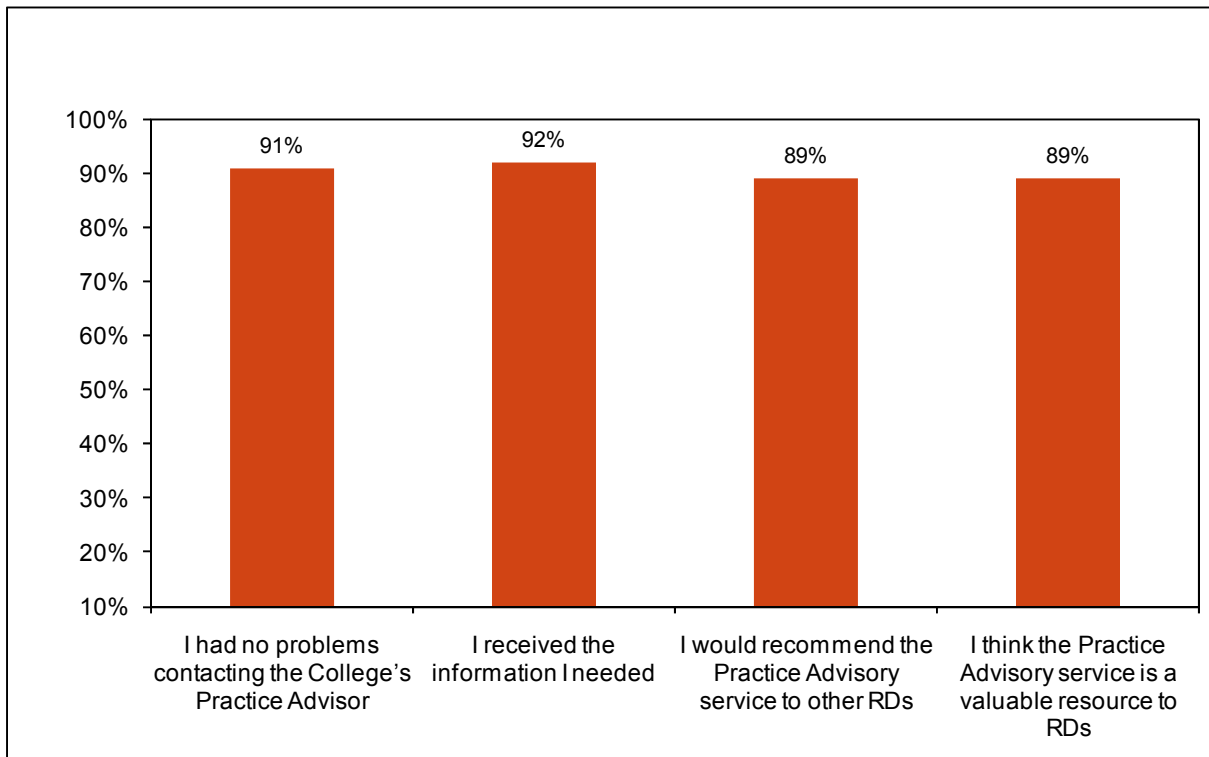
n =977.

Source: Online Survey – D1.

## 6.1 Practice Advisor & Policy Analyst

Registered Dietitians who indicated that they had used the Practice Advisor and Policy Analyst rated their level of agreement with statements focused around their experience with that service. Due to the high levels of agreement with the statements, the top two responses – agree and strongly agree, have been combined and reported on. Overall, RDs that dealt with the Practice Advisor were very satisfied as they received the information they needed (92%) and did not have any problems in contacting the Advisor (91%). Most respondents (89%) think that the service is a valuable resource and would recommend it to other RDs.

**Figure 6.2**  
**Practice Advisor & Policy Analyst**  
**(Top 2 Box – Agree & Strongly Agree)**



n= 132.

Source: Online Survey – D2.

Note: Bottom 2 response categories were suppressed due to small cell size to maintain confidentiality.

Due to the overwhelming satisfaction with the Practice Advisor, the service was not specifically addressed as a topic in the focus groups. Nevertheless, some RDs in the groups commented on their positive experiences from using the service:

*“When I had issues, whether it was by phone or by email, I got really quick turnaround responses and complete responses with the invitation to contact them*

*further for more information. So my experience has been actually very positive on the one to one basis” – RD in Public Health*

*“I received support from [the Practice Advisor] on a work situation which was really upsetting for me. She was very understanding, sympathetic, extremely supportive and gave me great advice on the matter. This meant the world to me. Sometimes it feels like you’re out on your own and it’s really a blessing to know we can go to the CDO staff for advice and support during difficult times. Thank-you” – Online Survey Respondent*

Despite the overwhelming support and appreciation for the Practice Advisor, some RDs expressed concern in their open ended survey responses about not having their issues resolved in a timely manner:

*“Have sent questions to College twice by e-mail which were not responded to. Contacted to College by phone at least a month after. College staff member acknowledged receiving e-mail but provide (sic) no reason for not responding. Have not received response to my second e-mail which was sent at least 2 months ago.” – Online Survey Respondent*

Participants in the focus groups discussed the issue of delayed or no responses from the Practice Advisor and acknowledged that the Advisor could not be expected to be knowledgeable about every Area of Practice represented. Participants suggested that one solution to this issue would be to add more Practice Advisors that were specific to each Area of Practice:

*“I think it would be of benefit if the section of CDO that deals with practice advice, if you had a Practice Advisor for every Area of Practice. So if there were issues that come up in a clinical setting, in private practice for billing and record keeping, in public health, in terms of issues like sponsorship, and conflict of interest and record keeping which is different here than in a clinical practice. I think that sometimes the issues that come up are practice specific, not to say that there isn’t a good job being done now, but perhaps maybe we have I don’t know, volunteers who can assist the Practice Advisory person with putting together scenarios” - Public Health Dietitian*

The participants understood that this option might be fiscally impossible for the College and, as mentioned in the previous quotation, discussed the idea of RDs volunteering to provide support to the Practice Advisor in practice areas in which the Advisor would not be very knowledgeable. They also discussed the possibility of having an online Advisory forum, where members could post their questions and get feedback from other RDs that are knowledgeable in the question areas.

## **6.2 Annual Workshops**

Of the RDs who indicated that they had used the College’s workshops, 98% reported having attended a workshop; the other two percent used ideas and information provided at the workshops through colleagues who attended the workshops. RDs mentioned in the focus groups that often only one member of their team was permitted/available to attend

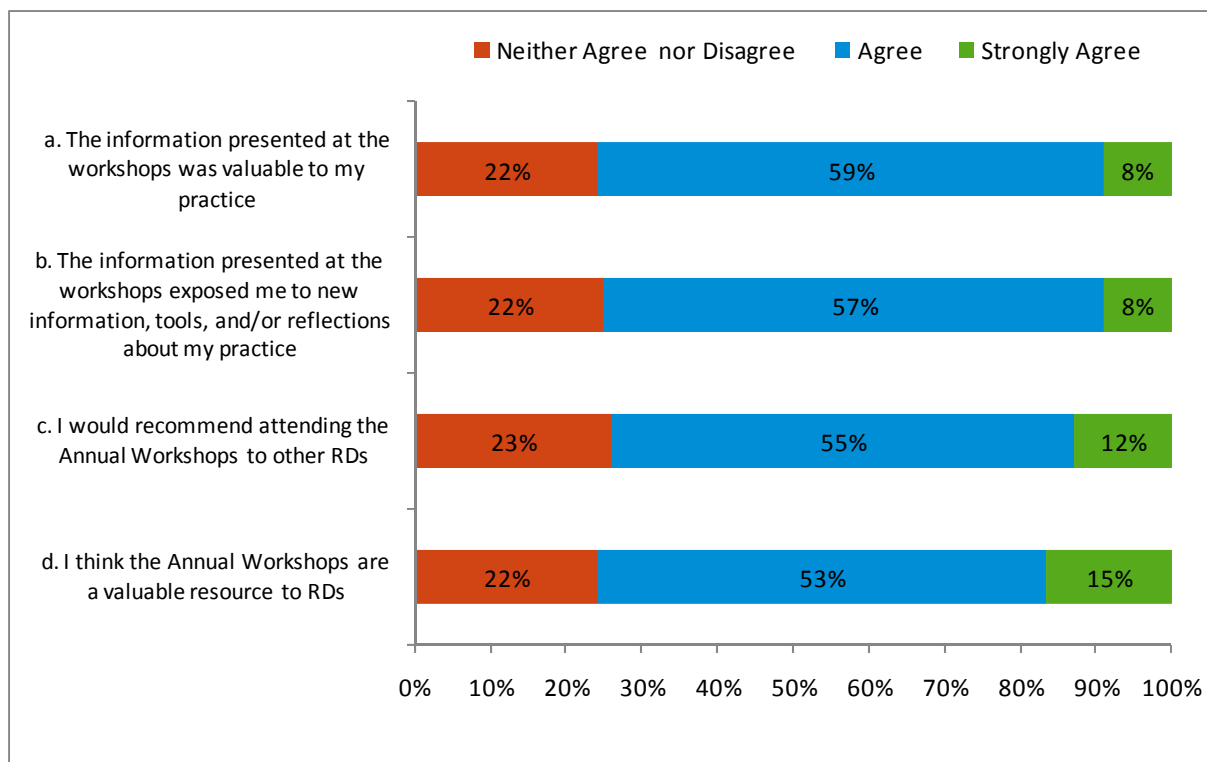
the workshops and that this member brings the information back to the team. These RDs were asked to rate their experience with the workshops by agreeing or disagreeing with four related statements. As Figure 7.3 illustrates, the majority of respondents were on the whole satisfied with the information and value that they got from the workshops and would recommend it to other RDs.

Members of the focus groups commented on their experiences with the annual workshops:

*“In terms of supporting individual Dietitians, the workshops and that sort of thing, I think they do a good job”* – RD in Community

*“When they had a travelling one, it was a couple of years ago. It was well organized, well attended”* – RD in Pediatrics

**Figure 6.3  
Annual Workshops**



n=400

Source: Online Survey – D3b.

Note: Bottom 2 responses were suppressed due to small cell size to maintain confidentiality.

Just over a fifth of the respondents had no opinion on these statements. This may present an opportunity for the College to add more value to the workshops by tapping into the interests and needs of this group.

Feedback about the workshops was offered in the focus groups, where there was some dissonance, with some RDs expressing strong liking or dislike for the workshops. A number of RDs offered suggestions that they thought would increase the benefit of the workshops for RDs. They indicated that more topics representing or tailored to each unique area of practice would improve the workshops. For example, one RD noted the following on the survey:

*“I think that the workshops could be very useful, but in my experience I have found them to be too vague and not very useful. I think most RDs want practical information that can change the way they practice. For example, the most recent workshop on IPC it would have been more helpful if it would have spent some time discussing what an RD working in an IPC manner in a non-traditional setting would look like. Or what would be going “too far” from the College’s perspective when it comes to IPC. I did not find there was much helpful content at all to this year’s workshop or the previous workshop I had attended.”* – Online Survey Respondent

There were differing views regarding the locations of the workshops. Many of the RDs who indicated in the focus groups that they did not attend the workshops noted that it was because of the locations. Despite these concerns, many indicated that the College provided a wide dispersion of locations:

*“I think they’re well organized. I think they attempt to go across the whole region and are fair in how they spread them out. I always feel, living in Mississauga, that I can either attend the Toronto based ones or head west if necessary, you know, the Hamilton area, Barrie, Brantford”* – RD in Administration

Those who attended the workshops in less densely populated areas (e.g. North-western, North-eastern districts), noted that the locations of the workshops were convenient, but they felt the networking opportunities were less than in big urban centers since the population of Dietitians was significantly less. Suggestions were made to teleconference or have a web based workshop so that all districts of RDs could participate:

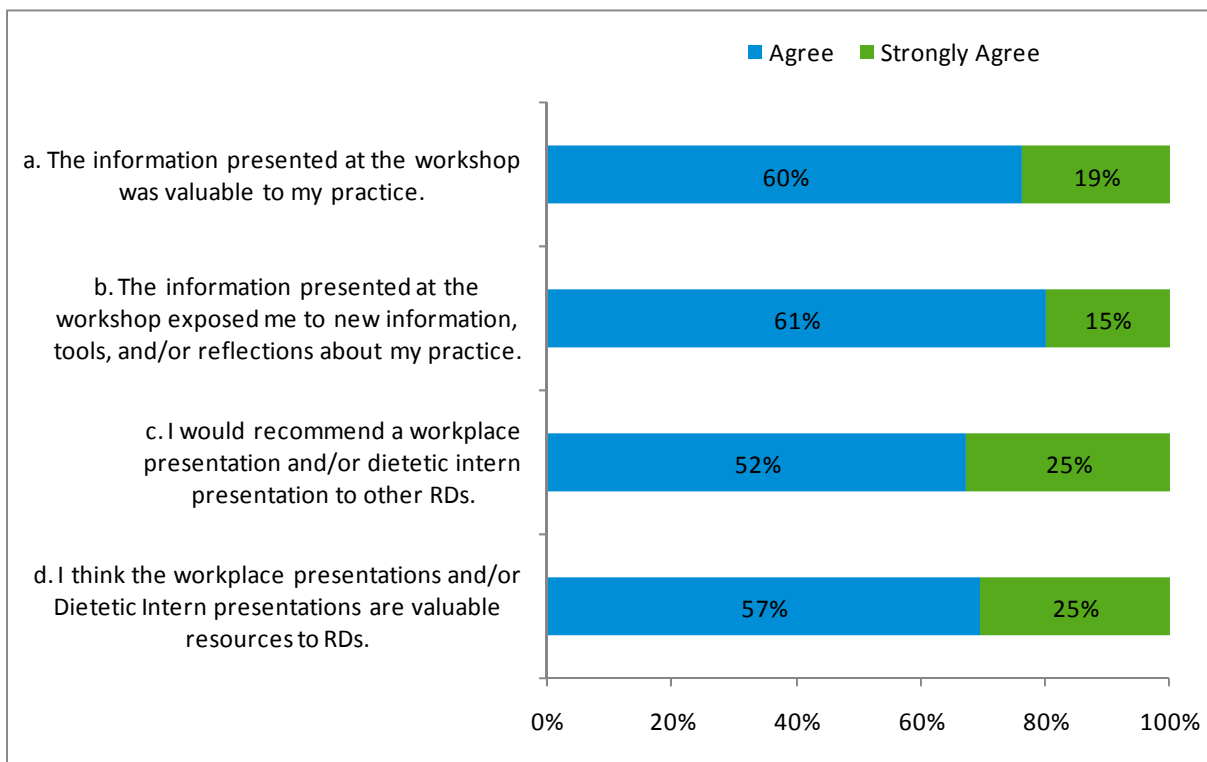
*“I’d like to see, perhaps that if there are workshops that they are available as a web based/ teleconference for those who aren’t able to attend. The idea that because we can all learn from each other’s questions, that if there was a section on the website where the Practice Advisor could update the most recent questions and set them up where they’re not identifying anyone and perhaps the different areas that Dietitians usually work in, it might help answer questions without having to contact, it might take the load off”* – RD in Public Health

An RD in Community Health mentioned that the College’s attempt to add locations to their workshop schedule in order to accommodate members in all areas resulted in smaller numbers in attendance at each workshop. Although she appreciated the fact that this allowed for more attendees overall, the disadvantage was that the same group of people were attending each time and therefore the networking opportunities with other Dietitians from different regions and representing diverse areas of practice were greatly reduced.

### 6.3 Workplace & Dietetic Intern Presentations

The College offers workplace presentations as well as dietetic intern presentations. Workplace presentations are requested of the College by RDs. Dietetic intern presentations focus on regulation, the role of the College, registration processes, and an overview of the *Jurisprudence Handbook for Dietitians in Ontario*. A total of 177 respondents to the online survey had attended a workplace or dietetic intern presentation. These respondents were asked to rate their level of agreement with statements regarding their experience with these presentations. Overall, 82% felt that the presentations were a valuable resource to RDs (25% strongly agreed), and that the information presented at the workshop was valuable to their practice (79%).

**Table 6.4  
Workplace and Dietetic Intern Presentations**



n= 177.

Source: Online Survey – D4.

Note: Bottom 3 response categories were suppressed due to small cell size to maintain confidentiality.

### 6.4 Additional Practice Related Issues

As noted in the previous sections, RDs generally felt supported by the College, and felt that this support helped them to provide safe, ethical, and competent practice. The Practice Advisor was a valued service, and those that had dealt with the Advisor or who had questions regarding their practice felt they were given prompt and helpful responses. Many RDs made statements in the online survey such as:

*"I value the efforts being made to ensure that the public is being offered safe, ethical and competent services through various support and assessment initiatives"* –  
Online Survey Respondent

The open ended survey questions provided information indicating that some RDs had an underlying fear of the College. Various RDs noted that when they experienced a problem in their practice, the last resource they would use for support and recommendations would be the College. The College's specific mandate is to regulate the profession of Dietetics in the interest of the public and public protection. To some RDs, this meant that the College was a disciplinary body, and they were therefore not willing to draw attention to the fact that they had an issue in their practice for fear of facing disciplinary action. As one RD indicated:

*"I don't think I will ever get over my fear of the College. I don't want the College to know if I'm having any problems or if I have any questions. I am afraid of an investigation into my work with a punitive effect on my ability to continue to be a Dietitian. I don't want to go through an investigation and have my name in any public record just because I made a mistake or got reported for making a mistake."* –  
Online Survey Respondent

As a result of related comments in the survey, RDs participating in the focus groups were questioned about where they turn to for support when they have issues in their practice. Specifically, RDs were asked, "What are the primary resources you use when you have questions or need advice regarding the laws, standards and guidelines about your practice e.g. ethics, record-keeping, privacy, etc?" Overall, most RDs indicated that they refer to the Jurisprudence Handbook, and/or contact the Practice Advisor.

Though most RDs referred to resources provided by the College when they had an issue in their practice, some expressed their fear of letting to College know that they were unsure of how to approach an issue in their practice. These members indicated that they would turn to their colleagues for assistance before they would turn to the College. Even those members who said that they would contact the College still indicated that they would also ask a peer in the field for advice. In one of the focus groups, an RD explained that "...everyone understands as a professional that the College is not there to protect us; it's there to protect the public" (RD in Administration).

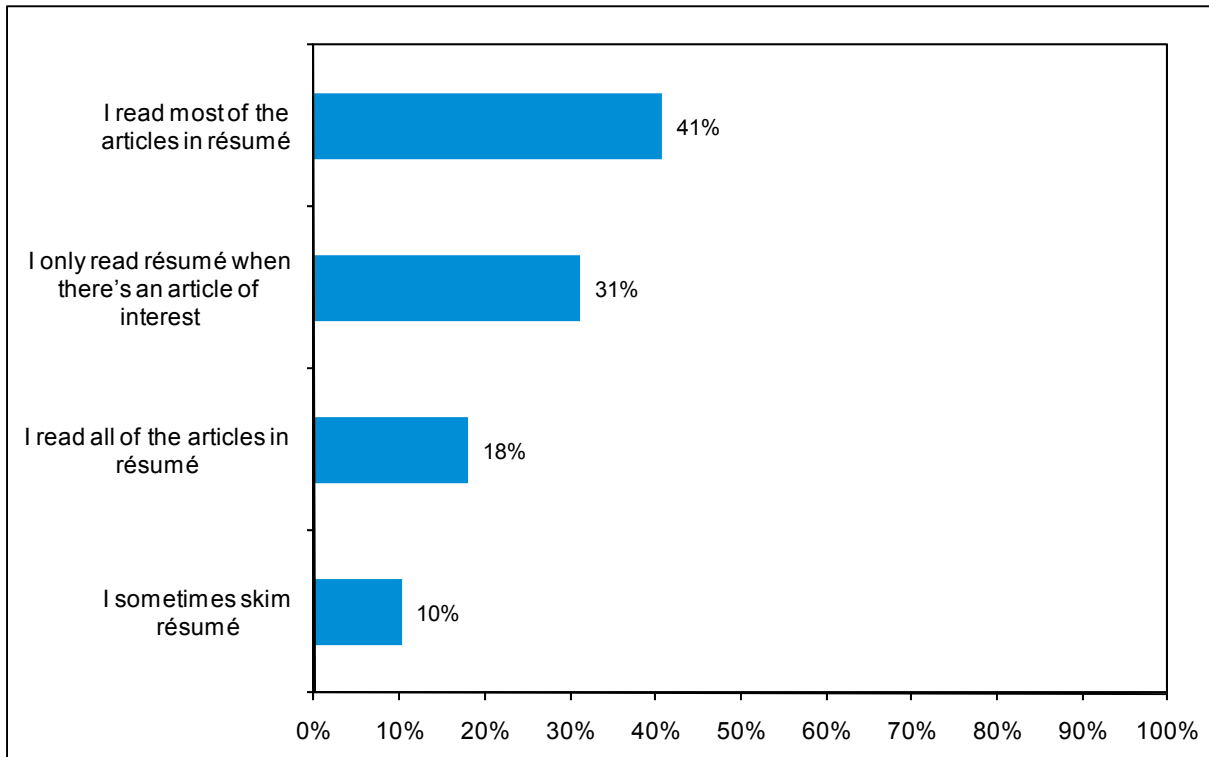
Although the mandate of the College expressly states that the College is there to serve the interests and protect the public, the College supports its mandate by providing support to RDs so that RDs can provide safe, ethical and competent practice. Members of the College staff were asked how they would respond to this concern by RDs. The College asserted that the only reason they exist is to protect the public; they, however, indicated that they must be fair, and that the law requires fairness in everything they do. The College mentioned that in their experience, the people who utilise the College's resources (e.g. the Practice Advisor) do not have this fear of retribution from the College. The College also noted that RDs are able to call the College anonymously if they need support and advice and should therefore not fear contacting the College with issues.

**SECTION 7: EDUCATION AND COMMUNICATION TOOLS**

The College of Dietitians of Ontario distributes a quarterly newsletter, *résumé*, which includes news from the College along with practical articles regarding dietetic practice. Questions about *résumé* were a component of the online survey, the focus groups, and the College staff interviews.

The online survey asked RDs if they read *résumé*, and, if so, the frequency with which they read it. Almost all (97%) respondents to the survey indicated that they read *résumé*. Those that read *résumé* were questioned about their reading patterns. Forty-one percent reported reading most of the articles in *résumé*, while 31% read *résumé* only when there is an article of interest to them. Eighteen percent of respondents reported reading all of the articles in *résumé*.

**Figure 7.1**  
**résumé**



n= 951.  
Source: Online Survey – E2.

Overall, the focus groups had very positive feedback about *résumé*. They indicated that generally they read *résumé* and found the articles were very informative and relevant to their practice.

*“I actually read résumé from cover to cover and I file them in a file and when I did the JKAT, I actually referred back to many issues of them to go over things in addition to the Jurisprudence Handbook” – RD in Administration*

Participants were asked whether there were things about *résumé* that the College could change or improve. The majority of focus group respondents said that there was nothing to be changed. A few suggested that there should be more articles of interest beyond legislation-related articles.

Respondents to the online survey were asked to rate their level of agreement with five statements about *résumé*. Overall, RDs felt that *résumé* was dealing with up to date issues (79%) that were relevant to their practice (63%), but they were not necessarily implementing the new knowledge that they had gained from *résumé* into their practice.

Notable in this section were the relatively high proportions of respondents who lacked an opinion one way or another with the statements. A significant proportion of respondents (44%) neither agreed nor disagreed with the statement, “I have made changes in my practice based on articles I have read in *résumé*”. Over a quarter (27%) of respondents were also ambivalent over whether the articles in *résumé* were relevant to their practice.

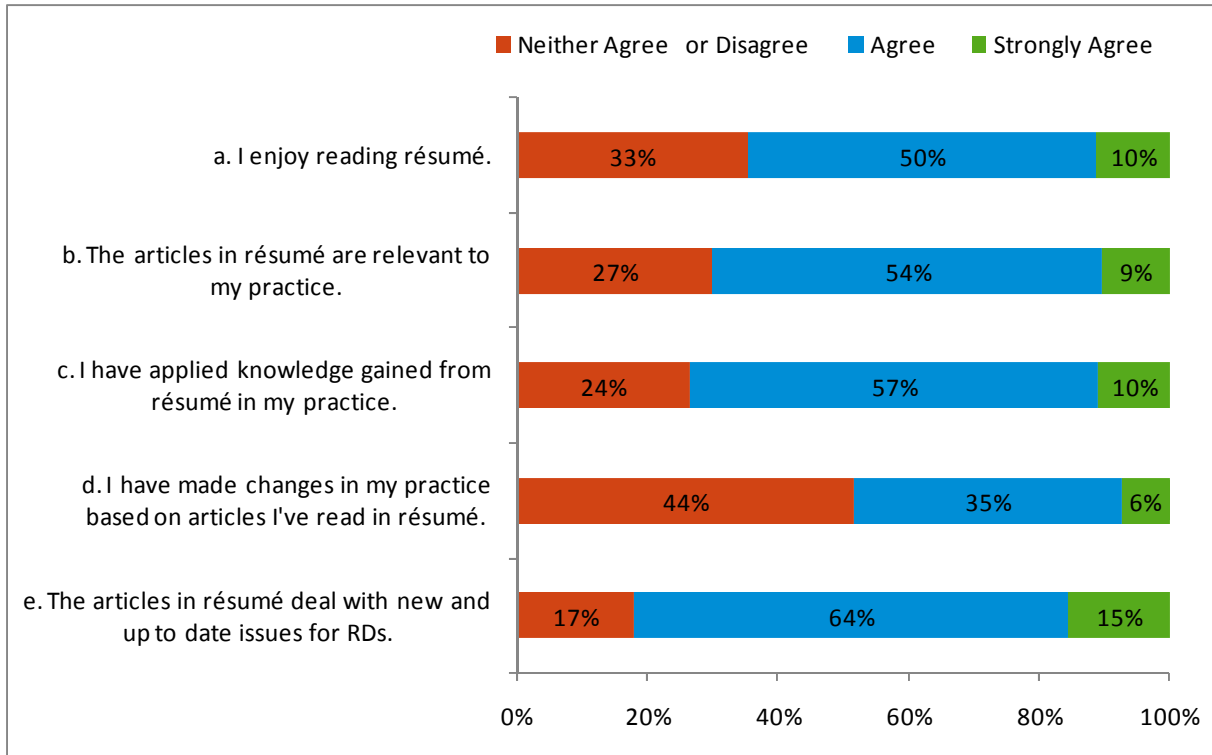
A third (33%) of respondents were ambivalent to the statement, “I enjoy reading *résumé*”. This position was echoed in the focus groups. While members recognized the utility of reading *résumé*, it wasn’t necessarily something they looked forward to or enjoyed. When asked to elaborate, one RD said:,

*“Somehow, at least for *résumé*, making it more reader friendly, it’s a little bit dry. The information in there quite often is very good, I’m not sure if it’s the format or the writing style that’s being used in it, but it would be nice if it was livened up and made it a little more exciting to read would be helpful. Maybe if you put some additional items in there in terms of interest... I don’t know, it’s a little dry” – RD in Public Health*

This statement from the focus groups likely captured the high levels of ambivalence about *résumé* captured through the survey. Participants recognize the value of the magazine and appreciate the articles, yet there are areas that they feel could be improved or changed or that they feel are unaddressed, etc.

