



résumé

HIGHLIGHTS

- 2
LOOKING FORWARD
- 3
NEW STRATEGIC PLAN
2011-2015
- 4
DO YOU HAVE A DUTY
TO WARN?
- 5
SPECIAL DIET
ALLOWANCE UPDATE
- 7
PRIVATE PRACTICE RDS —
DO YOU HAVE PLANS IN
PLACE TO MANAGE
CLIENT HEALTH
RECORDS?
- 11
WHAT NAME SHOULD I
USE IN MY DIETETIC
PRACTICE?

Registration Renewal Due Oct 15

RDs will be required to make a declarations that they have liability insurance coverage according to the College by-law.

page 10

New SDL Tool Verification Process

This year 10% of RDs who are required to submit an SDL Tool will be reviewed to make sure that their tool has been completed on time, with SMART goals. Learn about the new SDL Tool verification process in this issue.

page 8

CDO 2011 WORKSHOP

The Evolving Role of RDs in Changing Practice Environments

Schedule Back Cover

Looking Forward



Lesia Kicak, RD
President

Mission

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

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

Vision

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

Values

- Public Interest
- Integrity
- Collaboration
- Accountability and Transparency

I am honoured to be assuming the position of President for another year to June 2012. Reflecting on the past year as President, I realize just how much the College Council achieved. Among other work, Council approved the draft of the *Proposed Registration Regulation*, which is now being considered by the Ministry; a mutual recognition agreement with Australia, in principle; a proposed amendment to the *Professional Misconduct Regulation* to prohibit the use of client testimonials in advertising of RD services and the solicitation of individuals for business; and a list of lab tests was approved and submitted to the Ministry for consideration. I am excited about the work still ahead.

What makes this a truly exciting time to act as President is that Council developed a new Strategic Plan for 2011-15. The College now has an updated mission statement with a new emphasis on addressing the issues emerging from changing practice environments. We have created a vision and value statements to underscore how we approach all College work, our relationship with members, and external relationships with the public and other stakeholders (see the side bar on the left).

The five goals in the College's new strategic plan are designed to address challenges in our changing practice environments over the next few years, including:

- changing demographics
- government fiscal challenges
- the development and use of electronic health records
- a shortage in health human resources and exploration of roles for support personnel
- facilitation of entry to practice of internationally-educated professionals
- changes in scope of practice for dietitians
- the addition of newly regulated health professionals in Ontario
- interprofessional collaboration models of care
- a heightened focus on risk and safety for the public
- increased use of technology
- changing practice settings for dietitians
- new entry to practice competencies
- changing education model

I feel that our new mission, vision, values, goals and objectives address all of these factors and place us in a strong position to meet them. As this strategic plan begins to unfold, I look forward to the work ahead, supporting dietitians to provide safe, ethical and competent dietetic services for the public in our changing professional environments.

To view the College's environmental scan and new strategic plan, go to: www.cdo.on.ca > About the College > Strategic Planning & Goals

New Strategic Plan 2011-2015



Mary Lou Gignac, MPA
Registrar & ED

Five Strategic Goals

Goal 1

An Effective Regulatory Framework for the Quality and Safety of Dietetic Practices

Goal 2

Competent Members who are Compliant with CDO Standards

Goal 3

Informed and Knowledgeable Registered Dietitians Engaged in Effective Practice in their Environments

Goal 4

Support of the Attainment of an Adequate Supply of Registered Dietitians

Goal 5

An Effective Organization with Optimal Use of Resources

Strategic planning is a discipline in connecting the environment, core organization functions, opportunities and resources to achieve what is central in an organization's mandate. For the College of Dietitians of Ontario, the highest achievement is having the public's confidence in the regulation of dietitians in Ontario and being recognized for regulatory excellence in the public interest.

CLEAR THEMES EMERGE FROM STRATEGIC PLANNING PROCESS

The new College strategic plan results from a consultation about pressures and opportunities in the dietetic environment with key informants from the dietetics profession and regulatory field. Council, committee members and staff participated in several planning sessions to consider past achievements, ongoing work and environmental factors in setting new direction for College work. Among others, the following clear themes emerged from the direction provided in the new strategic planning process:

- renewed and more intensive focus on using risk analysis as a criteria for determining priorities for work on policies and standards;
- begin the exploration of how to support safety and quality in advanced and emerging areas of practice;
- increased interprofessional collaboration on critical standards and education projects;
- greater use of information and communication technologies to extend our practice advisory service to dietitians in Ontario and for our public education;
- renewed commitment to support the growth of the profession of dietetics to serve the people in all parts of Ontario.

Five end goals were identified (see side bar) and supporting objectives were developed for each goal. The development of specific activities and projects to accomplish these goals is underway. You can access the strategic plan and view the objectives at www.cdo.on.ca > About the College > Strategic Planning & Goals.

As you read the strategic plan and have ideas and concerns to share, please let me know. I would be pleased to speak with you and learn more about how the College can advance towards our vision through the regulation and support we provide to dietitians in their dynamic practices.



Do You have a Duty to Warn?

Deborah Cohen, RD
Practice Advisor & Policy Analyst

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WHAT IS DUTY TO WARN?

A duty to warn is a mandatory reporting obligation for RDs to notify appropriate third parties and/or authorities when a clear threat of harm or death is made by a client to another identifiable individual or group. The duty to warn may also apply when a client is at serious risk of harming themselves.

