



résumé

HIGHLIGHTS

- 2 MEMBERS PARTICIPATE IN SELF-REGULATION
- 3 HUMAN HEALTH RESOURCES PLANNING & RESEARCH
- 7 ZERO TOLERANCE FOR SEXUAL ABUSE - PRACTICE SCENARIOS
- 9 POSITIVE FEEDBACK FOR THE NEW PEER & PRACTICE ASSESSMENT

Zero Tolerance for Sexual Abuse

In law, words can have meanings that are different from everyday usage. This applies to the prohibition against “sexual abuse” found in the *Regulated Health Professions Act* (RHPA). This article explains how “sexual abuse” is defined and interpreted in law.

p. 5

Practice Assessors Needed

Districts 5 & 6

p. 4

Annual Report 2009/10

p. 12



Members Participate in Self-Regulation



Lesia Kicak RD
President

Thank you for your impressive participation in College surveys and projects this year.

With your help, the profession is moving forward.

Despite our very busy work schedules, it is important to devote some of our limited time to matters that are vital to our profession, such as participating in the work of the College.

The College supports Dietitians to provide safe, ethical and competent dietetic services to the public, but cannot be successful without the professional knowledge, skills and judgment of its members in developing programs, regulations, and policies, and in helping to adjudicate registration and complaint files. In that light, the College has been fortunate to have very good member participation and response rates to surveys. These responses are much appreciated and the input is well used by the College.

To further enhance the opportunity for member involvement, the College has developed a new process to appoint members to committees. The previous process of having members elected by district, often led to less than desirable response rates of members coming forward for the election process. But with the new appointing process, there were impressive applications for appointment this year. In the end, six RDs were appointed to committees. The RDs are from Brescia College, Toronto, Scarborough, and Sudbury and are from a variety of practice areas including academic, clinical, public health, community health and administration.

As members of the College, we should remember that the profession of dietetics is one that has the privilege of being delegated with the responsibility to self-regulate. This privilege is one that is given and can be taken away by the provincial government. Profession self-regulation is a concept that underlines the importance of your participation as members of the profession with College initiatives and projects. Thank you for your impressive participation in College surveys and projects this year. With your help, the profession is moving forward.

Revised Jurisprudence Handbook Available Online

The revised edition of the *Jurisprudence Handbook for Dietitians in Ontario* (Web Edition 2010) has been updated to reflect recent changes in laws which have an impact on dietetic practice, such as, amendments to the *Regulated Health Professions Act* and the *Laboratory and Specimen Collection Centre Licensing Act*, which now allow dietitians to perform the controlled act of skin-pricking in their practice.

This new web edition will only be published online. Hard copies of the *Jurisprudence Handbook* are no longer available. Consult the *Jurisprudence Handbook* online with access to live links at www.cdo.on.ca > Resources or download and print the handbook, or sections of the handbook, at your convenience.

Please note that the hardcopy print versions of the handbook are outdated. Consult or download the online version for the most current information on jurisprudence and dietetic practice.

Human Health Resources Planning & Research



Mary Lou Gignac, MPA
Registrar & Executive Director

Joining with others such as Dietitians of Canada and the Dietetic Education Leadership Forum of Ontario, we have worked to identify barriers and opportunities to increasing the number of people who enter the dietetics profession.

In 2008, the CDO Council formally approved an additional object in keeping with its duty to serve and protect the public interest:

- To engage in and facilitate, with appropriate partners, human health resources planning and research

The College has been very active in fulfilling this new object, especially in bringing attention to the shortage of Registered Dietitians in Ontario. Joining with others such as Dietitians of Canada (DC) and the *Dietetic Education Leadership Forum of Ontario*, we have worked to identify barriers and opportunities to increasing the number of people who enter the profession. Years of advocacy can be fruitless, but this has not been the case for dietetics in Ontario over the past year. I am so delighted to share with you exciting projects that will make a difference.

ONTARIO HEALTH HUMAN RESOURCES DATABASE

Having just completed your renewal, you are well aware of the information about your practice that is now collected on your renewal form. Annually, demographic information is culled from the renewal forms and is transferred anonymously to the Ministry of Health and Long-Term Care for a multi-professions database. In time, this multi-professions database will be available to people undertaking research, tracking trends and planning for a sufficient supply of health professionals in the right places to serve people in Ontario.

MAPPING THE SUPPLY OF RDs IN ONTARIO

The College and Dietitians of Canada are now engaged with the Ministry of Health and Long-Term Care to describe the supply of RDs in Ontario including the patterns of in-migration and out-migration at the various bridging points from education into practice and throughout practice years (e.g., number of students completing university programs and completing practicums, members registering from Ontario and other provinces, and numbers leaving Ontario and the profession). This data mapping is a first step to creating a health human resources model for planning. There is a potential of continuing the work to estimate and compare supply trends against future needs for Registered Dietitians in Ontario

TASK FORCE ON DIETETIC EDUCATION

Most exciting, is the establishment of the *Task Force on Dietetic Education in Ontario* to address the long-standing problem of the bottleneck that exists as graduates of food and nutrition programs seek access to dietetic practical education (Masters practicums and internships). HealthForceOntario, reporting to the Ministry of Health and Long-Term Care, working with the Ministry of Training Colleges and Universities, has funded the Task Force

to develop models of education that would ensure that qualified students graduate from their programs meeting the education requirements for registration with the College. Educators, RDs, DC, and the College, as well as others with expertise in professions education will develop the models, consult with stakeholders and make recommendations for implementation. For more information go to:

<http://www.dietitians.ca/Downloadable-Content/Public/Ontario-TaskForceCommunication-Nov-2010.aspx>

EXPANSION OF DIETETIC INTERNSHIP PROGRAMS

With funding from the *Ontario Diabetes Strategy*, the Ministry of Health and Long-Term Care has provided funds to expand six internship programs, creating 28 new internship positions, increasing the total internship positions to 100. Ontario's Masters programs and the *Internationally Educated Dietitians Pre-registration Program* provide approximately 40 additional practicum positions. The funding is planned for two years beginning this Fall. DC is administering the contract and all programs are collaborating to support the expansion and jointly develop tools to increase efficiency.

Did you know?

Health professions regulatory colleges in Ontario have 10 explicit objects under the *Regulated Health Professions Act (RHPA)*, which relate to establishing, maintaining and enforcing dietetic practice standards and include:

- registration
- quality assurance in dietetic practice
- competence and continuing competence
- ethical conduct
- handling complaints and reports

Dietitians may be less familiar with the following objects added with the 2009 amendments to the RHPA:

- developing, establishing and maintaining standards and programs to promote the ability of members to respond to changes in their practice environments, advances in technology and other emerging issues;
- promoting and enhancing relations between the Colleges and its members, other health profession colleges, key stakeholders, and the public;
- Promoting inter-professional collaboration with other health professions colleges.