Although College staff was not specifically questioned about *résumé*, staff had opportunity to comment on ways that they communicate with members and how they can improve or change this. The College mentioned that a great deal of work goes into research and writing of articles for *résumé* and selection of pertinent information for all areas of practice that RDs can utilize.

**Figure 7.2**  
**Statements about résumé**



N=951.

Source: Online Survey – E3.

Note: Bottom 2 response categories were suppressed due to small cell size to maintain confidentiality.

## SECTION 8: QUALITY ASSURANCE TOOLS

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The Quality Assurance Program of the College of Dietitians of Ontario was launched in the Fall of 1998 to fulfill requirements set out by the Regulated Health Professions Act, 1991. The College supports RDs in enhancing their competence to deliver safe, ethical and competent nutrition services through the Quality Assurance (QA) Program components which include the Self-Directed Learning (SDL) Tool, the Jurisprudence Knowledge and Assessment Tool (JKAT), and Peer & Practice Assessment (PPA). The survey focused its evaluation on the first two tools.

### 8.1 Self-Directed Learning (SDL) Tool

The College states on their website that the purpose of the SDL Tool is to support Registered Dietitians to reflect on the nature of their practice and their professional competence, and to require them to develop plans for professional improvement.<sup>2</sup>

The objective of the SDL is to enable members to:

- Identify areas of strength;
- Identify areas that need improvement;
- Evaluate a learning plan from the previous year to determine whether specific areas of competence have been met; and
- Develop a learning plan to enhance specific areas of competence.

All members of the College are required to complete the tool every year by October 15, in order to retain their membership.

In order to evaluate whether the SDL was achieving its objectives, a large portion of the survey was dedicated to measuring its effectiveness and value for the members.

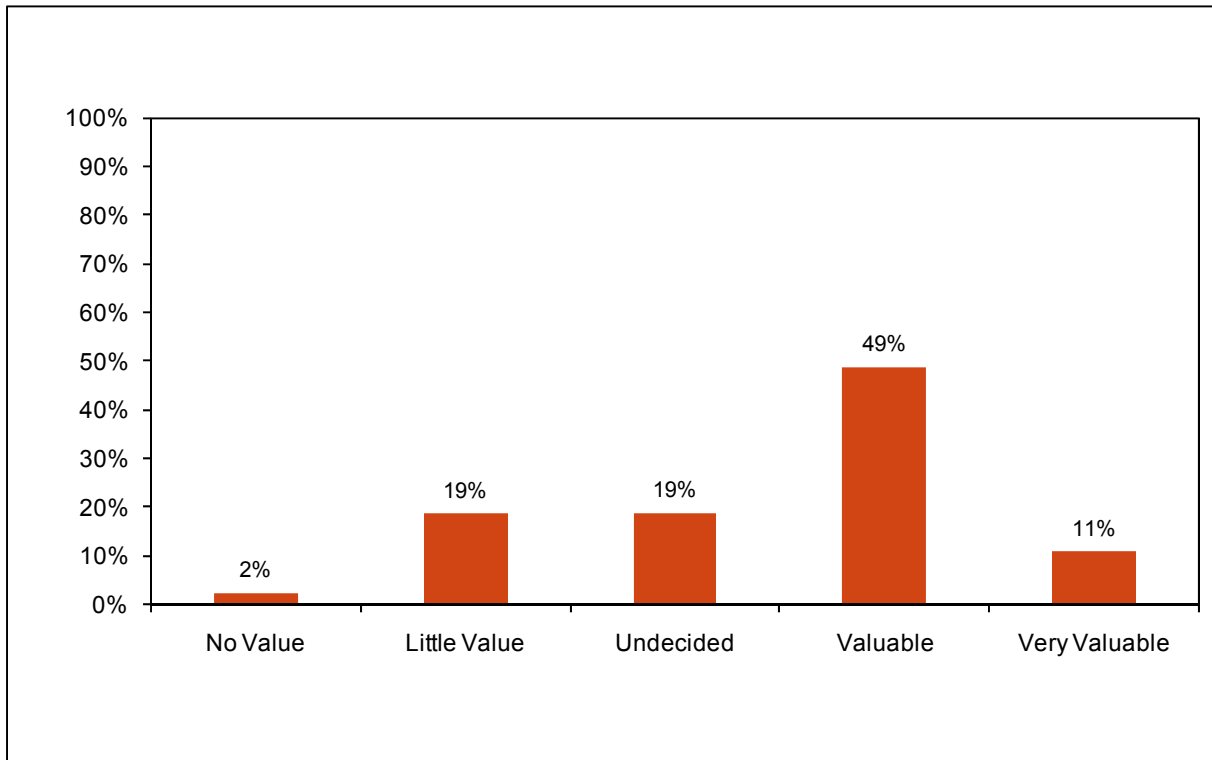
The results on the SDL tool indicated that it was the one tool that respondents had the most mixed response to. While most of the members (60%) found it a useful tool, the rest were mainly ambivalent about its utility (avg. 22%) or found little or no value from the tool. The survey questions were designed to enable members to evaluate the various purposes of the tool, which would allow the College to identify if there were specific aspects that the members valued more than others.

Sixty percent of respondents indicated that completing the SDL tool was valuable or very valuable with regard to allowing for self-assessment to reflect on and evaluate their provision of service. However, nineteen percent of respondents were ambivalent and one-fifth found little or no value in the tool's utility for self-assessment and evaluating their provision of service.

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<sup>2</sup> College of Dietitians of Ontario (2010) <http://www.cdo.on.ca>

**Figure 8.1**  
**SDL Tool – Reflecting & Evaluating Provision of Service**

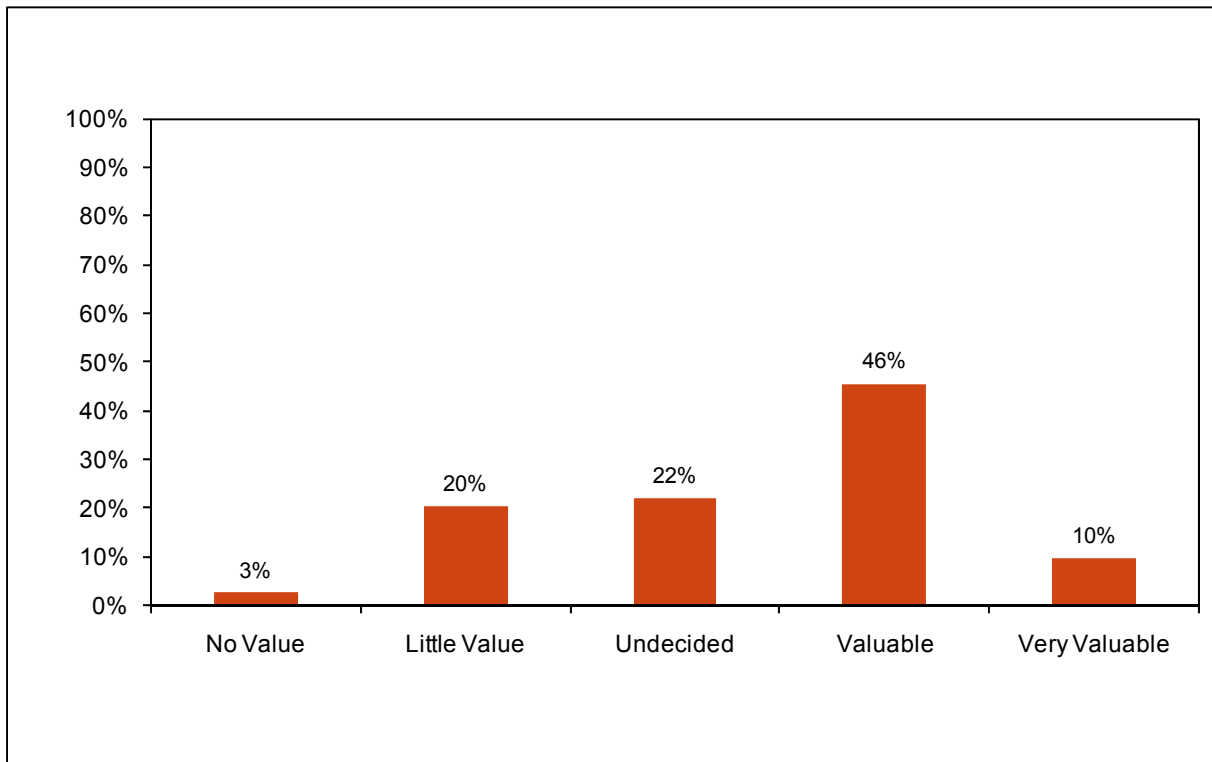


n= 977.

Source: Online Questionnaire – C1a.

Another design aspect of the SDL Tool is to assist RDs to reflect on and evaluate their competent application of a unique body of knowledge. Evaluation of this goal showed that although more than half (56%) of respondents found value in this aspect of the tool, close to a quarter (23%) found little or no value, and 19% were ambivalent about this aspect of the tool.

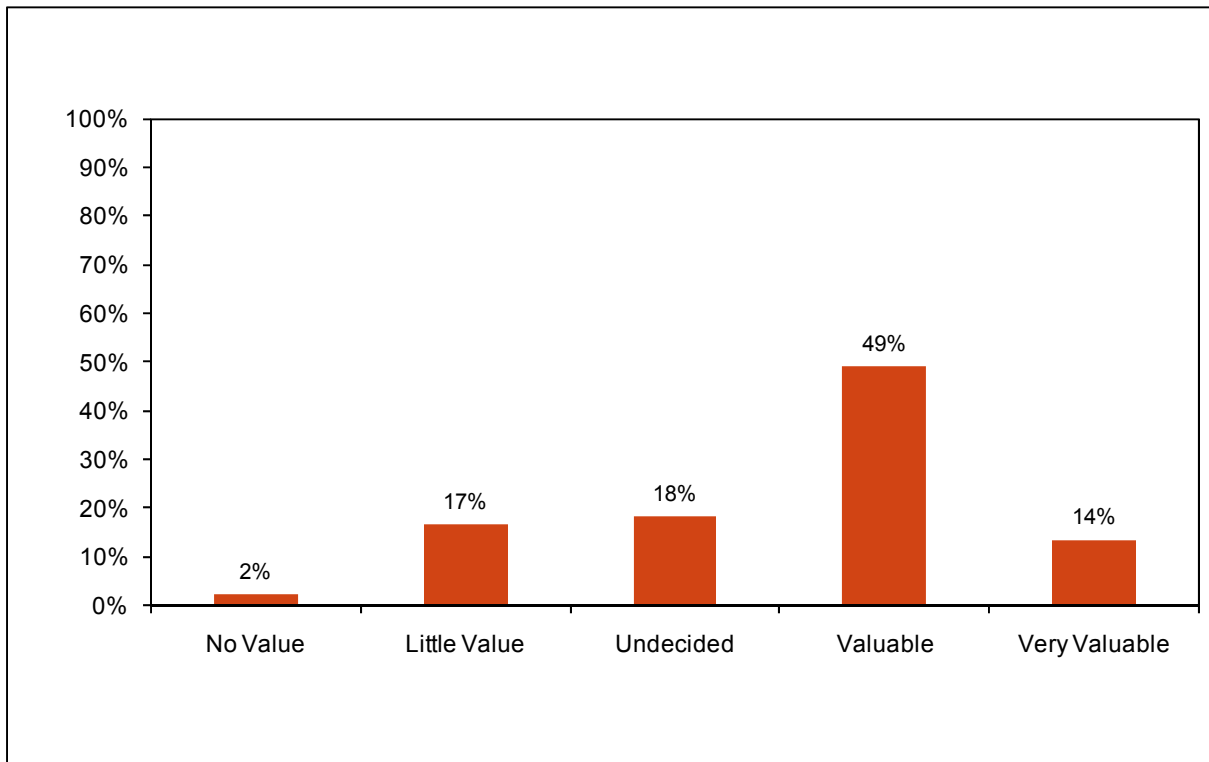
**Figure 8.2**  
**SDL Tool – Competent Application of Knowledge**



n= 977.  
 Source: Online Survey - C1b.

The SDL Tool enables RDs to track their progress through the year(s) in terms of the professional development goals they have established for themselves. Subsequent years allow them to reflect back on their completion of those goals, as well as areas on which they need to develop. RDs found the SDL Tool to be valuable (49%) or very valuable (14%) in allowing them to reflect and evaluate their lifelong learning and professional development.