WHAT ABOUT PATIENT CONFIDENTIALITY AND CLIENT CONSENT?

The duty to warn is the most difficult of the mandatory reports because RDs must assess the potential for a serious risk of harm against competing interests including a patient's right to confidentiality and their right to refuse treatment. Weighing the risk factors against a variety of competing professional obligations and duties is challenging.

If a dietitian decides that the risk of harm justifies a warning to authorities or other third parties, the law protects the RD for releasing confidential health information without client consent. Even if it turns out that the RD is wrong, a warning of a risk of harm will generally be supported by law if it is reasonably based on genuine concern for the client's best interests and on concern for reducing harm to others. This is clearly stated in section 40(1) of *Personal Health Information Protection Act, 2004*:

*"A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons."*¹

Warning of a client's self-inflicted harm is a particularly sensitive issue since, according to the *Health Care Consent Act, 1996*, a client has the right to refuse treatment, even if

the result might be permanent damage or death.² Yet, there may be other public protection considerations: a threat of self-harm may reflect a lack of mental capacity or a lack of understanding that a client's actions might harm others (e.g., a suicide attempt while driving). In such cases, RDs have a duty to warn the appropriate third parties or authorities, including the client's family, friends, primary health care providers and/or the police.

Duty to warn situations can be difficult. RDs may consult with the College, their organizations and/or their own legal counsel for help.

WHEN ASSESSING RISK OF HARM, ASK YOURSELF³

- Is the threat specific?
- Is the threat to a specific individual or identifiable group?
- Is the threat imminent?
- Is the client capable of carrying out the threat (e.g., does the client have the means to carry it out. For example, does the client have a gun if the threat is to shoot someone)?
- Can the threat be appropriately dealt with through direct intervention?
- Do you have the skill and confidence as an RD of the client to take action?
- Should another person on the client's health care team more appropriately deal with the threat? Do you have actual or implied consent to discuss it with them? If not, is the threat such that this step should be taken without consent?
- Who should be warned? If criminal behaviour is threatened, it may be the police.
- Should you discuss the disclosure with the client before making the warning?
- Can you discuss the situation with a colleague on a no-names basis?
- Is it possible to obtain prior legal advice?

Professional Practice Question

Duty to Warn – When a Client Inflicts Self-Harm

Nancy is a private practice RD who has been seeing a 35 year old female client with anorexia nervosa for a number of years. The client has experienced periodic weight gains and losses over the years, but has recently suffered significant deterioration and extreme weight loss. At her most recent visit with Nancy, she presented with severe abdominal ascites, causing a 10 lb weight increase, shortness of breath and difficulty walking. The client was with a close friend who was assisting her with activities of daily living.

Nancy recognized that her client's condition was outside of the RD scope of practice as well as her own individual competence. Despite numerous attempts at helping her client find a family physician or nurse practitioner, the client was still without a primary health care provider. Nancy discussed the health risks of the client's medical condition and urged her to go to the local hospital emergency room for medical treatment. Nancy also presented other options including going to a walk-in clinic and helping her find a physician for a house-call. The client declined all options for medical treatment and said that she would get better by simply eating more.

Nancy was gravely concerned with the client's health and self-harm by refusing medical treatment. There was no doubt in Nancy's mind that the client needed immediate medical attention or serious physical harm would result.

Nancy recognized that she needed help but was not sure about what to do since there were no other health care providers involved in the client's care. Nancy was also aware of her professional obligations to protect the privacy of her client's personal health information and the client's right to refuse treatment. Nancy called the College for guidance.

This scenario presents a very complex and difficult case of duty to warn due to three main competing factors:

1. The client's legal right to refuse critical medical treatment;
2. Concerns about the client's mental capacity to make informed health care decisions; and


3. The duty of confidentiality and the professional obligation of RDs to obtain client consent before sharing their health information with other health care providers outside of the circle of care.

According to the *Health Care Consent Act, 1996*, clients have the right to refuse medical treatment as long as this refusal is informed.² In this scenario, the client has apparently not understood the severity of her illness, which leads Nancy to question the client's mental capacity to make informed decisions about her own health care. Nancy is uncertain as to whether the client understands and appreciates the reasonably foreseeable consequences of her decision to refuse medical treatment. Nancy fully recognizes that the client is in need of medical attention outside the dietetic scope of practice and has tried many times to refer the client for medical treatment.

Considering the severity of the client's medical condition, Nancy has a duty to warn but also a competing obligation to maintain confidentiality about her client's care. However, in this case, Nancy's disclosure of the client's personal health information would likely be supported by law as it is reasonably based on genuine concern for her client's best interests.²

Due to the complexity and time-sensitive nature of Nancy's inquiry, the College contacted its own legal counsel for input on how to best handle this matter. The lawyer urged Nancy to seek out ways in which the client could obtain medical attention as soon as possible. He recommended having the friend persuade the client to go to a hospital emergency room or see a physician at a walk-in clinic. As a last resort, he suggested that Nancy ask the friend to call 911. In some cases, the police, fire department or paramedics have methods to persuade individuals to seek medical attention when needed.