Practice Assessors Needed in Districts 5 and 6

The College of Dietitians of Ontario is looking for Assessors for the Peer and Practice Assessment (PPA) component of our Quality Assurance (QA) Program. We provide training, financial compensation and reimbursement of travel and expenses incurred as a result of the assessment.

You must:

- be a member in good standing in Districts 5 or 6;
- have 5-10 years experience and be currently working as a clinical dietitian, food service administrator, director of a department or in the public health sector either as a dietitian or public health nutritionist;
- have excellent communication skills (written and verbal);
- be a superior interviewer;
- be fluent in English or bilingual;
- have a driver's license and be willing to travel within your district or a nearby district; and
- be proficient at using the computer and common software such as word processing, spread sheets and calendars.

Responsibilities:

- Attend the College's training for assessors March 2011.
- Sign a confidentiality agreement with the College and adhere to the College's confidentiality policy.
- Adhere to the College's conflict of interest policy.
- Schedule and conduct a semi-structured interview with a member who is required to complete a practice assessment using the CDO guide.
- Report your findings using electronic forms and a laptop computer.
- Conduct on average five assessments from April to June 2011.
- Participate in the Colleges evaluation of the Peer & Practice Assessment.

If you are interested in an assessor position, submit a letter of application and your résumé by fax or email to:

Sue Behari McGinty, QA Program Manager,
Fax: (416) 598-0274
beharis@cdo.on.ca



Zero Tolerance For Sexual Abuse

Richard Steinecke, LL.B.
Counsel for the College of Dietitians of Ontario

HOW THE RHPA DEFINES SEXUAL ABUSE

Zero Tolerance Rule

1. Registered Dietitians cannot have sex with a client.
2. Registered Dietitians cannot treat a sexual partner.

Sometimes statutes give words meaning quite different from their ordinary usage. If so, the words must be read as they are defined, and not as they would ordinarily be interpreted. This applies to the prohibition against “sexual abuse” found in the *Regulated Health Professions Act* (RHPA). In the RHPA, sexual abuse means any sexual words, gestures or touching between a registered health professional and a client. The RHPA uses the word “patient”, referring to a clinical relationship, where most RDs use the word “client”. It is important to note that under this definition,

1. Sexual abuse does not have to involve actual sex. Sexualized banter or other non-touching activities are included.
2. Consent is irrelevant. Even if the client initiates or willingly participates in the sexual activity, it is still prohibited.
3. Evidence of exploitation is not required. Even though both parties are genuinely in love at the time, sexual relations with a client are never permitted.

This strict approach is taken to prevent the abuse of the power and status that health practitioners often have over their clients in a clinical context. Sometimes the parties are even fooling themselves and only realize afterwards how inappropriate the relationship was. Also, requiring the College to prove that there was exploitation would significantly jeopardize its ability to eradicate the victimization of vulnerable people.

NO SPOUSAL EXEMPTION

Needless to say, this zero tolerance approach to eliminating sexual abuse has had its detractors, particularly in professions where the status and power imbalance issues may not be as pronounced as it is for physicians or mental health practitioners. There have been three major court challenges during the past decade asserting that the provisions were “over-sweeping” in nature. In each case, the Ontario Court of Appeal affirmed the validity (including constitutional validity) and societal importance of the provisions. The most recent case, decided earlier this year, was *Leering v. the College of Chiropractors of Ontario*.

As is often the case, the complaint in the *Leering* case was initiated by the chiropractor’s

sexual partner after the relationship ended badly. There was no dispute that the patient consented to the sexual activity. In fact, the person first became a sexual partner and developed an established personal relationship with the chiropractor before receiving any treatment. However, the court held that the definition of "sexual abuse" in the RHPA was clear; there is no spousal exemption.

SO WHO IS A "CLIENT"?

The Court of Appeal indicated that there may be some discretion for Discipline Committees on determining who is the client. The determining factor is whether there was an ongoing clinical relationship or not. In the Leering case, the chiropractor had clearly provided clinical care and billed for it as treatment. The Court suggested that incidental care (e.g., the usual domestic support of a spouse undergoing a headache, fever or cold) would likely not make the family member a patient. Dietitians who give the usual sorts of guidance about food and lifestyle choices would not be making their spouse a client simply because the dietitian was more knowledgeable about those issues.

However, where more than a casual assessment is involved, or where the support becomes ongoing or systematic, then a spouse could well become a client. This would particularly be the case where the dietitian is replacing

what would generally be done by another registered health professional in other circumstances. For example, if the spouse had diabetes and would ordinarily be seeing a dietitian for counselling and dietary planning, the family member would become a client if the dietitian took over that role. However, there likely would not be a dietitian-patient relationship where a dietitian supported a spouse in implementing the treatment plan of another dietitian. RDs should not conclude from the Leering case that as long as one does not create a chart or submit a bill, that the person is not a client. The issue is whether a clinical relationship has developed.

REGISTRATION WILL BE REVOKED FOR AT LEAST 5 YEARS

The two sides of the client sexual abuse coin are:

1. Registered Dietitians cannot have sex with a client.
2. Registered Dietitians cannot treat a sexual partner.

Where a member is found guilty of sexual activity which involves frank sexual acts with a client, like sexual intercourse, their registration will be revoked for at least five years. The fact that the former sexual partner may have ulterior reasons for raising the matter is not a defence.



CDO Resources About Sexual Abuse and Professional Boundaries

Richard Steinecke & CDO. *Jurisprudence Handbook for Dietitians in Ontario (2010 Web edition)*, www.cdo.on.ca > Resources

- Chapter 3: Mandatory Report of Sexual Abuse, p. 29
- Chapter 10: Boundary Issues, p. 109

College Website: > Practice Standards & Resources

- Client Relations

résumé articles: www.cdo.on.ca > Resources

- Fall 2009: RD Responsibilities for Mandatory Reporting in a Facility, p. 4.
- Fall 2004: Managing Professional Boundaries, Part I.
- Winter 2005: Managing Professional Boundaries, Part II: The Client's Boundaries.

Professional Practice Advisory

Deborah Cohen, RD
416-598-1725 /800-688-4990, ext. 225
cohend@cdo.on.ca



Deborah Cohen, MHS, RD
Practice Advisor & Policy Analyst
416-598-1725 / 800-688-4990, ext. 225
cohend@cdo.on.ca

Zero Tolerance for Sexual Abuse - Practice Scenarios



Sexual Abuse Scale

SCENARIO 1: RECEIVING A REFERRAL TO TREAT A SPOUSE

Anna is an RD working in a remote area in Northern Ontario. She is the only RD working in diabetes care within a 500 km radius. Anna's husband Bill has recently been diagnosed with diabetes and his physician has referred Bill to see an RD. Anna has received the referral to see Bill for diabetes management. Is Anna able to provide dietetic services to Bill to help him manage his diabetes?