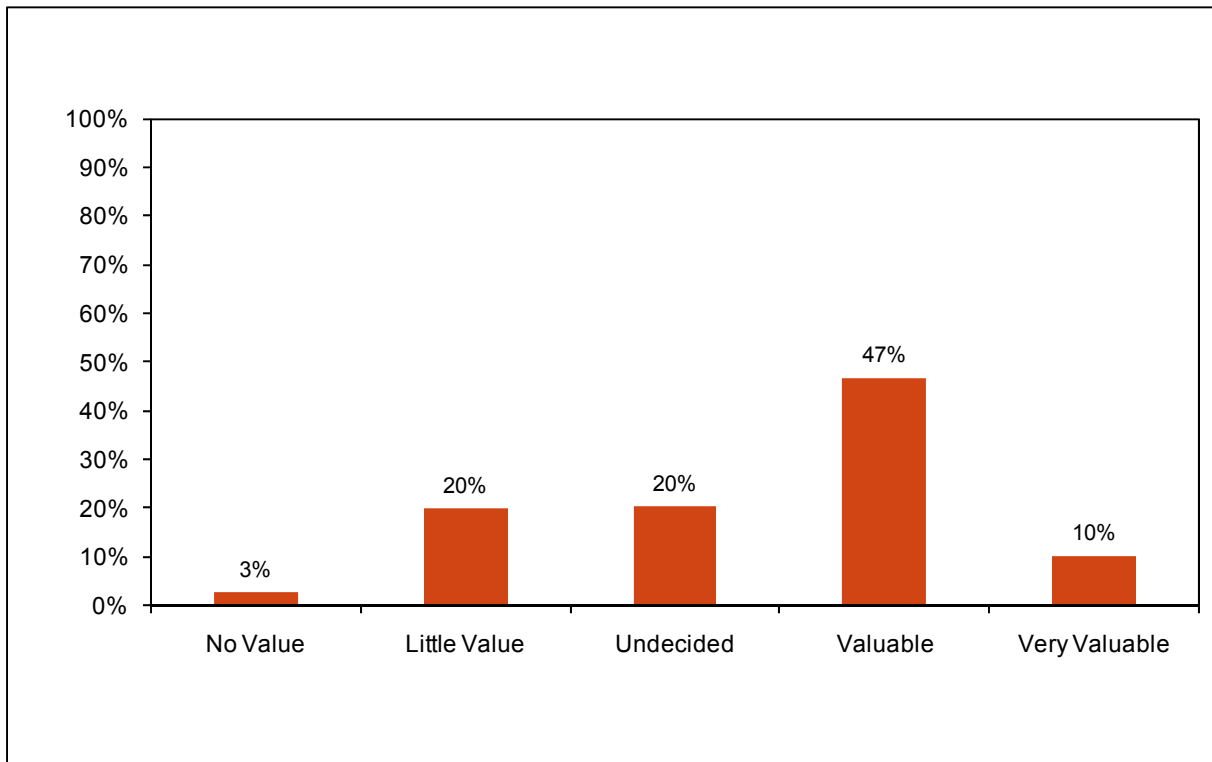
**Figure 8.3**  
**SDL Tool – Lifelong Learning & Professional Development**



n= 977.  
 Source: Online Survey – C1c.

In addition the SDL Tool enables RDs to reflect on and evaluate their professional responsibility and accountability. Forty seven percent of RDs reported finding that aspect of the tool valuable, while 10% found it very valuable. One participants in the focus groups noted that “It really makes you accountable” (Focus Group, RD in Pediatrics). Similar to the other responses, almost one quarter (23%) of respondents found little or no value in this aspect and 20% were ambivalent about its value.

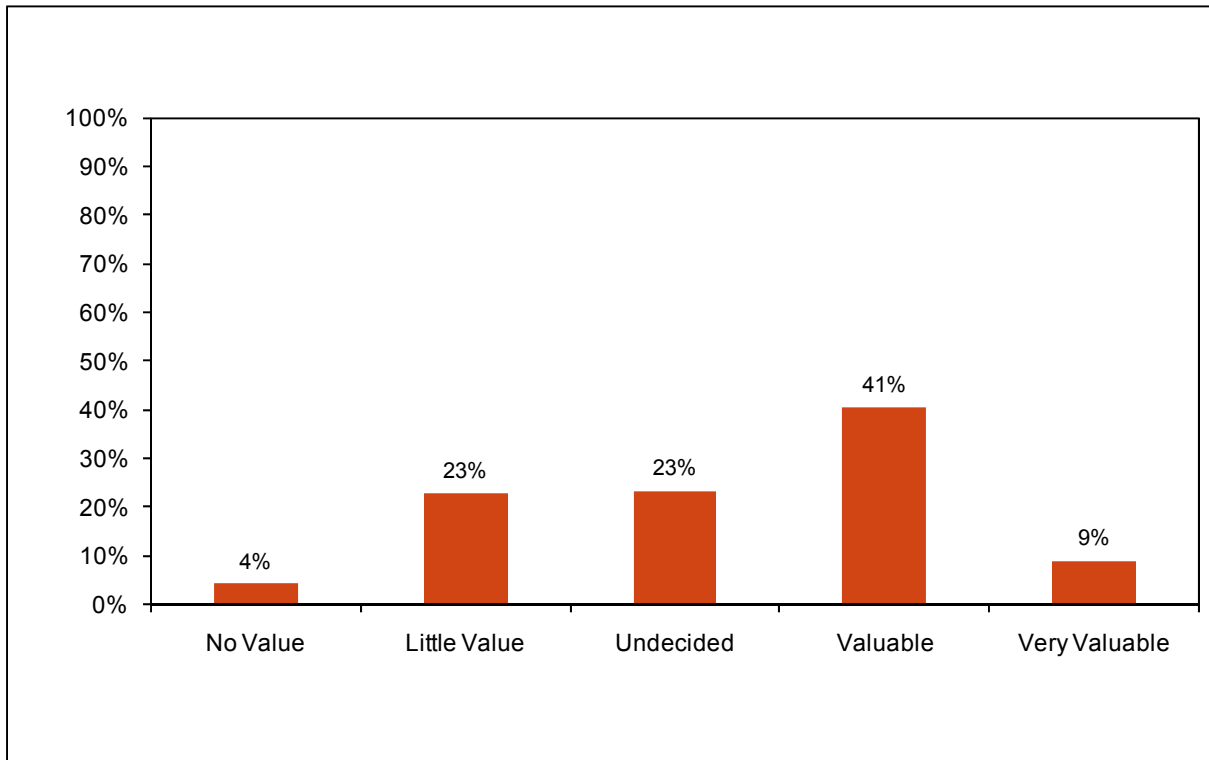
**Figure 8.4**  
**Professional Responsibility & Accountability**



n= 977.  
Source: Online Survey – C1d.

The final area for which the SDL tool was evaluated with regard to RDs’ self-assessment was its value on reflecting on and evaluating ethics. The reported value on this indicator was interesting, with half (50%) finding it valuable or very valuable, a smaller proportion than in the other self-assessment aspects. A higher proportion (27%) reported little or no value in this aspect and 23% were undecided about its value.

**Figure 8.5  
Ethics**



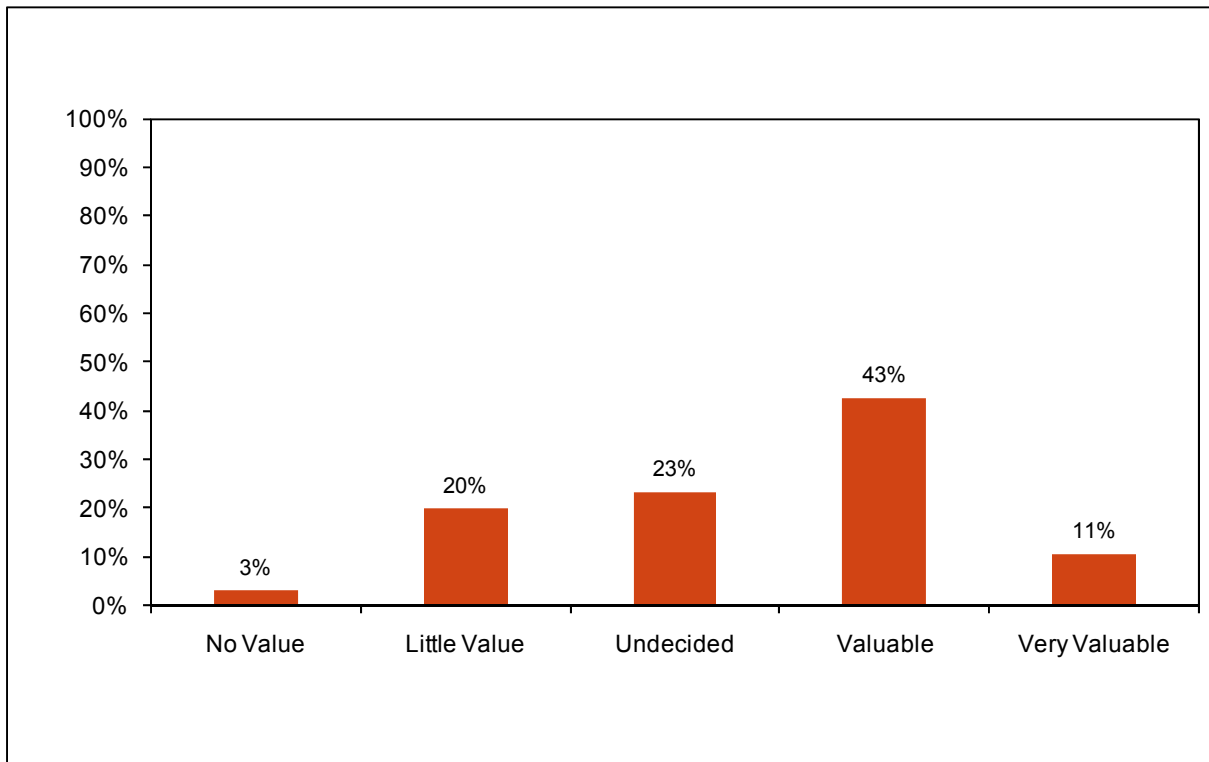
n= 977.

Source: Online Survey – C1e.

In addition to serving as a self-assessment tool, the SDL tool is also designed to assist RDs to identify professional development goals. The identification of these goals enables both the RD and the College to evaluate changing professional goals while monitoring the progression towards them. Fifty four percent of RDs indicated that the SDL Tool served as a valuable or very valuable means of identifying challenges and barriers to quality practice. A little less than one quarter (23%) were undecided about the value of this aspect of the tool, while the rest found little or no value in it. An RD in the focus group who had been practicing for over four decades commented:

*“I don’t think it does measure basic competencies, only in the eyes of the person filling out the form. They may think that they’re doing well, and then maybe they’re not.” – RD in Public Health*

**Figure 8.6**  
**Identifying Challenges and Barriers to Quality Practice**

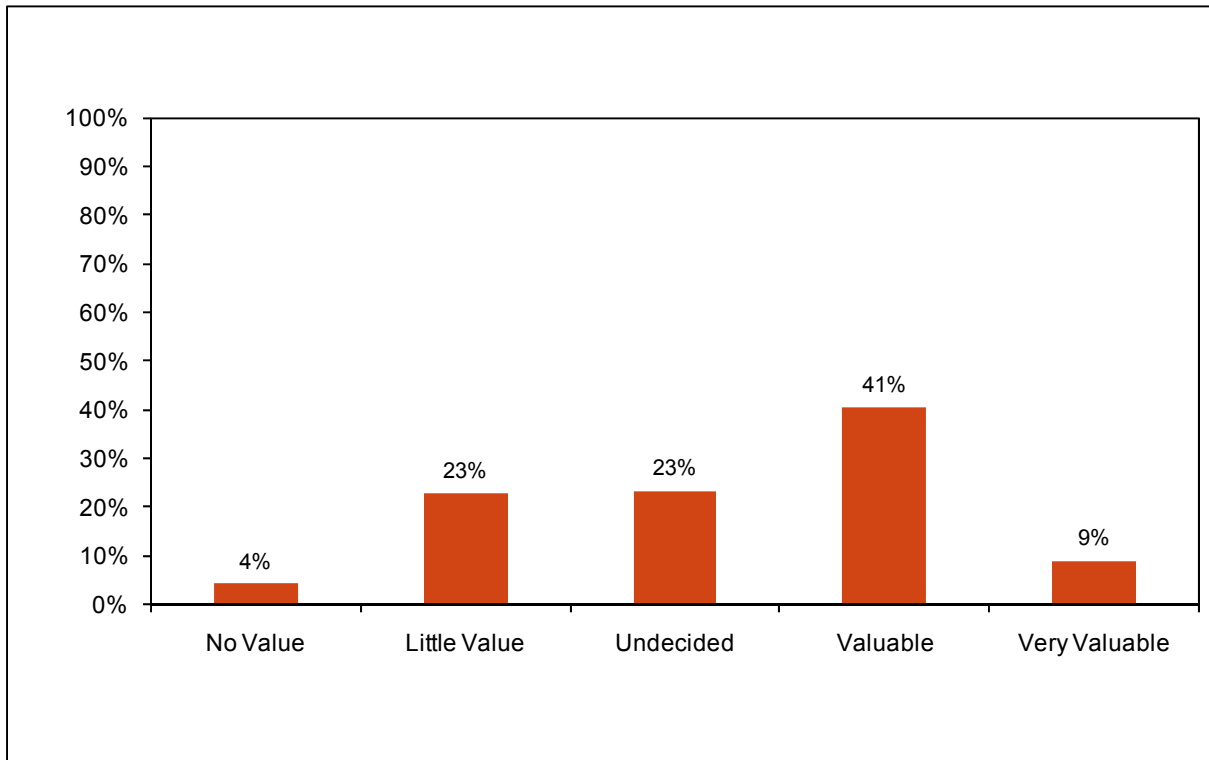


n= 977.  
 Source: Online Survey – C1f.