After a week of constant effort, Nancy and the friend finally convinced the client to see a physician at a local walk-in-clinic. The physician at the clinic recommended immediate medical



treatment and transferred her to the nearest hospital where she was admitted for two weeks of treatment before being discharged home. She is reportedly stable but Nancy is no longer providing treatment at the client's request. The client is now being followed by a primary care physician.

References

- 1 *Personal Health Information Protection Act*. (2004). S. 40(1). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm
- 2 *Health Care Consent Act*. (1996). S. 11(2). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm
- 3 Richard Steinecke and CDO. *The Jurisprudence Handbook for Registered Dietitians in Ontario*. (2010). Chapters 3 & 6. Available from: <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>

NEED TO KNOW

Duty to Warn and Client Self-Harm

1. RDs must always act in their client's best interests.
2. Client self-harm may present as a duty to warn, especially in severe circumstances where an RD questions the capacity of the client to make informed decisions regarding his/her own health care.
3. RDs must recognize when a client's condition is outside of the dietetic scope of practice and when to seek the services of other health care providers.
4. RDs have the duty to maintain the privacy and confidentiality of their patients' health information; however, it may be disclosed in duty to warn situations to protect the client or other members of the public.
5. In exercising their duty to warn, RDs should consider using all available resources to help the client (e.g., involving friends & family, calling 911, referring to walk-in clinic, etc.).
6. RDs are encouraged to contact the College for guidance.

Special Diet Allowance Update

CORRECTION SPRING 2011 RÉSUMÉ ARTICLE - ETHICAL & PROFESSIONAL OBLIGATIONS FOR RDS WHEN COMPLETING SDA FORMS

Error on page 8 (2nd column, 2nd paragraph). The sentence read: "...if a client does meet the requirements for funding then he is unable to sign the form." It should read: "...if a client does not meet the requirements for funding then he is unable to sign the form." The online version has been revised. We apologize for the error and any misunderstanding it may have caused.

UPDATE TO ELIGIBILITY CRITERIA FOR THE SDA UNINTENDED WEIGHT LOSS CATEGORY

The Ministry of Community and Social Services has provided the following clarification about the SDA unintended weight loss category:

Patients with documented unintended weight loss/body wasting due to an eligible medical condition, who have successfully regained weight at the time of application for the new *Special Diets Schedule*, will qualify for the new SDA so long as the health professional can attest to each of the following:

1. The diagnosis of an eligible medical condition that is listed on the new *Special Diets Schedule* for unintended weight loss/body wasting;
2. Unintended weight loss/body wasting of at least >5%, past or present, is due to the eligible medical condition diagnosed in step (1); and
3. A medical opinion that a special diet is necessary to maintain body weight.

To access a PDF of the full bulletin, go to www.cdo.on.ca > [News](#) or click on: [Special Diet Allowance - Unintended Weight Loss/Body Wasting](#).

Private Practice RDs

Do You Have Plans in Place To Manage Client Health Records?

In almost every instance, Private practice RDs are the Health Information Custodians (HICs) responsible for the privacy, confidentiality and appropriate retention of client health records. As such, they must have plans in place in the event of their sudden incapacity or death. RDs are encouraged to have a business plan and/or indicate in their will the designated individual who will be responsible for their client health records and how the records should be managed.

WHO SHOULD BE DESIGNATED?

The person designated for managing the records does not necessarily need to be an RD. They can be a spouse, another family member, friend, or colleague. As the designated person will have the legal responsibility to manage the records according to Ontario laws and College guidelines, it is important to make sure that they understand that they are prepared to assume their responsibilities as the new HIC.

INSTRUCTIONS

While record retention obligations may be apparent to the RD, it may not be so for the designated HIC. The business plan or will should clearly explain that the records must be kept private, confidential, secure and retained for the appropriate retention period. Most importantly, the records need to be accessible should clients wish to access them, or if the College or police need access during an investigation.

The instructions should direct the designated HIC to:

1. Notify the College in writing of the RD's incapacity or death. In the letter to the College, indicate the location of the records and how clients may access their chart. This ensures the College has the information to assist

clients to access their records should the need arise.

2. Contact each client to inform them of the RD's sudden incapacity or death. Specify the retention period and where the records will be kept if clients should ever need to access this information.
3. Provide resources to help clients find follow-up dietetic services (e.g., direct clients to the "Find a Dietitian" section of the Dietitians of Canada website or to EatRight Ontario).

All of the above information can be outlined in a form letter (refer to the example on the College website at www.cdo.on.ca > Resources > Practice Standards & Resources > Record Keeping and Privacy) that is provided to the designated HIC which would then be sent to clients. Alternatively, a telephone script may be developed so that the designated HIC may call each client to inform them of the appropriate information.

For more information on the professional responsibilities for RDs acting as a Health Information Custodian, refer to the following resources:

- Richard Steinecke & CDO, *Jurisprudence Handbook for Dietitians in Ontario* (Online Version), Chapter 5: Privacy Obligations: <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>
- *Personal Health Information Protection Act*. (2004). http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm#BK4
- RDs are also welcome to contact the College with questions.



SDL Tool 2011

New Compliance Verification Process

Barbara McIntyre
Quality Assurance Program Manager

Every member is legally required to participate in the Quality Assurance Program and fulfill its requirements (O.Reg. 181/99.s.1). One requirement is the annual submission of the Self-Directed Learning (SDL) Tool. The Quality Assurance (QA) Committee is responsible for monitoring and supporting compliance with the SDL Tools requirements.