In this scenario, Anna and Bill are presumably engaged in a sexual relationship that predates the pending professional relationship. Even if Bill consents to receiving dietetic services from Anna, the court's zero-tolerance rule would apply. Anna would be in the "Danger Zone" of the sexual abuse scale, above, and would be prohibited from providing dietetic treatment to Bill.

It would be important for Anna to communicate with the referring physician so he/she is aware that Anna is not permitted to provide active treatment to her husband. As Anna is the only RD working in diabetes within a 500 km radius, there would not be another local diabetes RD to refer to. As a result, Anna, Bill, and the physician brainstorm about other options and come up with the following possibilities:

- The MD could refer Bill to an RD who works in the area of diabetes in a neighbouring community. As the distance would be +500 km away, this RD could provide diabetes counselling to Bill remotely through telephone or web-based means.
- The MD could refer Bill to another RD in the area. This RD may not work in diabetes, but Anna could liaise with the

RD re: diabetes management while not actively being involved in Bill's treatment. This may also provide a good opportunity for the RD to gain skills in diabetes and potentially provide cross-coverage on an as-needed basis.

- Where available, Bill could see a nurse who works in the area of diabetes. Specific questions relating to nutrition can be directed to Anna through the nurse. Anna would not be directly involved in Bill's treatment, but could be a nutrition resource, as needed.
- Anna could connect Bill with EatRightOntario for him to speak with an RD at the call centre to obtain resources pertaining to diabetes.
- Anna could liaise with the physician re: dietary management and provide resources for the MD to share with Bill while not being actively involved in her husband's care.

Anna and Bill discuss the options and Bill's preferred choice is to seek dietetic services from an RD who works in diabetes in a neighbouring community. A series of telephone appointments were scheduled and all nutrition services were provided remotely.

It is important to note that Anna may assist Bill with questions or issues surrounding his diabetes management, especially those related to routine daily activities (e.g., meal planning, timing of meals/snacks, regular blood glucose checks, etc.). Provided Anna is not involved in a formal client-professional therapeutic relationship with Bill, she would not be violating the sexual abuse restrictions for regulated health care professionals in Ontario.

SCENARIO 2: HAVING ROMANTIC FEELINGS FOR A CLIENT

Joanne is an RD who has been providing dietetic services to a client regularly for the last six months. Joanne has recently started to develop romantic feelings for this client. Although the professional-client relationship has been appropriate until now, the feelings appear to be mutual. At the client's last visit, he asks Joanne if she would like to accompany him to an upcoming charity gala dinner. Joanne accepts the invitation and they attend the function.

The evening goes well and sparks are flying! It is clear to both Anna and her client that there is an undeniable attraction between them. At the end of the evening, they say goodbye and indicate they will see each other at his next appointment. Are there any concerns with Joanne continuing to see this client for dietetic services?

In this scenario, Joanne would be in the "Caution Zone" of the *Sexual Abuse Scale* and perhaps heading towards the "Danger Zone." Despite the fact that no acts of a sexual nature have occurred between Joanne and her client, it is clear they have mutual romantic feelings for one another. There is a strong possibility that the physical attraction may lead to acts of a sexual nature which include touching, sexual behaviour or sexual remarks, as defined in the RHPA. Joanne has two options:

- 1) End the professional relationship
- 2) End the social/romantic relationship

If Joanne chooses 1) she may then freely see her client in a social or romantic manner. If Joanne chooses 2) she would need to clearly explain her reasoning to her client. Joanne would also need to be honest with herself and assess whether this strong attraction to the client may affect her ability to objectively exercise her professional judgment in providing client-centred care. Because of the nature of her social interaction and sexual attraction to the client it may be challenging for Joanne to determine whether the professional relationship has already or has the future potential to be compromised.

In addition, this scenario presents a clear-cut boundary crossing. Joanne and her client have now engaged in a dual relationship as they have interacted socially at the charity

gala dinner. Boundary crossings should be avoided as they can interfere with the professional relationship between an RD and her/his client.

There should always be a clear delineation of the professional-client relationship. RDs have the responsibility to identify when they or their clients are crossing boundaries and take corrective actions.

SCENARIO 3: MY CLIENT IS IN LOVE WITH ME

Tim is an RD who has a thriving dietetic practice in a fitness centre. He has been providing dietetic services to a client who has experienced significant weight loss success. At the most recent visit, his client informs Tim that she is ecstatic with her progress and reports that she's in love with him.

Tim is flattered but indicates that he is happily married. In addition, he mentions that as a regulated health care provider he has a responsibility to ensure that he always maintains a professional relationship with his clients and only a professional one. Has Tim managed this situation appropriately?

There may be many circumstances in which a client could develop feelings for an RD, especially if the RD was supportive and instrumental in the client reaching their health and nutrition goals. In this case, it was important for Tim to have an open discussion with his client regarding client-professional boundaries:

- He respectfully explained that RDs need to ensure they do not engage in romantic relationships with their clients.
- He indicated that their relationship could only be professional in nature and that if the client is willing, he would continue to provide dietetic services in this manner.
- He explained that if the client is uncomfortable or has difficulty adhering to these boundaries, Tim would refer her to another RD for dietetic services.

In this case, Tim is considered to be in the "Safe Zone" of the sexual abuse scale as he has openly addressed the romantic feeling from his client, offered to continue with the professional relationship, and provided the client with options for alternate dietetic services as needed.

Positive Feedback for the New PPA



Sue Behari McGinty, MHSc, RD
QA Program Manager

beharis@cdo.on.ca

416-598-1725/1-800-668-4990
ext. 233

**MEMBERS RANDOMLY
SELECTED FOR THE 2011
PEER AND PRACTICE
ASSESSMENT WILL BE
NOTIFIED IN MARCH, 2011.**

The *Peer and Practice Assessment (PPA)* is a statutory obligation for the College under the *Regulated Health Professions Act*. The PPA is designed to help protect the public from harm by ensuring that Registered Dietitians practice safely, competently and ethically. It is a process for determining whether the knowledge, skills, judgment or practice performance of a member meets dietetic practice standards. If not, it determines whether a member can make improvements through directed education.