In terms of the SDL Tool’s value in enabling RDs to evaluate last year’s professional improvement plans, half (50%) of the respondents felt that it was valuable or very valuable, while the other half were ambivalent or found little or no value in it. A focus group participant remarked,

*“I personally really like the SDL tool. You only do it once a year and it helps you reflect on your practice... it’s the only way that you really get to reflect and see that you’ve improved” – RD in Community Health*

**Figure 8.7**  
**Evaluating Last Year’s Professional Improvement Plans**

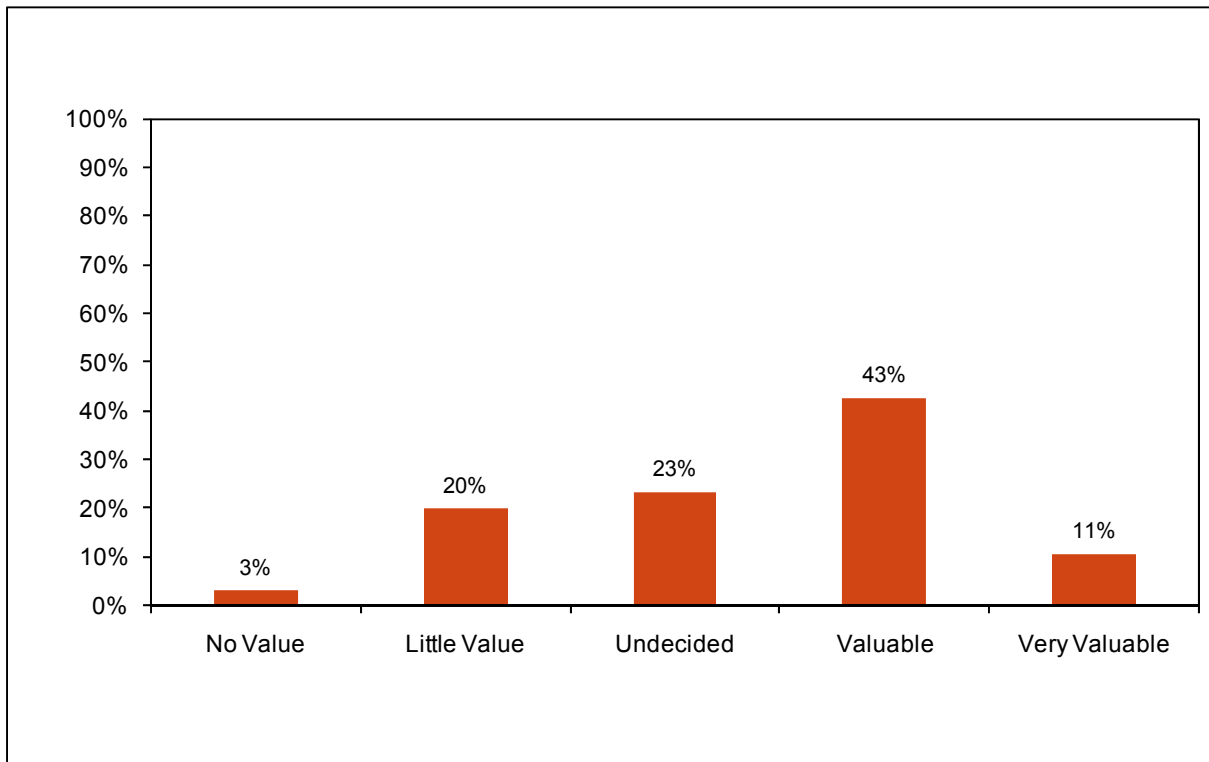


n= 977.  
 Source: Online Survey – C1g.

Fifty-four percent of respondents felt that the SDL tool was valuable or very valuable in creating new professional improvement plans. A focus group participant added insight into why some RDs might find little value in its utility in creating new professional improvement plans:

*“It might be helpful if there was a way that we could somehow integrate the performance reviews that we have to do in our place of employment, with the SDL tool so that your goals could align together so you wouldn’t have to have more goals that you should have to in a year in terms of professional development or learning” – RD in Community Health*

**Figure 8.8**  
**Creating New Professional Improvement Plans**



n= 977.  
 Source: Online Survey – C1h.

An open ended question was provided in the online survey in order to allow RDs completing the survey to provide their personal experiences about completing the SDL Tool. The open ended responses were also coded to show an overall picture of the insights provided. Overall, RDs that responded to the question (n=873) indicated that completing the SDL Tool helped them to schedule/set aside time to identify learning goals (44%), followed by the SDL Tool helping them to schedule/ set aside time for reflection on their learning goals (27%). This finding was supported throughout all focus groups with sentiments such as:

*“I feel that doing the SDL forces me to take the time to reflect on my practice, otherwise I wouldn’t be doing that. I work in a fast paced facility; I’m the only RD with 120 beds and if I didn’t take the time to sit down and sort of think about what the last year’s been, what I want to do in the next year, what goals I want to accomplish, it wouldn’t happen if I didn’t have the SDL tool to help me with that... I like the fact that I have to do something, otherwise I probably wouldn’t be reflecting the way that I am.” - RD in Clinical*

*“It’s really good in helping you to go back and reflect on your practice because when you set the goals it can be a while before you revisit those, and I know in my practice, it gets busy and you get work handed to you that you don’t always have the opportunity to reflect on what you’re accomplishing in relation to the goals that you have written down and I like the fact that I can also adapt it to a goal that’s coming to you. It really makes you accountable.” – RD in Pediatrics*

Continuing in the positive trend of completing the SDL Tool, respondents noted that the tool helps them to identify strengths, weaknesses and/or areas of improvement (22%). Overall, a great deal of positive feedback was generated through the open ended survey questions, and the focus groups.

Despite the general positive reflection regarding the completion of the SDL Tool, some RDs provided negative feedback on completion of the tool. The most common negative feedback was that the SDL Tool did not help RDs when they already set professional development goals independently or with their employer. An RD in one of the focus groups who has been working in public health for 13 years made a comment that seemed to represent the 13% who did not find value on the professional goal setting aspect of the tool:

*“I guess we have it already integrated into our work that we have to do on a yearly basis and our boss is a Dietitian, so I kind of feel that at least in my personal situation that there’s duplication.”*

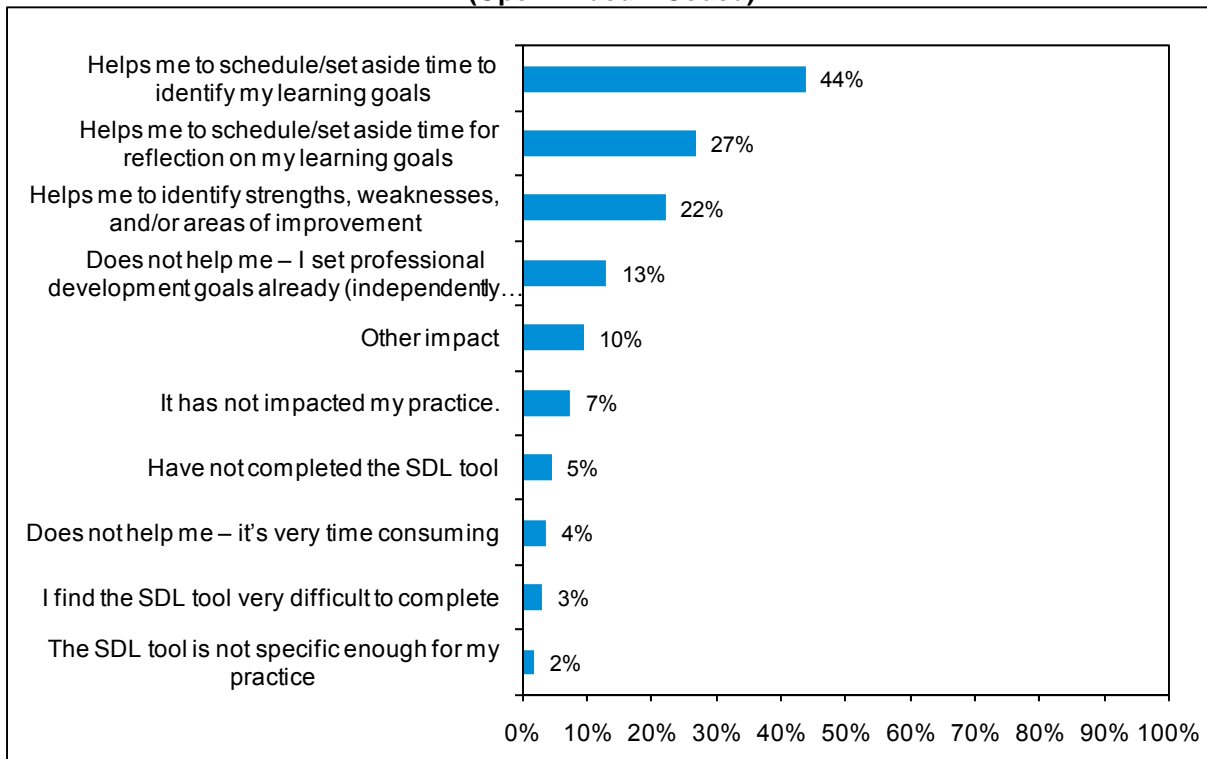
Four percent found completion of the tool to be very time consuming and therefore it did not help them, while 3% found it very difficult to complete. One focus group participant who had practiced for over 15 years described the process of completing the tool:

*“I feel like it’s very mediocre...because you’re forced to do it, it’s mandatory, it does make you stop and consider the different areas, but they’re described often in such vague ways that it can be interpreted differently depending on who you are. So it’s not particularly helpful. And I find, especially if you’ve been in practice for a long time, once you reach a certain level, it’s like what did I answer last year hopefully I’m not going backwards.” – RD in Community Health*

2% of RDs found the SDL Tool not specific enough to their Area of Practice, echoed in the focus groups by sentiments such as:

*“Some of them [SDL questions] might relate well to Dietitians working in private practice, but in my field I feel like some of them are not applicable” – Communication & Nutrition Education RD*

**Figure 8.9**  
**Impact of Completing the SDL Tool**  
**(Open Ended – Coded)**



n= 873.

Source: Online Survey – C2.

Sentiments surrounding completion of the SDL tool continued in the focus groups and open ended responses, where many expressed dislike for the method in which their professional development was evaluated. Many RDs offered infuriated critiques of the tool – too numerous and unconstructive to include in the present report. Some RDs expressed their distaste for the tool while offering constructive suggestions for improvement. Some suggestions for improvement that came out of the focus groups were:

- Allow the tool to be adaptable to RDs working in multiple Areas of Practice without having to complete two.
- Allow more than 2 months for completion – make it a fluid tool that the College can periodically check and RDs can regularly update.
- Make the questions more concise and leave room for additional comments.
- Hold discussion groups (live or online) where RDs can share their experiences on completing the tool and how RDs can make it benefit their practice.
- Allow those who have to complete a similar tool in their jobs to integrate these into the SDL i.e. they currently have to complete the same or similar process twice – once for their workplace and then for the College.
- Have a mentoring session where RDs can get help completing the tool in a group setting.
- Make it adaptable for both veterans of the field and newcomers to the profession.

The mixed attitudes regarding the SDL Tool necessitated a discussion about it during the College staff interviews, and the staff were offered an opportunity to comment on the tool. The College acknowledged that they were aware that RDs either loved or hated the tool, but indicated that it was a tool to assess individuals in planning their professional development and reporting on it as part of the quality assurance mandate.

The College indicated that it has already started work on a program to come up with different formats that will allow people to pick and choose the format that is the most meaningful to them. The College does have a legal obligation to ensure that RDs are planning and accounting for their professional development, and recognizes that some people may not like having to be accountable and to work on the College's schedule, but notes that it is their legal obligation to do so.

## 8.2 Jurisprudence Knowledge and Assessment Tool (JKAT)

The College describes the JKAT as an online knowledge acquisition and assessment tool designed to improve the knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario. The knowledge base for the test comes from both the practical knowledge of the RD as well as the Jurisprudence Handbook.

At the time of the survey, 85% of the respondents had completed the JKAT. Of those that had completed the JKAT, 42% had completed the Clinical JKAT, 30% had completed the General JKAT, and 5% had completed the Private Practice JKAT.