This year, the QA Committee is implementing a new process to make sure that SDL Tools are completed as required. Accordingly, an SDL Tool will be considered completed when:

- 1) The SDL Tool is submitted by the due date of Oct 15 annually;
- 2) All parts of the SDL Tool are completed and the goals are S.M.A.R.T.

(See SMART goals in the *Guide to Completing Your SDL Tool* at:

www.cdo.on.ca
[Quality Assurance Program Self-Assessment](#)).

S.M.A.R.T. Goals

- S** Specific
- M** Measurable
- A** Attainable
- R** Relevant
- T** Time-Framed

THREE-STEP VERIFICATION PROCESS

Step 1 What happens if my SDL Tool is Late

Every year, approximately 2% of members are late in submitting their SDL Tool. Some members are habitually late. Late and incomplete tools require a significant amount of administration time and effort by staff and committee members. Following a consultation, 62% of members agreed with a new administration fee for late tools and Council approved the new fee through by-law:

If a member fails to provide within 60 days of the date of a written request by the Quality Assurance Committee*, a record, survey or other document which the member is required by the Regulation governing quality assurance to submit to the Committee, the member shall pay a fee of \$70.00. (By-Law 2: s3.02.2.)

Members who have not submitted their SDL Tool by midnight on October 15 will automatically be charged \$70.00. There will be no exceptions, unless a member has been granted prior extension or deferral.

*The written request to submit an SDL Tool is part of the renewal notice that members receive prior to August 15. Members have from August 15 to October 15 (60 days) to complete and submit their SDL Tool.

Step 2 What happens if I don't fill in all the sections

By the end of October, Staff will screen SDL Tools for missing sections. An automated process will be used to identify:

1. Members who still have not submitted their SDL Tool;
2. SDL Tools missing one or both the *Evaluation of Professional Improvement Plans* and the *Professional Improvement Plans*; and
3. SDL Tools missing a self-assessment.

Members in 1 and 2 will be referred to the QA Committee for consideration and members will be notified in writing of the referral.

Members in 3 will be notified that their self-assessment is missing and given 15 calendar days to resubmit their SDL Tool. If they fail to submit a completed SDL Tool within that time, they will be referred to the QA Committee and given notice of the referral in writing.

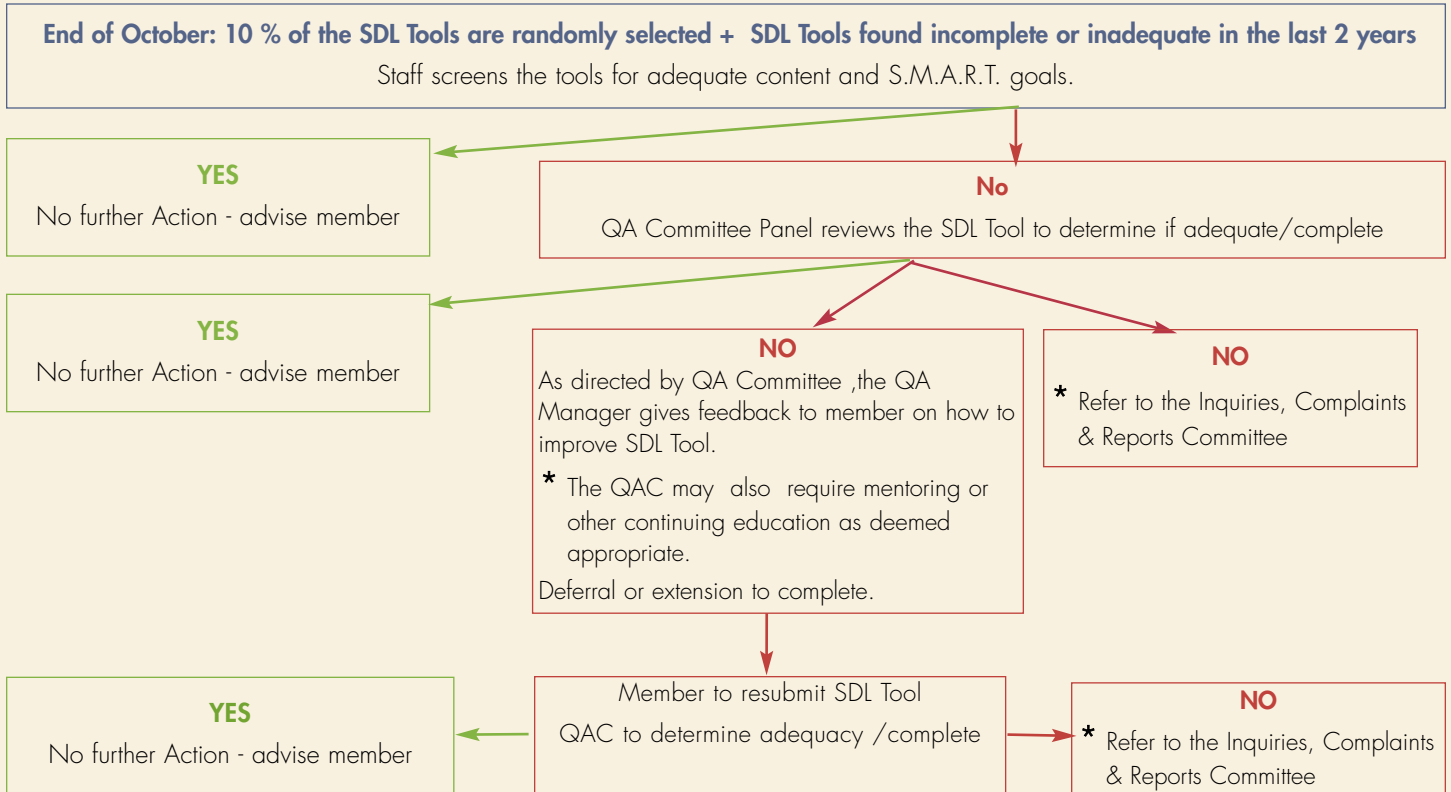
Step 3 What happens if my goals are not SMART