The first administration of the College's new PPA was completed in March 2010: 38 members participated. The PPA consisted of semi-structured interviews conducted by RD peer assessors. The interviews included 12-14 behavioural and case-based questions covering a variety of topics, such as: professional accountability; communication; collaboration; client-centred approach; nutrition planning, implementation and evaluation; nutrition health promotion and disease prevention; organization management; human resources management; leadership; financial management; menu planning, quality improvement; risk management; purchasing; facility design and workflow; safety and sanitation.

POSITIVE FEEDBACK

Overall, the feedback from the assessors and RDs to the new PPA format was very positive. Communications and support from College staff were most appreciated. Both the assessors and the participants reported some difficulty using the software known as *Performance Assessment Delivery System (PADS)* and internet based tools for communicating with the College. We will work at improving the technology for the next administration of the PPA.

On average, members spent 13 hours preparing (range 2 – 50 hours) for the PPA and the interviews averaged 2.3 hours (range .75 – 4 hours).

More than 90% of members reported that:

- the PPA reinforced that they practice safely, competently and ethically;
- the competencies being assessed and the performance indicators being measured were relevant to their practice area;
- the questions challenged them to demonstrate competence in the areas assessed.

A small number of members (9) reported that they made the following changes to their practice as a result of the experience:

- being more reflective and paying more attention to client interaction;
- more cautious about documenting; and
- better communication.

The Quality Assurance Committee will carefully review member performance on the PPA, as well as the evaluation data from members and assessors, before making any changes.

Council Meeting Highlights

September 30, 2010

EXECUTIVE COMMITTEE

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

COUNCIL MEMBERS

Professional Members

Laurel Hoard, 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
Carole Wardell
Elizabeth Wilfert

NON-COUNCIL MEMBERS

Edith Chesser, RD
Alicia Garcia, RD
Julie Kuorikoski, RD
Léna Laberge, RD
Grace Lee, RD
Kerry Loney, RD
Shari Noell, RD
Jill Pikul, RD
Krista Witherspoon, RD

CANADA/AUSTRALIA MUTUAL RECOGNITION AGREEMENT

Council approved, in principle, a mutual recognition agreement with Australia. In 2008, the *Dietetic Association of Australia* (DAA) approached the *Alliance of Canadian Dietetic Regulatory Bodies* (Alliance) to explore mutual recognition of registered dietitians to enable the exchange of RDs across borders. As part of the consideration of equivalencies, the Alliance reviewed, among others, the following foundation documents for the dietetic professions in Australia:

- National Competency Standards for Entry Level Dietitians – comparing them to the Essential Competencies for Dietitians (Canada);
- DAA Accreditation Standards for Education Programs (includes the practical component);
- DAA Registration requirements for Accredited Practicing Dietitians (APD);
- Cultural Context for dietetic practice in Canada and Australia.

Following this review, the Alliance members concluded that Australian practice, practice environment, competencies and education system are in substance equivalent to those in Canada.

RECORDS RETENTION POLICY

Council amended a Governance executive limitation that requires that the Registrar & ED shall not fail to review the records retention policies every two years and inform the Council of any changes. This replaces a practice whereby Council directly approved the record retention policy.



Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from August 1 to Oct 19, 2010.

Name	Reg. ID	Date			
Pamela Hatton RD	12221	09/27/2010	Adrienne Penner RD	12200	09/13/2010
Mika Kato RD	11166	09/8/2010	Chelsea Waddell RD	11372	09/13/2010
Heidi Murphy RD	12195	10/5/2010	Bridget Whebby RD	12243	10/12/2010
Andrea Passmore RD	12230	09/22/2010			

TEMPORARY CERTIFICATES OF REGISTRATION

Rachelle Abate RD	12184	08/24/2010	Shahzadi Devje RD	11765	09/21/2010	Lisa Manuel RD	12187	08/13/2010
Lindsay Ainsworth RD	12203	08/13/2010	Sara DiLauro RD	12239	09/28/2010	Tamara Marsden RD	12238	09/21/2010
Asil Al-Shaibani RD	12214	08/27/2010	Melissa Foley RD	12202	09/09/2010	Krystal Merrells RD	12208	08/31/2010
Christine Asik RD	12191	08/13/2010	Maxine Fung RD	12212	09/07/2010	Stephanie Miles RD	12227	09/07/2010
Noreen Aslam RD	12174	08/18/2010	Rachael Goodmurphy RD	12205	08/27/2010	Cristina Morais RD	12240	09/24/2010
Joyce Marie Asprez RD	12086	08/06/2010	Sydney Harris-Janz RD	12185	08/31/2010	Melissa Murray RD	12229	09/14/2010
Kimberly Baker RD	12192	08/13/2010	Kelly Anna Heffernan RD	12164	08/11/2010	Laura Needham RD	12228	09/21/2010
Jordan Elizabeth Bauman RD	12171	08/11/2010	Claire Hibbert RD	12176	08/18/2010	Kimberly Noakes RD	12180	08/24/2010
Gabrielle Beaudoin RD	12219	08/31/2010	Stephanie Kathleen Hill RD	12161	08/13/2010	Brooke Noble RD	12186	08/11/2010
Courtney Blachford RD	12207	08/18/2010	Rebecca Horne RD	12181	08/11/2010	Jennifer Ozsungur RD	12231	09/24/2010
Heather Elizabeth Bogetta RD	12137	08/27/2010	Adam Hudson RD	12233	09/21/2010	Caitlin Peterson RD	11850	08/30/2010
Aimee Bourdages RD	12204	09/09/2010	Azin Jamali RD	12173	08/11/2010	Justine Michelle Prosper RD	12145	08/11/2010
Stephanie Bowdrey RD	12234	09/24/2010	Anny John RD	12226	09/14/2010	Céileann Regan RD	12247	09/28/2010
Jenna Brady RD	12223	09/21/2010	Katherine Knight RD	12222	09/07/2010	Andrea Reis RD	12162	08/31/2010
Erin Brodey RD	12199	08/18/2010	Melissa Koch RD	12225	09/07/2010	Rosanne Robinson RD	12182	08/13/2010
Jennifer Broxterman RD	12158	08/18/2010	Thevaki Kulendran RD	12232	09/28/2010	Katie Sibbald-Van de Vreede RD	12197	08/13/2010
Sarah Buchanan RD	12168	08/13/2010	Valerie Lammers RD	12146	08/18/2010	Ben Sit RD	12245	10/13/2010
Veronica Calderon RD	12196	09/09/2010	Michelle Lawrence RD	12150	09/07/2010	David Smith RD	12218	09/07/2010
Keika Chang RD	11783	09/01/2010	Kim Leacy RD	12141	08/11/2010	Alissa Steinberg RD	12172	08/13/2010
Diana Margaret Chard RD	12206	09/09/2010	Gary Lebovics RD	12217	08/31/2010	Marissa Sonia Strano RD	12215	08/27/2010
Melanie Chislett RD	12179	08/13/2010	Carolyn Li RD	12188	08/13/2010	Natalie Wilkinson RD	12242	09/28/2010
Brianna Colenutt RD	12189	08/11/2010	Marissa Lim RD	12175	08/13/2010	Nicole Yuen RD	12152	08/13/2010
Nicole Collins RD	12133	08/11/2010	Shin Low RD	12194	09/09/2010	Ingrid Yan Yung RD	12190	08/13/2010
Kim Crowther RD	12235	09/29/2010	Angie MacDonald RD	2652	09/28/2010	Victoria Zimmer RD	12157	08/18/2010
Margaretha Hugo Day RD	11575	09/21/2010	Anisha Mahajan RD	12213	08/27/2010			
Leigh-Annde Jonge RD	12193	09/09/2010	Dina Maierovits RD	12091	10/14/2010			