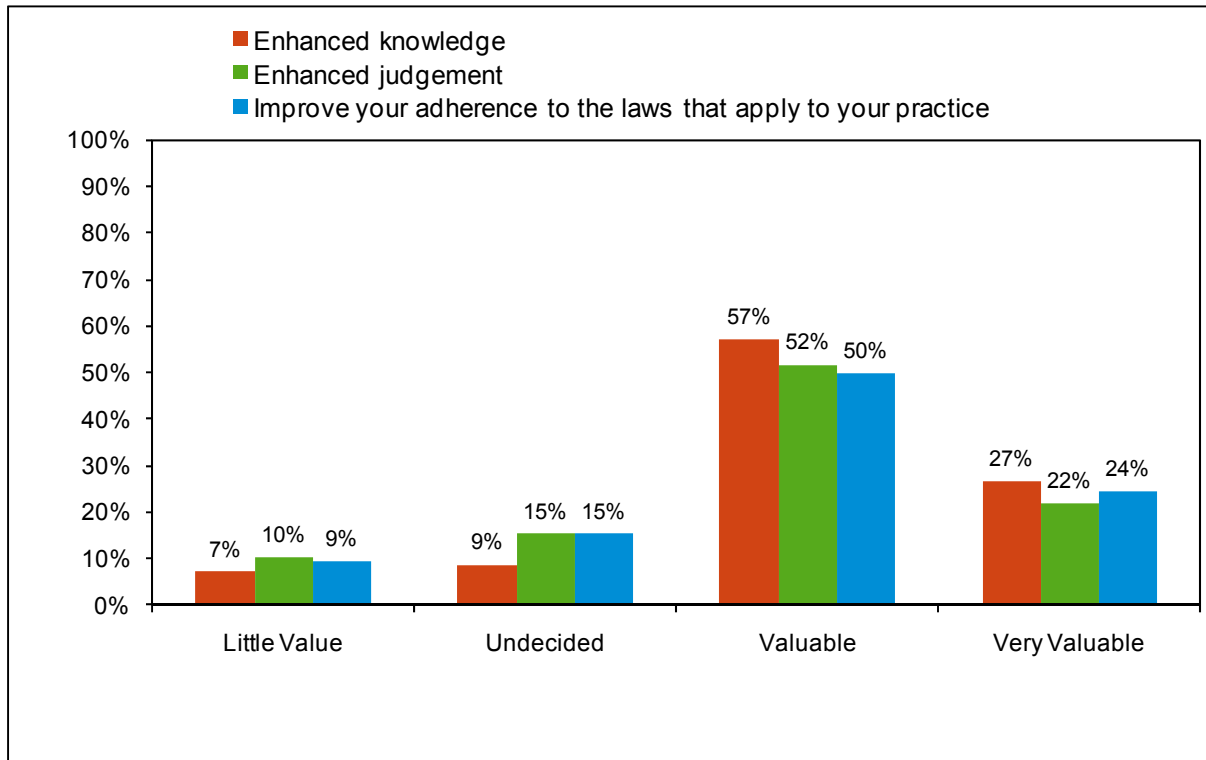
RDs are given three months in which to complete the JKAT; within those three months, they are permitted to take the test three times to achieve the cut score of 80%. The RDs in the sample, on average, took the test one time (93%) to achieve that mark.

Although the College reports that problems with the JKAT are rare, they wanted to ensure that RDs who were experiencing difficulties with the exam itself found the support they needed from the College. Eighteen percent of RDs reported experiencing problems with the references or questions in the JKAT. Oddly enough, only one quarter (25%) of those who experienced problems with the test contacted the College about the issues they experienced. Of the RDs that contacted the College with their problem, close to two-thirds (64%) got their issues resolved and 28% reported that their problem was somewhat solved.

Respondents were asked about the level of value that they found in completing the JKAT based on results that it had on them. As Figure 10.10 depicts, 84% of respondents reported that enhanced knowledge was the most valuable result of completing the JKAT, as one RD in the focus groups who had been practicing for 30 years noted:

*"I think the JKAT is a perfect example of a very useful tool. Having been in the practice as long as I have, when I did that JKAT, I have to tell you, I learned things. And that was good."* – RD in Management & Administration.

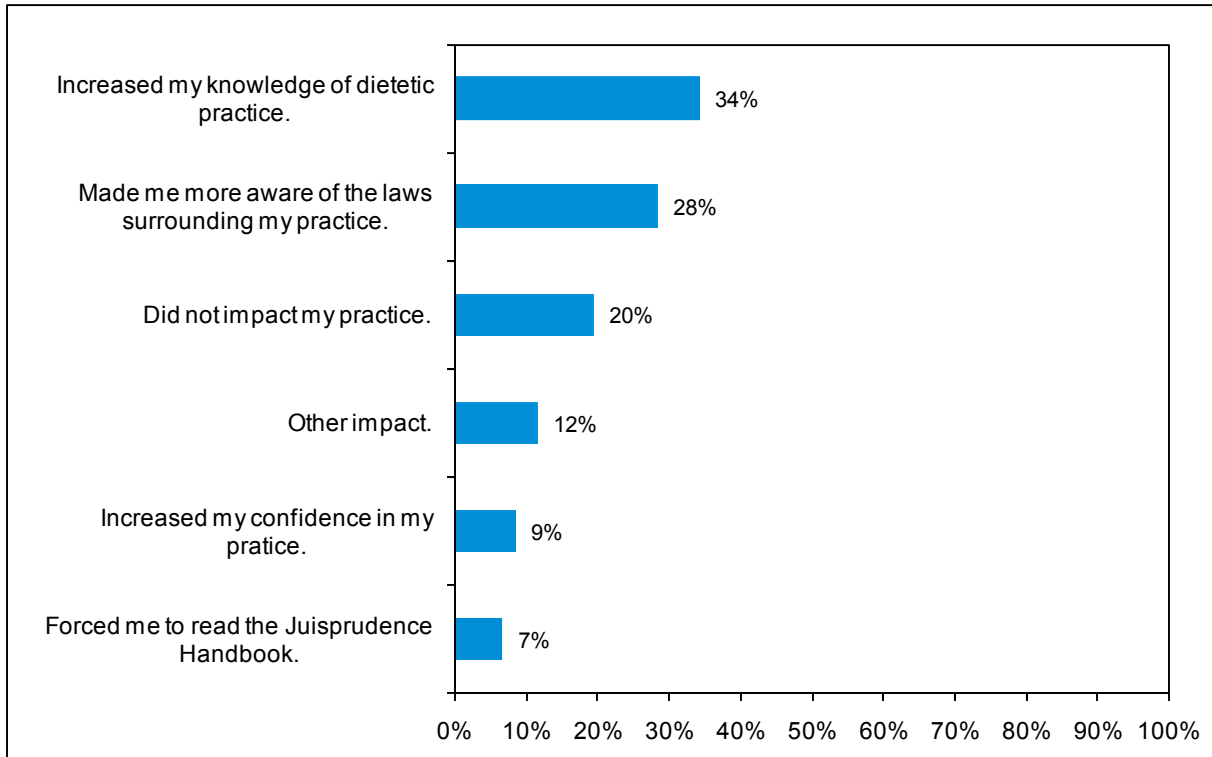
**Figure 8.10**  
**Level of Value in Completing the JKAT**



n=833  
Source: Online Survey - C5.

The online survey provided RDs space to comment on the impact of completing the JKAT on their practice. About one third (34%) of those who commented felt that it increased their knowledge of dietetic practice, whereas only 7% indicated that it forced them to read the Jurisprudence Handbook, because they otherwise would not have taken the time to read the Handbook. Additionally, completing the JKAT made RDs more aware of the laws (28%), and increased their confidence in their practice (9%). A fifth of respondents reported that completing the JKAT did not impact their practice at all in the sense that the actual writing of the JKAT exam did not disrupt or inconvenience their practice.

**Figure 8.11**  
**Impact of completing the JKAT**  
**(Coded Open Ended)**



N=446.

Source: Online Survey – C7.

The overwhelming positive feedback on the JKAT did not necessitate any commentary from College staff and was therefore not included in the staff interview guide.

## SECTION 9: FURTHER COMMENTS

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### 9.1 Fees

The topic of fees that RDs are required to pay to the College very year in order to renew their membership and practice under the protected title of Registered Dietitian was not an explicit topic in either the online survey or the focus groups. Nevertheless, members mentioned it in their open-ended comments on the survey and brought it up in the the focus groups, necessitating its inclusion in the current report.

RDs who commented on this issue were concerned with getting the value they perceived that they deserved with the fees they were paying. Many compared the College to the Nurses regulatory body, and, although noting their difference in numbers, felt that the fee that the College charges was too high for what they were receiving. One RD commented:

*"I wish to see the college rein in spending and stick to the basics. I do not want any additional support beyond what is already offered. College fees are too high and the college has too many staff. At times I get the sense that staff are trying to "think up new things to do". Just stick to the basics. I am not interested in paying for more "bells and whistles" – Online Survey Respondent*

A sensitive issue for the RDs in the focus groups surrounded the standard fee that all RDs were required to pay, regardless of their status. The RDs felt that there should be some leeway in the fees that they are required to pay if they are on maternity leave, semi-retired, or working part-time.

*"I know it's been brought up with the College before, but we are a majority of women and we should be supporting ourselves through all the stages of our life. Whether we're young, and starting our families, they should be supporting us in that way. I know even on maternity leave, you need to stay current, to keep your registration, and that's maybe where the learning tool might come in, but I think that the College should put some focus on that in terms of allowing some sort of reduced fee during some stages" – RD in Consulting*

*"The thing about maternity leave is true, Dietitians need to be supported. The amount of dollars that we make varies from one Dietitian to another and when it comes to being on maternity leave, you still want to continue to be part of your profession, and a little break would be helpful because you have less money coming in and you still want to be a Dietitian. I just came back from a maternity leave and I still wanted to be able to call myself a Dietitian, keep up to date, so I needed to keep it up, but it's a fee that I needed to pay out of my own pocket." – RD in Education*

The findings of the survey and the registration statistics support the assumption that primarily women are working in the field and that the majority of them are within the child bearing ages. Due to the heatedness of this debate in the focus groups, this topic was discussed with the College staff members in their interviews.

The College's response to these issues was that RDs that are members of the College, even if only seeing one patient per year. The College would still have the same obligations to the public and to the RD, regardless of the amount of work that the RD was handling. The College indicated that the cost of administering services to a part-time RD were no different than doing so for a full-time RD, which was why a reduced fee for semi-retired or part-time members would not be feasible.

The College mentioned that if, in theory, they were to introduce new categories in registration such as non-practicing in addition to the existing categories of general and temporary, such a move may justify a lower fee. This would be to accommodate those RDs who have chosen to stop practicing but still wanted to keep updated on developments in the profession. This lower fee would only be justified because the College would not have the legal obligation to the public on that dietitian's behalf as it would if the RD was practicing. However, it would still keep the RD up to date through its resources that are available to all members.

## 9.2 Protected Titles

RDs in the focus groups were asked whether they felt that the College was providing them with enough support in order to provide safe, ethical, and competent practice. This question generated a great deal of discussion over the term nutritionist and whether or not the College should protect the public from people who perform similar tasks and duties as Registered Dietitians, but are not operating under a protected title.

Focus group participants expressed frustration with the confusion in the media and the public surrounding the terms Nutritionist and Registered Dietitian. The concern expressed was primarily on behalf of the public:

*"I continue to be frustrated that non-RDs, so called 'Nutritionists', are not regulated in any way, shape or form and yet they are the people who pose a risk to consumers"* – Online Survey Respondent

RDs were concerned that they were legally obligated and regulated by the College to provide safe, ethical, and competent practice, and yet, Nutritionists were able to provide similar advice to the public regarding nutrition and were not held to any standards. One RD mentioned:

*"Everyday I'm inundated with messages from pseudo Nutritionists claiming expertise in the area and knowing that they don't have it and it puzzles me that the College doesn't do more in that regard."* – RD in Community Health

RDs in every focus group mentioned the need for the College to regulate the term Nutritionist, while at the same time, promoting the term Registered Dietitian. There was a general understanding that the public was not made aware of how to make an educated choice between the right nutritional advisors, and often did not know the difference between a Nutritionist and a Registered Dietitian; some members have even experienced their own clients using the terms interchangeably. All RDs expressed concern for the public:

*"I want to see them [the College] as an advocate against unqualified practitioners, those people who call themselves Nutritionists... they're [Nutritionists] not qualified"*

*to be members [of the College] but they're out there promoting themselves as nutrition experts and I have a problem with that.” – RD in Community Health*

In addition to the call for the College to address the issue of Nutritionists as an unprotected, unregulated term, the RDs provided a great deal of constructive thoughts for how the College could approach this issue. RDs realised that the College may not be able to protect the term nutritionist, noting:

*“I don't see how the College could be held accountable for everybody that's going to provide nutrition counselling information and advice.” – RD in Clinical*

The impracticality of the College policing all people providing nutritional advice prompted the RDs in the focus groups to provide constructive thoughts as to how the College could approach this issue.

*“I think the College needs to do more to get the message out there. That it's the Dietitians they should be using, not necessarily Nutritionists and other allied health professionals. And I think it's improved, but I think they need to do more.” – RD in Management*

The general consensus was that the College needs to educate the public about why they should choose someone with the title of Registered Dietitian. RDs in one focus group spoke about the advertising that the College currently provides:

*“I know when I went to the workshop, they talked about how they had an ad in the upcoming Chatelaine magazine, well, two of us looked through it and we almost missed it, and it was only because we were looking for it that we found it. It was kind of a strip down the side and I thought, ‘Wow’ if that's your idea of increasing our visibility, not so great! So I'd like to see an increased promotion of the RD designation and this is what people should be looking at akin to MD and RN. People understand what MD and RN stand for, but I don't think they necessarily understand what RD stands for” – RD in Community Health*

The concern generated in all focus groups prompted the inclusion of a discussion over the term Nutritionist in the interviews with the College staff. The College explained that when the profession was considered for regulation during the 1980s, there was a strong advocacy and appeal to protect the two titles of Dietitian and Nutritionist, but the government did not agree to that. The College indicated that in order for it to attempt to begin talks with the government about protecting the title of Nutritionist, they would have to enter into a very long and expensive advocacy program, a program that the College considers futile and not cost effective to its members. The only thing that would prompt the College to move to protect the title Nutritionist or to protect exclusivity of nutrition counselling for RDs, would be documented evidence of public harm by nutrition counsellors who are not RDs.