At the end of October, **10% of the SDL Tools will be selected randomly to verify adequacy of content.** In addition, any member whose SDL Tool had been reviewed and found incomplete in the past two (2) years will also be reviewed.

Using criteria established by the QA Committee, QA staff will screen these tools for completion. Members whose SDL Tools are so inadequate as to be deemed incomplete, or the goals are not S.M.A.R.T., will be referred to the QA Committee for consideration. The QA Committee will review these SDL Tools and consider the circumstances, past history of compliance with the QA program requirements when making its decision about appropriate action. The random selection process is detailed in the chart below.

An SDL Tool that fulfills the requirements of the QA Program is submitted on time, has all the sections filled adequately and the goals are S.M.A.R.T.

RANDOM SELECTION PROCESS



* Before deciding on these actions, the Quality Assurance Committee will first inform the member of its intention and invite the member to make a submission to the Committee for its consideration.



New This Year – Liability Insurance Declarations

Carolyn Lordon, RD
Registration Program Manager

**Your annual renewal is due every year by October 15.
The portal to the online renewal form is open on the Members' Home Page from August 15 to October 15.**

NEW THIS YEAR – DECLARATIONS ABOUT LIABILITY INSURANCE COVERAGE

As of April 1, 2011, professional liability insurance is mandatory for all members who are practising dietetics. During the 2011 renewal period, the College will use two methods to verify that Registered Dietitians have liability insurance:

1. You will be required to make a declaration on your membership renewal form that you are insured from April 1, 2011 or from the date that you began practising dietetics in Ontario, in keeping with the by-law requirements.

2. 20% of members will be randomly selected to submit a proof of insurance, either a certificate of insurance or employment letter stating that they are insured in keeping with the by-law requirements. The insurance coverage period must be indicated.

More details about the insurance coverage requirement; how to obtain coverage; and frequently asked questions are available on the College website at www.cdo.on.ca > News

Updated Application Fees

Thank you to members who responded to the survey regarding the proposed amendments to By-Law No. 2 – Fees. 735 (23%) members responded, as follows:

- Proposed increase to the general application fee: 38% agreed; 58% disagreed; 5% undecided.
- Proposed changes to fees for other assessments: 40% agreed; 52% disagreed; 8% undecided.

The proposed changes to the application fees were meant to ensure that the fees charged to applicants and members were fair across categories of applicants as well as between the applicants and members of the college. Of those who disagreed, a large number supported the rationale of fairness, but were concerned that the increase was too large all at

once. Many members also expressed that they would be comfortable having the general membership pay a larger proportion of the costs of applications than was proposed. While most members appeared to have read the consultation document, it was clear from the comments that some members thought the College was proposing changes to the annual renewal fee, which is not the case.

After considering the feedback and comments, Council approved the proposed application fees effective January 1, 2011. Council felt it was fair that the application fees would cover 75% of the direct costs for applications and that the general membership would cover the remaining 25% of the direct costs and all of the overhead costs.

What name should I use in my dietetic practice?

The College has a responsibility to keep a current Register of Dietitians. Registered Dietitians are required by law to inform the College within 30 days of any changes in their contact or employment information. It is considered professional misconduct if members fail to advise the College about changes in your contact information (this would include a change in your name) within 30 days.

WHAT NAME DOES THE COLLEGE NEED TO HAVE ON RECORD?

The College must record both your legal name and the name under which you practice. Your legal name is the name that appears on your legal documents (e.g. birth certificate, passport, citizenship card). We need to have your legal name on file for identification purposes. The name that you use in your practice is recorded as your "Practice Name" and may or may not be the same as your legal name. The name that you use in your practice will appear online in Register of Dietitians, and will be the name that we use in our correspondence with you.

A member of the public or employer should be able to locate you on the Register of Dietitians. For this reason, the name that you use in your professional practice must be the same as the name that appears on Register of Dietitians.

For example, if your full name is Mary Elizabeth Smith, but the name that you use every day and for dietetic practice is Beth Smith, then you would report your name(s) as follows:

Legal First Name:	Mary
Practice First Name:	Beth
Legal Middle Name:	Elizabeth
Practice Last Name:	Smith
Legal Last Name:	Smith

Only "Beth Smith" will appear on the Register of Dietitians and in correspondence from the College.

I AM GETTING MARRIED AND WILL BE CHANGING MY NAME. WHAT DO I NEED TO DO?

You will need to send the College a copy of your marriage certificate or any other legal document that includes both your maiden name and your new/married name.