RESIGNED

Mahshid Ahrari	3549	10/15/2010	Sheri Galusha	11051	09/21/2010	Charlotte Scott	2229	10/15/2010
Shelley Antecol	1592	10/15/2010	Aglaée Jacob	11099	10/01/2010	Kim Stephenson	2176	10/18/2010
Sharon Campbell	1446	10/19/2010	Kim Kessler	4388	10/13/2010	Adrienne Turk	2901	10/02/2010
Tamaro Cohen	10760	09/30/2010	Donna Mallet	3868	10/12/2010	Elisabeth Irene Van Oostveen	3215	10/16/2010
Angela Cook	10745	10/13/2010	Amy Maret	11070	10/08/2010	Sheila Walker	1257	09/07/2010
Marie-Josée Cyr	10411	10/08/2010	Gayathri Murthy	10547	10/01/2010	Vanessa Welch	4265	10/15/2010
Janice De Boer	11510	08/27/2010	Peggy Patterson	2702	10/15/2010	Vivian Wiggins	2951	10/05/2010
Manon Dicaire	1558	10/10/2010	Isabelle Rondeau	4118	10/15/2010	Ada Wong Curry	2912	10/16/2010
Cynthia Fallu	10739	10/04/2010	Vanna Roopchand	1122	10/01/2010			

RETIRED

Deborah Baker	1794	10/14/2010	Margaret Howard	2245	10/15/2010	Maureen Noyes	1178	08/31/2010
Christiane Brasseur	2270	10/15/2010	Geri Kraus	1726	10/15/2010	Suzanne Primeau-Raymond	2159	10/15/2010
Janet Dubeau	1131	10/15/2010	Gillian Motahedin	1545	10/16/2010	Catharine Smith	1626	10/15/2010
Alison Floreani	2529	10/15/2010	Margaret A.J. Munro	3995	10/12/2010	Sheila Walker	1257	09/7/2010

Dear Stakeholders,

We would like to thank you for generously participating in our surveys and requests for feedback about our programs, various projects and consultations regarding by-laws and regulations. We sincerely appreciate the time you set aside to share your insights, experience and expertise with us. Your comments and volunteer time have been valuable and have contributed to improvements in our services and products to effectively support RDs to provide safe, ethical and competent services to the people of Ontario. In the last two years College stakeholders have contributed to:

- developing new Peer and Practice Assessment;
- formulating new options for the *Self-Directed Learning Tool*;
- improving the *Jurisprudence Knowledge and Assessment Tool*;
- crafting the amendments to the *Registration Regulation*;
- identifying concerns with RD advertising which led to Council approval, in principle, of a proposed professional misconduct regulation prohibiting client testimonials and direct solicitation of clients, and member education regarding testimonials and direct solicitation of clients;
- developing integrated competencies for dietetic education and practice across Canada;
- identifying the lab tests dietitians rely on for the assessment and management of nutritional and related disorders;
- developing workshops specifically addressing member issues (e.g., *Electronic Records and Dietetic Practice*, *Interprofessional Collaboration & Dietetic Practice*, and *Embracing Technology — Professional Responsibilities for RDs in an Electronic Era*);
- providing information to help advocate for changes to regulations under the *Public Hospitals Act* to enable RDs to order nutrition therapy;
- determining the type of insurance and liability coverage needed for RDs that helped in the crafting of the new CDO By-law 5: *Professional Liability Insurance Coverage Requirements for Members*;
- gathering information about professional responsibilities and obligations for dietetic practice.

We thank you for your contribution to dietetic practice in Ontario.

College of Dietitians of Ontario



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 fields of practice.

Staff 2010

Mary Lou Gignac, MPA
Registrar &
Executive Director

Sarah Ahmed, CMA — Controller

Sue Behari McGinty, MHSc, RD — Quality Assurance Program Manager

Deborah Cohen MHSc, RD — Practice Advisor & Policy Analyst

Celia Fliess — Quality Assurance Coordinator

Lisa Kershaw — Database & IT Coordinator

Carolyn Lordon, MSc, RD — Registration Program Manager

Bev Nopra — Administrative Assistant

Monique Poirier, MA, CAE — Executive Office & Communications Coordinator

Elsene Randall — Program Assistant

Heena Vyas — Registration Coordinator

College of
Dietitians
of Ontario



2009/2010

Annual Report

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 fields of practice.



College Support Helps Dietetic Practice



Lesia Kicak, RD President



Mary Lou Gignac, MPA
Registrar & Executive Director

Our ultimate goal is to have a measureable impact on the safety, competence, and ethics of dietetic practice in the province.

In 2007, the College initiated a three-year strategic plan with an accountability framework. The four goals articulated in the plan have guided our regulatory activities for the past three years. The diagram on the next page shows how the goals relate to College programs and to its public protection mission. Our ultimate goal is to have a measureable impact on the safety, competence, and ethics of dietetic practice in Ontario to fulfill our regulatory mandate of public protection.

REGULATORY PHILOSOPHY A SUCCESS

The first goal articulated in the strategic plan expresses the CDO regulatory philosophy of achieving effective regulation of the profession by supporting Registered Dietitians to provide quality dietetic services in the interest of their clients – the people in Ontario. This year, as we near the end of our strategic planning period, we wanted to assess whether our investments in programs, products and services effectively supported members to improve their practice. To accomplish this, we hired an independent company, *Malatest and Associates*, to conduct a survey of members to measure the impact of the College's support to RDs.