Currently, the titles *Dietitian* and *Registered Dietitian* are both protected. The College emphasized that even if the title *Nutritionist* were protected, it would not stop those currently calling themselves Nutritionists from calling themselves something else and providing the same services to a public who seems to want their services.

The College indicated that what would differentiate Registered Dietitians from unregulated nutrition service providers is the scope of practice for RDs, since there is a philosophical difference in the way that RDs and Nutritionists approach their practice. Through its mandate, the College will continue to protect RDs' scope of practice rather than a title.

## **SECTION 10: CONCLUSIONS & FUTURE CONSIDERATIONS**

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### **10.1 Increased College support recognised by members**

Overall, respondents were very satisfied with the support they receive from the College in order to provide safe, ethical and competent practice to the public. The members felt that the College was constantly increasing and improving upon the support it provides to its members, including practice advisory, education and communication tools and services, and were appreciative of these efforts. Most members are familiar with these resources and utilize them. Feedback regarding the College's support in both the quantitative and qualitative aspects of the survey was very positive, with members providing constructive feedback, while mindful of the costs and legal restraints of the College.

### **10.2 Better communication to members on the available practice support resources from the College required**

Registered Dietitians are using the resources provided by the College, but a select few are fearful of contacting the College if they have issues within their practice. Rather than using the Practice Advisor, these RDs are relying on online resources and peer consultations. Those that have used the practice advisory services are very happy and successful in solving their practice issues. Positive interactions with the College need to be communicated to other members by RDs currently using the services. Increased awareness regarding the usefulness of the College's resources needs to be communicated further to members, as well as the option of contacting the College anonymously.

### **10.3 Increase awareness and use of online services/resources**

Participants in the focus groups indicated that the primary way that they access resources from the College is through electronic means i.e. e-mail and the internet. The College has also recognized that members find this convenient and has made more of its resources available online. Suggestions from respondents for improvements to the SDL Tool, Jurisprudence Handbook, Annual Workshops, and résumé all included making more of these resources available online and/or in different formats. Most of these services are already available online through the College's website. The Jurisprudence Handbook is available in pdf format online, the SDL Tool is accessible online, and back issues of résumé are available through the College's website. The availability of these resources needs to be communicated to members.

RDs suggested increasing online services by creating a forum where members could post discussion questions and perhaps interact with the Practice Advisor on practice issues. This method could provide a forum for other RDs experiencing similar practice issues to see how these issues were solved.

Further recommendations from members included making Annual Workshops and presentations available online, or allowing some sort of webcasting so members from different locations could receive the information without having to travel/leave work.

#### **10.4 Increased support needed for all Areas of Practice**

When the College first started, the majority of its membership consisted of RDs working in Clinical settings. While membership has grown and the diversity of members in different Areas of Practice along with that, members in clinical one-to-one Area of Practice still make up the largest group (over 40% of the membership). Members in non-clinical areas feel overshadowed by the large role that clinical practice plays within the College and its resources and services. As the membership grows, members encourage the College to provide more resources targeted to those in other Areas of Practice. Members, for example, have asked the College to capture the issues and experiences of RDs working in other Areas of Practice, and to adapt examples in the Jurisprudence Handbook, on the website and in the workshops to include these scenarios.

#### **10.5 More education on the mandate of the College**

Respondents were concerned about public confusion over the role of Nutritionists and RDs. Additionally, some RDs felt that their role within allied health is not as recognized or given the due recognition and value that it should have. Respondents indicated that the College should play a bigger role educating the public, members of allied health and even management and administrators of institutions served by RDs on their role in healthcare. They also thought that the College should play a larger advocacy role in promoting the profession. These expectations reveal that there are still misconceptions about the mandate of the College. There are members who are not clear about the mandate of the College vis-à-vis its members and the public. The College will need to continue to communicate and educate members in this area.

## APPENDIX A: SURVEY INSTRUMENT

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### REGISTERED DIETITIAN SURVEY

#### INTRODUCTION

Thank you for your participation in this research. The objective of this study is to develop a body of work that will evaluate the successes of the College of Dietitians of Ontario goal of supporting Registered Dietitians (RD); specifically, to assess how successful the College has been in reaching its goal to support RDs in Ontario to provide safe, competent and ethical practice; and measure the impact that its efforts in advancing this goal have had.

The researcher, R. A. Malatest & Associates Ltd., would like you to complete this short questionnaire. Your responses are entirely confidential and will be combined with those of others who complete this survey to present an aggregate report of the College's success and impact.

At any point during this study if you have any questions or concerns, please contact 1-888-689-1847 to reach a bilingual researcher or you may email the project manager, Rob Assels at [r.assels@malatest.com](mailto:r.assels@malatest.com).

#### SECTION A: BACKGROUND

A1. How long have you been a Registered Dietitian (RD) with the College of Dietitians of Ontario? (please check one)

- 1 Less than 1 year
- 2 1-2 years
- 3 3-4 years
- 4 5-10 years
- 5 11 or more years

A2. In what year did you begin practicing as a Dietitian (include time before you were registered with the college, if applicable)?

\_\_\_\_ (yyyy) [Numeric]

A3. What is your primary Area of Practice? (Choose one)

- 1 Clinical
- 2 Community
- 3 Food & Nutrition Services
- 4 Academic
- 5 Other

A4. Please indicate your level of familiarity with the following items:

|   | Very Familiar  | Familiar       | Neither        | Unfamiliar     | Very Unfamiliar |
|---|----------------|----------------|----------------|----------------|-----------------|
| a. The Jurisprudence Handbook for Dietitians in Ontario | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |
| b. Code of Ethics For The Dietetic Profession In Canada | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |
| c. Professional Standards for Dietitians in Canada      | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |
| d. Jurisprudence Knowledge and Assessment Tool (JKAT)   | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |
| e. Record Keeping Guidelines for Registered Dietitians  | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |
| f. résumé Newsletter                                    | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup> | 2 <sup>o</sup> | 1 <sup>o</sup>  |

**SECTION B: JURISPRUDENCE HANDBOOK**

The Jurisprudence Handbook is a rich and comprehensive resource of the laws that govern professional dietetic practice, with reference to the public interest principles that are at the root of professional ethics and laws. Since the application of law in day-to-day practice can be complex, the Jurisprudence Handbook has been organized to help dietetic practitioners gain clarity about what the law requires, its effect on professional practice, duty to clients, and accountability. The following section will ask you about your use of the Jurisprudence Handbook.

B1. How frequently do you refer to the Jurisprudence Handbook in your day-to-day practice?

- 1<sup>o</sup> At least once a week
- 2<sup>o</sup> At least once a month
- 3<sup>o</sup> At least once every couple of months
- 4<sup>o</sup> At least once a year
- 5<sup>o</sup> Never

B2. Did you use the Jurisprudence Handbook in your preparation for the Jurisprudence Knowledge and Assessment Tool (JKAT) Examination?

- 1<sup>o</sup> Yes
- 2<sup>o</sup> No

B3. Please rate how much you agree with the following statements based on your knowledge from the Jurisprudence Handbook and its application to your practice.  
The Jurisprudence Handbook has helped me to:

|   | Strongly Agree | Agree          | Neither Agree or Disagree | Disagree       | Strongly Disagree |
|---|----------------|----------------|---------------------------|----------------|-------------------|
| a. Demonstrate professionalism in my practice   | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| b. Increase my ability to maintain confidentiality and share information as appropriate | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| c. Understand and apply informed consent  | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| d. Understand and apply the laws surrounding my practice                                | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| e. Understand the scope of my practice and the restrictions on it                       | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| f. Understand the importance of effective communication in my practice                  | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| g. Understand and apply my record keeping duties as a Registered Dietitian              | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| h. Understand potential conflicts of interest in my practice                            | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| i. Understand potential boundary issues in my practice                                  | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| j. Perform better on the JKAT   | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |

B4. To what extent do you feel that the knowledge you gained from the Jurisprudence Handbook has helped you to:

|   | Strongly Agree | Agree          | Neither Agree or Disagree | Disagree       | Strongly Disagree |
|---|----------------|----------------|---------------------------|----------------|-------------------|
| a. Improve your adherence to the laws that apply to your practice | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |
| b. Improve your provision of ethical practice                     | 5 <sup>o</sup> | 4 <sup>o</sup> | 3 <sup>o</sup>            | 2 <sup>o</sup> | 1 <sup>o</sup>    |

B5. Please tell us how the Jurisprudence Handbook has changed your practice:

(max. 250 char.)

**SECTION C: QUALITY ASSURANCE TOOLS**

The Quality Assurance Program of the College of Dietitians of Ontario was launched in the Fall of 1998 to fulfill requirements set out by the Regulated Health Professions Act, 1991. The College of Dietitians of Ontario supports RDs in enhancing their competence to deliver safe, ethical and competent nutrition services through the Quality Assurance (QA) Program components which include the Self-Directed Learning (SDL) Tool, the Jurisprudence Knowledge and Assessment Tool (JKAT), and the Peer & Practice Assessment (PPA). The following section of questions will ask about your experience with the QA Program components.

C1. Please indicate the level of value you found in completing the Self Directed Learning (SDL) Tool in terms of:

|  | Very Valuable  | Valuable       | Undecided      | Little Value   | No Value       |
|--|----------------|----------------|----------------|----------------|----------------|
| <b>Self- Assessment:</b>   |                |                |                |                |                |
| a. Reflecting on & evaluating your provision of service                                | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| b. Reflecting on & evaluating your competent application of a unique body of knowledge | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| c. Reflecting on & evaluating your lifelong learning & professional development        | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| d. Reflecting on & evaluating your professional responsibility & accountability        | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| e. Reflecting on & evaluating your ethics  | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| <b>Professional Development:</b>   |                |                |                |                |                |
| f. Identifying challenges & barriers to quality practice                               | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| g. Evaluating last year's professional improvement plans                               | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |
| h. Creating new professional improvement plans   | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup> | 2 <sup>0</sup> | 1 <sup>0</sup> |

C2. Please tell us the impact that completing the Self Directed Learning (SDL) Tool has on your practice:

(max. 250 char.)

C3. Have you completed the Jurisprudence Knowledge and Assessment Tool (JKAT)?

- 1<sup>0</sup> Yes
- 2<sup>0</sup> No [GO TO QUESTION D1]
- 9<sup>0</sup> Don't Know [GO TO QUESTION D1]

C4. The College has created three different versions of the JKAT to respect the fact that what RDs need to know about the laws, standards, guidelines and ethical principles varies depending on their area of practice. Which version of the Jurisprudence Knowledge and Assessment Tool (JKAT) did you complete?

- 1<sup>0</sup> General JKAT
- 2<sup>0</sup> Clinical JKAT
- 3<sup>0</sup> Private Practice JKAT
- 4<sup>0</sup> I Don't Know

C5. Please indicate the level of value you found in completing the Jurisprudence Knowledge and Assessment Tool (JKAT) in terms of:

|   | Strongly Agree | Agree          | Neither Agree or Disagree | Disagree       | Strongly Disagree |
|---|----------------|----------------|---------------------------|----------------|-------------------|
| a. Enhanced knowledge   | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup>            | 2 <sup>0</sup> | 1 <sup>0</sup>    |
| b. Enhanced judgment  | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup>            | 2 <sup>0</sup> | 1 <sup>0</sup>    |
| c. Improve your adherence to the laws that apply to your practice | 5 <sup>0</sup> | 4 <sup>0</sup> | 3 <sup>0</sup>            | 2 <sup>0</sup> | 1 <sup>0</sup>    |

C6. How many times did you take the JKAT in order to achieve the cut score of 80%?

- 1 Time
- 2 Times
- 3 Times
- More than 3 times
- Don't Know

C7. Please tell us the impact that the Jurisprudence Knowledge and Assessment Tool (JKAT) had on your practice:

(max. 250 char.)

C8. Did you experience any problems with the questions or references in the JKAT during your completion and assessment?

- Yes
- No [GO TO QUESTION D1]
- Don't Know [GO TO QUESTION D1]

C9. Did you contact the college regarding these issues?

- Yes
- No [GO TO QUESTION D1]
- Don't Know [GO TO QUESTION D1]

C10. Was the problem resolved?

- Yes
- Somewhat
- No
- Don't Know

#### SECTION D: PRACTICE ADVISORY PROGRAM

The Practice Advisory Program provides practical information about standards, the code of ethics and how the laws and regulations affect dietetic practice in Ontario. The following questions will ask you about your experiences with the Practice Advisory Program.

D1. The Practice Advisory Program offers the following services; please indicate which services you have used: (check all that apply)

- a.  Annual workshops [GO TO QUESTION D3a]
- b.  Print resources (e.g. copies of regular articles in *Résumé*, the *Jurisprudence Handbook*) [GO TO QUESTION E1]
- c.  Workplace presentations [GO TO QUESTION D4]
- d.  Dietetic intern presentations (e.g. on regulation, the role of the College, registration processes, and an overview of the *Jurisprudence Handbook for Dietitians in Ontario*) [GO TO QUESTION D4]
- e.  College's Practice Advisor & Policy Analyst [GO TO QUESTION D2]
- f.  Other: (please specify) \_\_\_\_\_ [GO TO QUESTION E1]

D2. Please answer the following statements concerning your experience with the College’s Practice Advisor or other College resource person:

|   | Strongly Disagree | Disagree       | Undecided      | Agree          | Strongly Agree |
|---|-------------------|----------------|----------------|----------------|----------------|
| a. I had no problems contacting the College’s Practice Advisor or other College resource person                   | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| b. I received the information I needed and/ or was directed to where I could easily find (additional) information | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| c. I would recommend the Practice Advisory service to other RDs   | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| d. I think the Practice Advisory service is a valuable resource to RDs  | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |

[COMPLETE ONLY IF D1a=1]

D3a. Have you attended a workshop/workshops offered by the College?