Remember: There are often delays in receiving your marriage certificate. You should not change your name in your practice or workplace (i.e., business cards, emails, name tags) until you receive your marriage certificate and your name has been changed in the College's files. The name that you use in practice must be the same as the name that appears in the College's Register of Dietitians.

I RECENTLY GOT MARRIED AND WILL BE TAKING MY HUSBAND'S NAME, BUT I WOULD LIKE TO CONTINUE TO PRACTICE USING MY MAIDEN NAME. WHAT DO I NEED TO DO?

Nothing. The name that you use in your practice must be the same as the name that appears on the College's Register of Dietitians. If you were practising under your maiden name and will continue to practise using that name, then you do not need to notify the College.

MY LEGAL NAME IS HARD FOR SOME PEOPLE TO PRONOUNCE, SO MY CO-WORKERS CALL ME BY A "CANADIAN" NAME. WHAT NAME SHOULD APPEAR ON THE COLLEGE'S REGISTER?

A member of the public or employer should be able to locate you on the public register. If you practice using your legal name, but some clients or coworkers know you under a different name, then both of these names should appear on the Register of Dietitians.



Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from April 21 to July 25, 2011.

Name	Reg. No.	Date
Sweta Amin RD	11893	7/4/2011
Negin Ansari RD	11980	7/14/2011
Jennifer Bedford RD	12350	6/16/2011
Edith Bennett RD	12320	7/21/2011
Mamta Bhasin RD	11695	6/16/2011
Meghan Blair RD	12273	6/20/2011
Heather Elizabeth Bogetta RD	12137	7/8/2011
Erika Eliana Caro Guzman RD	12023	6/16/2011
Keika Chang RD	11783	6/15/2011
Neetika Chauhan RD	11766	6/16/2011
Angela Cook RD	10745	5/11/2011
Margaretha Hugo Day RD	11575	6/20/2011
Jennifer DeGrandis-Graham RD	2150	7/12/2011
Ravneet Dhaliwal RD	11805	7/12/2011
Nicole Dubé RD	12331	7/22/2011
Alexandra Friel RD	12296	7/19/2011
Caspian Gholami RD	12021	6/24/2011
Vandana Gujadhur RD	12348	7/19/2011
Laleh Heidarinia RD	11824	6/15/2011
Rebecca Horne RD	12181	7/12/2011
Azin Jamali RD	12173	6/16/2011
Kit Ting Katie Lam RD	12323	6/20/2011
Kim Lauzon RD	12011	6/29/2011
Ariadne Legendre RD	12248	7/22/2011
Rain (Jing) Lu RD	12262	6/20/2011
Albina Lynnyk RD	11066	7/4/2011
Wing Yin Mak RD	12338	6/20/2011
Amy Marett RD	11070	5/20/2011
Shayna McCagg RD	12308	7/20/2011
Maha Mrayati RD	12113	7/25/2011
Rekha Muthukumar RD	12000	6/20/2011
Mary Nassiri RD	12255	6/29/2011
Jennifer Ozsungur RD	12231	6/16/2011
Michael Palombi RD	12395	7/6/2011
Marjan Rabbani RD	11848	6/29/2011
Julie Rochefort RD	12349	7/22/2011
Catherine Rose-Loveless RD	12294	6/29/2011
Maha Saadé RD	12314	5/11/2011
Abeer Shehada RD	12252	7/25/2011
Riddhi Shukla RD	10389	6/8/2011
Ben Sit RD	12245	7/19/2011
Shlomi Tamam RD	12292	6/23/2011
Debbie Thong RD	12335	6/22/2011
Suryakantham Velaga RD	11789	6/20/2011
Elaine Wu RD	12307	6/22/2011
Lorie Yantzi RD	12201	6/15/2011
Ingrid Yan Yung RD	12190	6/16/2011

TEMPORARY CERTIFICATE OF REGISTRATION

Name	Reg. No.	Date
Ashley Andrade RD	12387	6/30/2011
Maggie Armstrong RD	12383	6/15/2011
Jennifer Ayres RD	12361	5/4/2011
Gurita Bhatti RD	12428	7/19/2011
Angie Bouwmeester RD	12362	5/4/2011
Melanie Byland RD	12337	5/16/2011
Rommana Captain RD	11745	6/2/2011
Marcia Dawes RD	12426	7/25/2011
Chiara DiAngelo RD	12365	5/16/2011
Annelise Duval RD	12396	7/8/2011
Lauren Fleming RD	12298	5/4/2011
Holly Freill RD	12328	5/4/2011
Jenn Giurgevich RD	12297	5/11/2011
Karna Glen RD	12327	5/4/2011
Barbara Grohmann RD	12369	6/27/2011
Jenille Hutchinson RD	12374	5/19/2011
Rachel Jones RD	12392	6/24/2011
Nucihath Begum Kalikuzzaman RD	11801	5/16/2011
Norine Khalil RD	12407	7/25/2011
Dawn Lai RD	12416	7/25/2011
Stéphanie LaPlante RD	12373	5/16/2011
Ann MacGillivray RD	11987	7/15/2011
Erin Angela Marinoff RD	12389	7/8/2011
Spenta Mazkooi RD	12398	6/30/2011
Leanne Mezzabotta RD	12384	6/24/2011
Colleen Miller RD	12391	6/30/2011
Diane Morris RD	12370	5/11/2011
Vanessa Nagy RD	12364	5/17/2011
Tracy Ng RD	12397	7/8/2011
Jacqueline Orlando RD	12329	5/16/2011
Krista Robinson RD	12404	7/15/2011
Sara Santianni RD	12405	7/15/2011
Hoda Soltani RD	12358	5/18/2011
Leah Sommerfield RD	12363	6/27/2011
Victoria Thomson RD	12385	6/27/2011
Melodie Tomas RD	12325	5/4/2011
Elena Usdenski RD	12353	5/4/2011
Laura Vandervet RD	12357	5/4/2011
Alia Virjee RD	12360	5/4/2011
Magdalena Wasilewska RD	12342	5/18/2011
Eliana Witchell RD	12386	6/15/2011
Christina Zavaglia RD	12393	6/24/2011