In the survey, RDs reported that the support they receive from the College enables them to provide safe, ethical and competent dietetic practice. Respondents were very familiar with the essential College resources that support their practice such as the website, the *Jurisprudence Handbook*, *résumé* and the Practice Advisory Service. For example, about 80% of RDs reported that what they had learned from reading the *Jurisprudence Handbook* had helped them improve their practice in the application of dietetic ethics and regulations. They had acquired an increased ability to maintain confidentiality and share information appropriately. They also had a better understanding and application of informed consent, record keeping duties, conflict of interest and boundary issues. The application of the knowledge acquired through the College tools and services gives affirmation to its regulatory philosophy that supporting RDs helps them provide safe, ethical and competent dietetic services.

annual report

Activities regulating and supporting dietetic practice in Ontario represent the largest investment by the College. The logic model below shows that four of the College's five programs directly contribute to supporting RDs to provide safe, ethical and competent services (also see the chart on page 25, *Allocation of College Funds to Programs*). The investment is having an impact on advancing our mission of supporting RDs to provide safe, ethical and competent of nutrition services.

SUPPORTING PUBLIC ACCESS TO RD SERVICES

Another key focus of our work this year has been supporting public access to the services of Registered Dietitians (Goal 2). We have done this in two ways:

- i) Successfully advocating for more practical education opportunities through strategic partnerships; and
- ii) Initiating a 5-year public education campaign with key messages to the public about how the College regulates RDs for the benefit of the Ontario public and about the benefits of seeking the services of RDs, as the only regulated nutrition health professionals in Ontario. The campaign directs the public to the CDO website where they can find information about RDs and also get information about how to access their services.

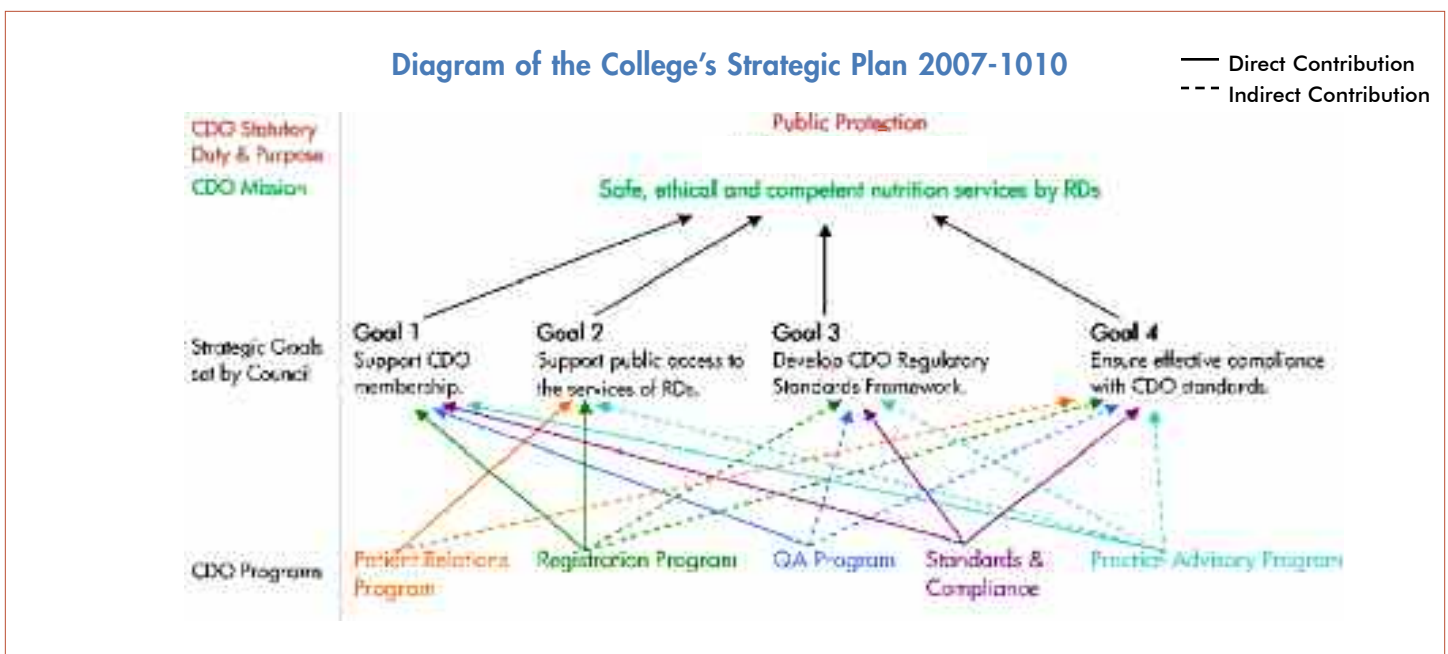
RDS BETTER POSITIONED TO ASSESS AND MANAGE MEDICAL NUTRITION CARE

The changes in the dietetic scope of practice mark this year as a success from a regulatory perspective. The scope of practice has been changed to:

- Enable RDs in hospital, community and other settings to order lab tests for the assessment and management of nutrition care;
- Prick the skin to collect and analyze capillary blood samples; and
- Act as an evaluator under the *Health Care Consent Act*.

With changes in law and planned regulation amendments, Registered Dietitians will be better positioned to collaborate within interprofessional teams and with clients to assess and manage medical nutrition care.

The College is pleased to demonstrate regulatory accountability to the Ontario public, Registered Dietitians, government overseers and other important stakeholders. We urge you to review the College's financial statements (p. 26-27) and the many other program activities and achievements for 2009/2010.





Council

The College Council acts as the link between the College and the people of Ontario, advocating for public policies that protect Ontarians against incompetent, unethical or unsafe dietetic practices. Council is responsible for establishing the policies, program and standards that regulate the profession of dietetics. It governs the College through oversight of committees and College operations.

Council is composed of eight dietitians elected by members of the College and seven public representatives appointed by the Lieutenant Governor in Council. Together, they set the direction for the College's work and make decisions based on their mandate to operate in the best interest of the public.

Key Decisions

- Approval of proposed changes to the *Registration Regulation*.
- Approval of a new Bylaw 5, *Professional Liability Insurance Coverage Requirement for Members*.
- Approval of an expanded definition for dietetic practice.
- Approval of a criteria and processes for appointing professional members to committees.
- Review and amendment of College by-laws.
- Review and amendment of College governance policies.
- Review and amendment of College compensation for RDs who work on Council, committees and ad hoc working groups.

EXECUTIVE COMMITTEE

President & Chair

Cecily Alexander, RD,
to June 09,

Laurel Hoard, RD,
from June 09

Vice-President

Sharon Zeiler, RD, to June 09

Elizabeth Wilfert, Public
Appointee, from June 09

Third Member

Edith Brown, Public
Appointee, to June 09

Fiona Press, RD, from June
09

The Executive Committee acts for Council between Council meetings. It has all the powers of Council with respect to any matter that, in the Committee's opinion, requires immediate attention, other than the power to make, amend or revoke regulations or by-laws.