1<sup>o</sup> Yes

2<sup>o</sup> No [GO TO QUESTION E1]

D3b. Please answer the following statements concerning your experience with the College’s Annual Workshops:

|  | Strongly Disagree | Disagree       | Undecided      | Agree          | Strongly Agree |
|--|-------------------|----------------|----------------|----------------|----------------|
| a. The information presented at the workshops was valuable to my practice  | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| b. The information presented at the workshops exposed me to new information, tools, and/or reflections about my practice | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| c. I would recommend attending the Annual Workshops to other RDs   | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |
| d. I think the Annual Workshops are a valuable resource to RDs   | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> |

D4. Please answer the following statements concerning your experience with the College’s Workplace Presentations and/or Dietetic Intern Presentations:

|   | Strongly Disagree | Disagree       | Undecided      | Agree          | Strongly Agree | N/A            |
|---|-------------------|----------------|----------------|----------------|----------------|----------------|
| a. The information presented at the workshop was valuable to my practice  | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> | 9 <sup>o</sup> |
| b. The information presented at the workshop exposed me to new information, tools, and/or reflections about my practice | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> | 9 <sup>o</sup> |
| c. I would recommend a workplace presentation and/or Dietetic intern presentation to other RDs                          | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> | 9 <sup>o</sup> |
| d. I think the workplace presentations and/or Dietetic intern presentations are valuable resources for RDs              | 1 <sup>o</sup>    | 2 <sup>o</sup> | 3 <sup>o</sup> | 4 <sup>o</sup> | 5 <sup>o</sup> | 9 <sup>o</sup> |

**SECTION E: RÉSUMÉ**

The College of Dietitians of Ontario distributes a quarterly newsletter, résumé, which announces news from the College along with practical articles regarding dietetic practice. The following questions will ask you about your experiences with résumé.

E1. Have you ever read an edition of résumé?

- 1° Yes.
- 2° No, but I am aware of it. [GO TO QUESTION F1]
- 3° No, I have never heard of it. [GO TO QUESTION F1]

E2. Which statement would you say best describes how you read résumé?

- 1° I read all of the articles in résumé
- 2° I read most of the articles in résumé
- 3° I only read résumé when there's an article of interest to my practice
- 4° I sometimes skim résumé, and don't generally read any articles

E3. Please indicate your level of agreement with the following statements about résumé:

|   | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
|---|----------------|-------|---------------------------|----------|-------------------|
| a. I enjoy reading résumé   | 5°             | 4°    | 3°                        | 2°       | 1°                |
| b. The articles in résumé are relevant to my practice                       | 5°             | 4°    | 3°                        | 2°       | 1°                |
| c. I have applied knowledge gained from résumé in my practice.              | 5°             | 4°    | 3°                        | 2°       | 1°                |
| d. I have made changes in my practice based on articles I've read in résumé | 5°             | 4°    | 3°                        | 2°       | 1°                |
| e. The articles in résumé deal with new and up to date issues for RDs       | 5°             | 4°    | 3°                        | 2°       | 1°                |

E4. Do you have any comments that might help the College understand the value of the support that it makes available to you, and that enables you to provide safe, ethical, and competent practice? If you do, please share them with us:

(max. 500 char.)

**SECTION F: DEMOGRAPHICS**

F1. Are you:

- 1° Male
- 2° Female
- 9° Prefer not to disclose

F2. What is your age?

- 1 18-24
- 2 25-34
- 3 35-44
- 4 45-54
- 5 55-64
- 6 65 years or more
- 9 Prefer not to disclose

F3. In which district do you practice?



- 1 South Western
- 2 Central Western
- 3 GTA- York
- 4 Eastern
- 5 North Eastern
- 6 North Western
- 7 Central
- 9 Prefer not to disclose

APPENDIX B: FOCUS GROUP GUIDE

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**Registered Dietitian’s Survey  
Focus Group Moderator’s Guide**

|  |  |
|--|--|
| The objective of this study is to develop a body of work that will evaluate the successes of the College of Dietitian’s of Ontario goal of supporting Registered Dietitians (RD); specifically, to assess how successful the College has been in reaching its goal to support RDs in Ontario to provide safe, competent and ethical practice; and measure the impact that its efforts in advancing this goal have had. |  |
| Confidentiality and Anonymity:   | Information collected in this survey will be kept confidential – your privacy is protected by both the Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act. At no point will any information you provide that could identify you be disclosed to the College.<br>The discussion should take between 30-45 minutes. |
| Questions:   | If you have any questions about the project, please do not hesitate to contact Pauline Achola, Senior Analyst or Rob Assels, Project Manager at R.A. Malatest & Associates at 1-800-598-0161 or p.achola@malatest.com or r.assels@malatest.com   |

**INTRODUCTIONS**

[Round table introductions, starting with the Moderator]

Welcome! I would like to thank you all very much for participating in this teleconference discussion today.

My name is \_\_\_\_\_. I am a researcher with R.A. Malatest & Associates. We are going to be discussing various issues related to the College of Dietitian’s of Ontario’s support to its members. The questions raised in this discussion are based on responses that we have received from the general survey of members that is currently ongoing and that you have participated in.

First of all, I would like to take a minute to explain how we will proceed with this discussion: The focus group should take approximately 40 minutes.

The session will be audio taped.

Information collected in this survey will be kept confidential – your privacy is protected by both the Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act. At no point will any information you provide that could identify you be disclosed to the College or anyone else. Your name will not be associated with anything you say. No one but the research team will have access to your full name or to the audio/video tapes of the session.

I would like to point out that there are no right or wrong answers and that I am not looking for group consensus or agreement on each item. In fact, I need to hear your views especially if they are different from most of the other people in the group.

I’d like everyone to have a chance to talk and make any comments that you think are relevant to the discussion at hand. Because we cannot see each other, I will moderate this discussion by calling on various participants to comment on an ongoing topic. This is the only way we can

ensure that we do not speak over each other and that we can all hear what everyone has to say.

When you speak, please identify yourself each time so that others can know who is speaking, and can address specific questions or clarifications to you, if they need to.

I would like to confirm that the College is not present on this discussion. Everyone in this discussion is an RD registered as a member with the College.

My main role is to make sure that the discussion stays on track and that everyone has a fair chance to contribute.

We have a lot to discuss so let's get started.

Please introduce yourself, your primary Area of Practice, and how long you have been a Registered Dietitian.

### **JURISPRUDENCE HANDBOOK**

1. What are the primary resources you use when you have questions or need advice regarding the laws, standards and guidelines about your practice e.g. ethics, record-keeping, privacy, etc?
2. What do you primarily use the Jurisprudence Handbook for? (Probe: Only for studying for JKAT? For day to day practice reference? Why?)
3. Do you think that the Jurisprudence Handbook could be changed / improved to be more helpful to your practice? (Probe: If so, how so? Specific to Area of Practice?)

### **SDL TOOL**

4. In what ways does completing the SDL Tool help you? (Probe: Does it help you to reflect on your practice? To self assess your competence? To set appropriate professional improvement plans/development goals?)
5. How do you think that the SDL Tool could be changed / improved to be more helpful to you? [MODERATOR NOTE: keep discussion focused on self-assessment, reflection on practice and development of professional improvement goals] (Probe: If so, how so? Specific to Area of Practice?)

### **PRACTICE ADVISORY - GENERAL**

6. Do you think that you get sufficient support from the College in your Region? [MODERATOR NOTE: Only workshops are offered on a geography specific basis: all other support is available electronically and on request e.g. invitations to do presentations, so is available to all regardless of region] (Probe: Why / why not?) In what ways could the College better support you in your region?
7. Do you think that you get sufficient support from the College in your Area of Practice? (Probe: why / why not? In what ways could the College better support members in your

practice to provide safe, competent and ethical services? What sort of content should the College focus on for your Area of Practice?)

8. In what ways could the College change / improve the annual workshops/ presentations; so that they were to serve you better?
9. In what ways could the College change / improve the résumé so that it were to serve you better?
10. The College of Dietitians of Ontario has a legal obligation to serve and protect the public interest. This is different from a membership association such as Dietitians of Canada where the primary mandate is to support and advance the profession of dietetics and dietitians. The College supports Registered Dietitians to provide safe, ethical and competent food and nutrition services by setting and monitoring standards. Do you believe that the College achieves this with the fees you pay? (Probe: Why or why not?)
11. (For those who believe that fee should be linked to value received): Do you feel that you currently get the support you need to provide safe, ethical and competent service for the fee you pay? (Probe: Why or why not? Do you feel that the current fee is fair?)  
[MODERATOR NOTE: Remind members that the College spends significant resources for Registration and other mandatory programs which would not directly affect their ability to provide safe, ethical and competent services].
12. Are there additional activities, services or things that you would like to see the College do that they are not doing now to support you to provide safe, ethical and competent services? If so, what are these, and why?
13. Are there any other areas that you would like to see the College change or improve on for the benefit of supporting Registered Dietitians to provide safe, ethical and competent services? (Probe)
14. If there is one message you would like the College to take away from these discussions, what would it be?

APPENDIX C: COLLEGE STAFF INTERVIEW GUIDE

**Registered Dietitian’s Survey  
College Staff KII Guide**

|   |  |
|---|--|
| The objective of this study is to develop a body of work that will evaluate the successes of the College of Dietitians of Ontario goal of supporting Registered Dietitians (RD); specifically, to assess how successful the College has been in reaching its goal to support RDs in Ontario to provide safe, competent and ethical practice; and measure the impact that its efforts in advancing this goal have had. |  |
| Confidentiality and Anonymity:  | Information collected in this survey will be kept confidential – your privacy is protected by both the Freedom of Information and Protection of Privacy Act and the Personal Information Protection and Electronic Documents Act. At no point will any information you provide that could identify you be disclosed to the College.<br>The discussion should take between 30-45 minutes. |
| Questions:  | If you have any questions about the project, please do not hesitate to contact Pauline Achola, Senior Analyst or Rob Assels, Project Manager at R.A. Malatest & Associates at 1-800-598-0161 or p.achola@malatest.com or r.assels@malatest.com   |

| CONTACT INFORMATION  |              |
|--|--------------|
| Name: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. |              |
| (First) _____  | (Last) _____ |
| E-mail: _____  | @ _____      |
| Interview Date: _____  | Time: _____  |

**BACKGROUND INFORMATION**

1. Please confirm your role / duties within the College of Dietitians of Ontario. How long have you been in this position?
2. What is the relationship between your specific duties and the membership? The mandate of the College?

**PRACTICE ADVISORY - GENERAL**

3. The mandate of the College is to “support RDs to provide safe, ethical and competent services to people in Ontario”. (The College of Dietitians of Ontario has a legal obligation to serve and protect the public interest. This is different from a membership association such as Dietitians of Canada where the primary mandate is to support and advance the profession of dietetics and dietitians). A section of the members perceive this as a focus on ‘protecting the public’ and not necessarily ‘protecting the members’. For example, a number of members stated that if they had a problem, they would not contact the College in fear of getting a ‘mark against their name/practice’. How would you respond to this concern? How could you communicate this to the members?
4. A section of the membership believe that the College ought to do more to protect the title of ‘nutritionist’. Their view is based on the fact that some RDs also hold the title of nutritionist, while at the same time, there are people in the community who practice as

'nutritionists' without regulation. This has raised their concern about public confusion around the title. What is your view regarding this concern?

5. A section of the members think that the College can provide more support in areas other than Clinical Practice, for example, by including specific examples from all areas of practice into the Jurisprudence Handbook. Do you think that there is more that the College can do to support other Areas of Practice that do not have large representation of members? If yes, in what ways do you think the College could better support these areas of practice?
6. The College membership is 98% female, and 60% of its members are between the ages of 18 and 44. A section of the members would like to see changes to the membership fees that take into consideration issues such as absence from active practice due to maternity leave; part-time practice or semi-retirement. What is your view on this suggestion? Please elaborate.

### JURISPRUDENCE HANDBOOK

7. Members were very pleased with the Jurisprudence Handbook, and most refer to it at least once a year for their work. They also had suggestions on how it can be improved. Do you think that the Jurisprudence Handbook could be changed / improved to be more helpful to your members? (Probe: If so, how so? Specific to which Areas of Practice?)

### SDL TOOL

8. Members were split on their assessment of the SDL tool. While some appreciated its utility, others did not. In your view, do you think that there are ways in which the SDL tool and/or the process and requirements for completing it, could be changed to be helpful to all your members? Please elaborate.

### GENERAL

9. Members are aware that the College has done numerous things to improve itself and service to its members over the last few years. Are there additional activities, services or things that you, as a staff member and Registered Dietitian, would like to see the College do, change or improve to support its members? If so, what are these, and why?
10. If there is one message you would like the Registered Dietitians to take away from this evaluation and the related discussions, what would it be?