RESIGNATION

Barbara Burns	2151	7/4/2011
Jane Weber	2715	6/6/2011

RETIRED

Dinah Holmes	1958	4/26/2011
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Welcome to a New Council Member

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



CYNTHIA COLAPINTO, MSc, RD
DISTRICT 4, SOUTH WESTERN

Cynthia was appointed by Council as the Council Member for District 4. She is a PhD candidate in Population Health at the

University of Ottawa. She is also completing a Diploma with the Ontario Training Centre in Health Services and Policy Research. She graduated from the dietetic internship program at St. Michael's Hospital and obtained her BSc in nutrition from Acadia University.

Upon completion of her Master's degree in Applied Human

Nutrition at Mount Saint Vincent University, Cynthia enjoyed four years as a Public Health Nutritionist with the Sudbury & District Health Unit. She was actively involved in many local and provincial committees, which included chairing the Ontario Society of Nutrition Professionals in Public Health Family Health Nutrition Advisory Group.

This experience, and working with the community, provided critical insights into health and policy issues that will benefit her work on Council. Cynthia is looking forward to contributing to policy decisions that impact professional regulation as a member of the Council.

Thank You for Your Contribution



LAUREL HOARD, RD — DISTRICT 4

We offer heartfelt thanks and appreciation for the commitment, knowledge and insight that Laurel has brought to Council and committee work

in the interest of the public. Laurel served as a Council member from June 2005 to June 2011 and was President of the College from 2009-2010. During her tenure on Council Laurel served on several committees including: Complaints/ICRC; Discipline and Fitness to Practice; Legislative Issues; Patient Relations; Quality Assurance; and Registration. Laurel will be continuing her work on the Registration Committee as an appointed committee member.



SHARI NOELL, RD — DISTRICT 4

Shari Noell served as a Non-Council member from June 2008-2011. She brought her experience as an RD to the Discipline and Fitness to Practice, the

Patient Relations and the Legislative Issues Committee. We thank her for her work and wish her well in all her endeavours.

FLORA MANLAPAZ, PUBLIC APPOINTEE

Flora Manlapaz served as a public appointee on Council from August 2008 to May 2011. We wish to thank her for the wisdom and thoughtfulness she brought to Council and to the committees she served on, which were the Patient Relations and the Inquiries, Complaints and Reports Committees.

RD participation is at the heart of profession self-regulation.

Welcome to Our Newly Appointed Committee Members



SUSAN CAMPISI, RD
QUALITY ASSURANCE COMMITTEE

Susan has had a nearly 20 year dietetics career inspired by seeking creative ways to apply our knowledge and skills to non-traditional roles. She has worked in marketing, regulatory affairs and private practice. She enjoys making people laugh and smile! She welcomes any opportunity to help others and takes pride in educating others to better look after themselves and their families.

Upon completion of a bachelor's degree in Nutritional Sciences from the University of Toronto, Susan was awarded a fellowship to study epidemiology at the University of Siena, Italy. There she learned the importance of communicating scientific-based information to the public. Upon her return, she then completed a Master's Degree in Health Science at the University of Toronto specializing in Community Nutrition. Having spent a significant part of her career communicating nutrition to the public she sees this as her most important contribution. She is committed to a scientific, evidence-based foundation for the public and industry.



ANGELA CLARK, RD
PATIENT RELATIONS COMMITTEE

Angela graduated from Memorial University with a Bachelor of Science (Dietetics) and completed her dietetic internship with the Capital District Health Authority in Halifax. She was certified as a Diabetes Educator in 2007.

Angela has worked in a variety of settings in Toronto and Orangeville focussed primarily in outpatient diabetes, cholesterol and weight management. Currently she is working as a Public Health Dietitian with the Brant County Health Unit in Brantford, ON.



CLAIRE CRONIER, MBA, MSc, RD
LEGISLATIVE ISSUES COMMITTEE

Claire Cronier, MBA, MSc, RD is currently founder and CEO of *nufoods promocom international inc*, which aims to help the food industry turn great ideas into sustainable product or service innovations in response to market demands for greater health and wellness. She obtained her MSc from l'Université Laval and her BSc from the University of Ottawa. Recently, Claire completed an MBA from the Telfer School of Management after 25 years in practice as a Registered Dietitian.

Originally from Ottawa, Claire's diverse experience in food, nutrition and health spans across various organizations in various sectors including public health, academia, government and the food industry in Canada and various developing countries in Latin America and Africa. As past Executive Director of two not-for-profit organizations, Claire was also responsible for corporate governance and operations management.