Over past year, the Executive Committee and the *Registrar & Executive Director* have focussed mainly on coordinating the activities of Council by ensuring that meetings were well prepared and conducted. The Committee also oversaw the preparation of the workplans and budgets for the next year as well as the performance review and compensation of the *Registrar and Executive Director*.

Quality Assurance Program

The *Regulated Health Professions Act* (RHPA) specifies the requirements for health profession quality assurance (QA) programs. The QA Program develops, operates and monitors learning and assessment tools to support RDs in continuing education to enhance the delivery of quality dietetic services to people in Ontario.

Improved Program Efficiency & Delivery of SDL Tool

Completion of the SDL Tool ensures that RDs reflect on professional practice standards, set continuing competence goals, report on progress and application of

learning and keep continuing competence records. A record 96.4% of RDs completed the tool online in 2009, a 2.5% increase from 2007 (94.4%) resulting in improved program efficiency and delivery.

Revision of Peer and Practice Assessment

Using RDs as content experts, tools were developed for conducting structured behavioural-based interviews, the central assessment methodology in the new *Peer and Practice Assessment*. These tools include the competencies to be assessed for different areas of practice, questions and probes, and indicators for measurement.

QUALITY ASSURANCE COMMITTEE

Co-Chairs

Fiona Press, RD
Carole Wardell

Professional Members

Julie Kuorikoski, RD,
from June 09
Erica Sus, RD, from June 09
Krista Witherspoon, RD,
from June 09
Sharon Zeiler, RD
Charlene Kennedy, RD,
to September 09
Laura Bewick, RD, to June 09
Laurel Hoard, RD, to June 09

Public Appointees

Francis Omoruyi, from June 09
Elsie Petch
Carole Wardell
Elizabeth Wilfert

The RHPA mandates the College's QA Committee to develop, establish and maintain standards of knowledge and skill for competent dietetic practice in Ontario. It must also develop programs to promote continuing evaluation, competence and improvement among members of the College. This year, the Committee:

- Reviewed and approved test forms for the 2010 English and French *Jurisprudence Knowledge and Assessment Tool*.
- Assured fair administration of the College's Peer and Practice Assessment (PPA) by ensuring a valid Tool and developing and approving several policies and procedures for the fair administration of the PPA.
 - Addressed content validity of the PPA by consulting with members.
 - Policies: eligibility, extension and deferrals, members' submission to QA committee before making a decision on a PPA report, members' request to the QA Committee to reconsider a QA decision regarding a PPA report, accommodating persons with disabilities and appointing assessors.
 - Appointed 18 Assessors for the College's Peer and Practice Assessment.
- Approved three new methods for self-assessment and reflection to be piloted during the 2010 renewal by members.
- Reviewed, in collaboration with Council and the Registration Committee, the need for different classes of registration for members and different options for QA requirements.
- Issued decisions regarding requests for extensions and amnesty for the 2009 SDL Tool and requests for deferral of the 2010 JKAT
- Referred one member to the Inquiries Complaints and Reports Committee for non-compliance to the QA Program.
- Revised the QA regulation in order to comply with recent revisions to the *Regulated Health Professions Act*.



Patient Relations Program

The *Regulated Health Professions Act* requires regulatory colleges to have a Patient Relations Program for preventing or dealing with abuse of patients. The purpose of the Patient Relations Program is: 1) to provide information and services to support public access to the services of the College and of Registered Dietitians in Ontario, and 2) to enhance relations between dietitians and their clients and, by extension, the public.

Fulfilling its mandate to provide the public with information about the College and regulation of the profession, the

College launched a new five-year public education campaign. The purpose of the campaign is to inform the Ontario public about the role of the College in regulating the profession for the benefit of the public and the role of Registered Dietitians, the range and quality of their professional services. This year the campaign included a series of advertisements appearing in the print and online editions of the *Canadian Living Magazine*, in September and November 2009. One of the online advertisements is shown below.

PATIENT RELATIONS COMMITTEE

Chair

Sharon Zeiler, RD

Professional Members

Cecily Alexander, RD, to June 09

Lesia Kicak, RD

Terry Koivula, RD, to June 09

Shari Noell, RD

Sue Skopelianos, RD, to June 09

Erica Sus, RD, from June 2009

Nancy Polsinelli, RD, from June 2009

Public Appointees

Flora Manlapaz

Francis Omoruyi, to June 2009

Elsie Petch

Jeannine Roy-Poirier, Ph.D.

The Patient Relations Committee coordinates requests for funding for therapy and counselling should any patient suffer sexual abuse by a member of the College. It also advises Council with respect to the patient relations program and public education. This year, the Committee:

- Reviewed the annual process for committee activities and approved the annual report.
- Recommended key messages for the College's 5-year Public Education Campaign 2009/13, based on input from focus groups and a survey. It also gave direction for the 2010/11 phase of the College's Public Education Campaign.



Standards & Compliance Program

The Standards & Compliance Program develops and maintains standards and programs to assist individuals to exercise their rights under the *Regulated Health Professions Act*. It ensures that RDs practice competently and ethically in keeping with the standards and laws that affect dietetic practice in Ontario. It ensures that complaints or reports

about professional conduct, competency and fitness to practice are handled in a fair, effective, transparent and legal way in keeping with laws and standards. The Standards & Compliance Program involves the work of the Discipline Committee, the Fitness to Practice Committee and the Inquiries, Complaints and Reports Committee.

Discipline/Fitness to Practice Committee Members

Chair

Francis Omoruyi, Public Appointee

Professional Members

Leisa Kicak, RD
Terry Koivula, RD
Julie Kuorikoski, RD
Shari Noell, RD

Public Appointees

Edith Brown
Francis Omoruyi

DISCIPLINE COMMITTEE

The Discipline Committee considers referrals from the Inquiries, Complaints and Reports Committee about allegations of professional misconduct of members. In keeping with the *Regulated Health Professions Act*, the Discipline Committee must provide a fair process for both the complainant and the member for hearing evidence and determining the most appropriate action in the interest of public protection. Discipline hearings are typically open to the public.

Referrals

From April 1, 2009, to March 30, 2010, there were no referrals to the Discipline Committee.

FITNESS TO PRACTICE COMMITTEE

The Fitness to Practice Committee provides a fair review of all matters regarding the potential incapacity of members to practice safely. Members suspected of incapacity are referred to the Fitness to Practice Committee by the Inquiries, Complaints and Reports Committee. Based on the evidence given at a hearing, the Fitness to Practice Committee makes a finding about capacity, and may either move to revoke or suspend the member's Certificate of Registration or impose terms, conditions and limitations on the Certificate of Registration.