SUSAN HUI, RD
REGISTRATION COMMITTEE

Susan holds a Masters of Public Health in Community Nutrition from the University of Toronto, a Masters of Science in Health Promotion from the University of Alberta. Prior to her studies at the Masters level, Susan completed her dietetic internship at Hamilton Health Sciences Centre. She also holds a Bachelor of Science from University of Toronto and a Bachelor of Education in Adult Education from Brock University. Over the years, aside from pursuing her Masters degrees, she works full-time as a clinical homecare dietitian. She is also a consultant in the development of professional education material and a clinical dietitian in long-term care facilities. She is currently pursuing a Clinical Teacher's Certificate at the University of Toronto.

Council Meeting Highlights

JUNE 22 & 23, 2011

EXECUTIVE COMMITTEE

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

COUNCIL MEMBERS

Professional Members

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

Public Appointees

Edith Brown
Flora Manlapaz
Francis Omoruyi
Elsie Petch
Jeannine Roy-Poirier, Ph.D.
Carole Wardell
Elizabeth Wilfert

NON-COUNCIL/ APPOINTED

COMMITTEE MEMBERS

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

COUNCIL ELECTIONS & COMMITTEE COMPOSITIONS

Council re-elected the three members of the Executive Committee: Lesia Kicak, RD, President for a second term; Elizabeth Wilfert, Public Appointee, Vice-President for a third term, and Terry Koivula, RD, elected for the position of third member on the Executive Committee for a second term. The slate of committee members was approved for 2011/12.

COUNCIL APPROVAL OF STRATEGIC PLAN 2011-2015

Council approved a new strategic plan for 2011-2015. During the process of creating a new plan, Council updated the mission statement and created a new vision statement and value statements, which were also approved (see p. 2-3).

BY-LAW AMENDMENTS

After review of the member consultation input, Council approved amendments to the following by-laws:

- By-law 1: General was amended to change the name of the Registrar Performance Review Committee and to allow for electronic voting for CDO Elections. Electronic voting will be implemented as of September 1, 2011.
- By-law 2: Fees, was amended to include an administration fee for the late submission of the SDL Tool, which will be in effect as of October 15, 2011. It was also amended to revise application fees. The increase in application fees will ensure a recovery of 70-75% of the direct costs of processing an application. The fee increases will take effect on January 1, 2012.

PROPOSED PRACTICE STANDARDS

Council approved, in principle, two draft professional practice standards: 1) Ordering Laboratory Tests for Nutrition Assessment and Monitoring; and 2) Performing Capillary Skin Pricks & Analyzing the Blood Samples. The draft standards will be circulated to members and stakeholders for consultation.

DATES SET FOR 2011/12 COUNCIL MEETINGS

September 29, 2011
November 30 & December, 2011
February 1 & 2, 2012
March 29, 2012
June 20 (Annual & Council Meetings) & 21, 2012

RD participation is at the heart of profession self-regulation.



Mark Your Calendars for the Fall 2011 CDO Workshop

The Evolving Role of RDs in Changing Practice Environments

Deborah Cohen, *Practice Advisor & Policy Analyst*
 Carolyn Lodon, *Registration Program Manager*
 Barbara McIntyre, *QA Program Manager*

The role of RDs is continually evolving in ever-changing practice environments. The fall 2011 workshop will assist RDs to assess changing practice responsibilities when faced with many influences including:

- Changing professional scopes of practice
- Client needs
- Legislation and employer-specific policies
- Specific organizational/employer requests
- Interprofessional collaboration
- Resource availability and the make-up of practice teams
- Individual competence

RDs will be presented with a framework to determine how new tasks, specific activities or services can be incorporated within their roles as RDs. Specific examples will be put through the framework to assist RDs to consider all the factors necessary to make an informed decision in accepting new and/or changing roles and responsibilities within their dietetic practice.

WHO SHOULD ATTEND?

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

COLLEGE UPDATE

The workshop will review legislation changes that have had an impact on dietetic practice such as the liability insurance requirements and provide any updates to the lab test ordering authority for RDs. We will also highlight activities from the College's Registration, Quality Assurance and Practice Advisory Programs.

Register Online

For details and to register online, log into your Member Home Page and scroll down to Events.

Barrie	October 25, 1-4pm	Oakville	November 10, 1-4pm
Belleville	November 21, 1-4pm	Oshawa	October 12, 1-4pm
Brampton	November 15, 1-4pm	Ottawa	October 3, 1-4pm
Dryden	September 20, 1-4pm	Owen Sound	October 19, 1-4pm
Guelph	September 29, 1-4pm	Peterborough	November 8, 1-4pm
Hamilton	September 14, 1:30-4:30pm	Sault Ste. Marie	September 27, 1-4pm
Kingston	October 27, 5-8pm	Scarborough	October 21, 1-4pm
Kitchener	September 15, 1-4pm	Sudbury	October 6, 1-4pm
London	October 26, 1-4pm	Toronto - Sunnybrook	October 4, 1-4pm
Mississauga	November 3, 1-4pm	Thunder Bay	September 21, 1-4pm
Niagara	October 24, 1-4pm	Toronto - St. Michael's	October 13, 9am to noon
North Bay	October 5, 1-4pm	Toronto - UHN	November 24, 1-4pm
North York General Hospital	October 20, 1-4pm	Windsor	September 13, 5-8pm