Incapacity Hearings

From April 1, 2009 to March 30, 2010, there were no referrals to the Fitness to Practise Committee.



INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Chair

Laurel Hoard, RD (to June 09)

Edith Brown (from June 09)

Professional Members

Cecily Alexander, RD, from

June 20

Laurel Hoard, RD

Leisa Kicak, RD

Terry Koivula, RD

Jill Pikul, RD

Fiona Press, RD

Laura Bewick, RD, to June 20

Charlene Kennedy, RD, to

September 20

Public Appointees

Flora Manlapaz

Jeannine Roy-Poirier, Ph.D.

Carole Wardell

The *Regulated Health Professions Act* requires the College to investigate complaints and reports about the professional conduct, competence or fitness to practice of members who are the subject of a complaint or report. Responding to complaints and reports is one of the ways that the College of Dietitians of Ontario fulfills its mandate of protecting the public.

In accordance with the provisions of the *Regulated Health Professions Act*, the role of the Inquiries, Complaints and Reports Committee is to ensure procedural consistency and fairness in handling complaints and reports, and that they are disposed of within 150 days of being received at the College.

From April 1, 2009 to March 30, 2010, the ICRC Committee handled 19 complaints and reports, as indicated in the table below.

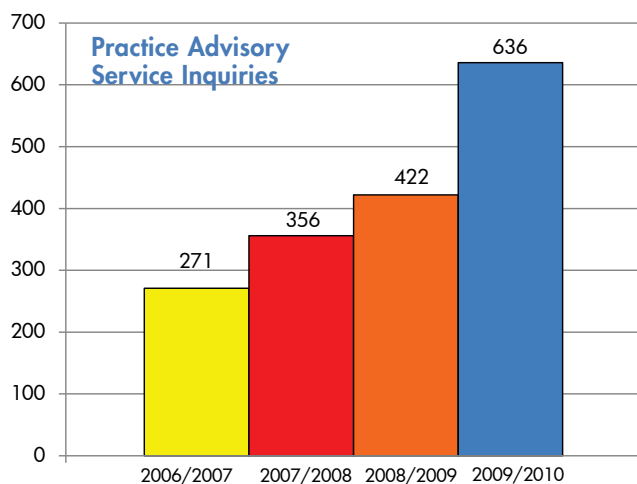
REFERRAL TO COMMITTEE	CARRIED OVER FROM 2008/09	NEW	CARRIED FORWARD TO 2010/11	ICRC DECISION
10 Complaints	9	1	5	4 take no action 1 Letter of caution
9 Reports	4	5	5	1 Referral to a Health Inquiry Panel 1 Take no action 1 Letter of caution 1 Undertaking

Practice Advisory Program

The College's regulatory mandate is public protection. The Practice Advisory Program, one of the tools used to fulfill this mandate, provides support and practical information to Registered Dietitians in Ontario to ensure that they are informed about the standards, the *Code of Ethics*, the laws and the regulations that affect their dietetic practice. Through this program, Registered Dietitians receive one-to-one support, group education through workshops and presentations, and have access to professional resources online through the College website and through *résumé*, the College newsletter

Practice Advisory Inquiries Still Increasing

Inquiries to the Practice Advisory Service are still increasing. This year, popular inquiries included: workplace issues, college requirements and processes, private practice/business and scope of practice.



As part of its public protection mandate, the College is committed to developing increasingly better services and tools to effectively support dietitians in continuous learning and improving the quality of their dietetic services. In Fall 2009, members were asked to give feedback on the support they receive from the College's practice advisory service. The survey, administered by a neutral third party,

showed that over 89% of the RDs who had used the service, valued the support and reported that they had received the information they needed to address issues in their practice.

Interprofessional Collaboration & Dietetic Practice Workshop

Over 580 members (about 20%) attended the annual workshops at 27 different sites in Ontario. Overall, the feedback was positive. The workshop included strategies to maintain, incorporate and strengthen interprofessional collaboration (IPC) in all areas of dietetic practice. The structure of the workshop was based on an approach called *Appreciative Inquiry*, which allowed RDs to share their experiences and to identify the common themes that lead to successful IPC. Participants made commitments to do more of what works to improve IPC within their dietetic practice.

Informative presentations

- Six dietetic internship presentations were given about the role of the College, registration, exam preparation and the *Jurisprudence Handbook for Dietitians in Ontario*.
- A presentation was given about *Record Keeping in Public Health* at the *Ontario Society of Nutrition Professionals in Public Health (OSNPPH)* annual conference.
- Information about authority mechanisms was presented to RDs at Kingston General Hospital.

Educational resources

- Uploaded new FAQs and e-Learning modules on the College website at www.cdo.on.ca > [Members](#) > [Practice Advisory Program](#) > [Practice Advice & FAQs](#).
- Completed the *Pandemic Policy & Planning Guide for Registered Dietitians in Ontario* outlining the professional and personal responsibilities of RDs.



Registration Program

In the interest of public protection, the primary goal of the Registration Program is to ensure that only qualified applicants become Registered Dietitians and use the RD title to practice in Ontario. The Registration Program ensures that registration practices are fair, objective, transparent and impartial. The Registration Program:

- sets the entry to practice standards;
- assesses equivalency of qualifications;
- issues certificates of registration;
- collects information about members during the renewal process;
- uses registration and renewal information to support health human resources planning and advocacy; and
- investigates and handles inappropriate use of RD title.

The Registration Program ensures that the public has access to accurate and reliable information about Dietitians in the *Register of Dietitians* available online at www.cdo.on.ca.

The College's registration practices were audited by an independent firm in the fall of 2009 and the results were presented to the Office of the Fairness Commissioner in December 2009. The purpose of the audit was to determine the extent to which the College requirements for registration were relevant to the practice of the profession, and whether application decisions were efficient and timely. Both the auditor and the Office of the Fairness Commissioner complimented the quality of the College's registration practices, reporting that they were transparent, objective, impartial and fair, and that they met the regulatory standards set out in the *Regulated Health Professions Act*.

REGISTRATION COMMITTEE

Chair

Linda Hines, RD

Vice-Chair

Jill Pikul, RD, from Nov 09

Professional Members

Cecily Alexander, RD

Amanda Burton, RD, June to Nov 09

Jill Pikul, RD, from June 09

Nancy Polsinelli, RD, from June 09

Sue Skoplianos, RD, to June 09

Krista Witherspoon, RD, from March 2010

Public Appointees

Jeannine Roy-Poirier, Ph.D.

Elizabeth Wilfert

Carole Wardell

Edith Brown

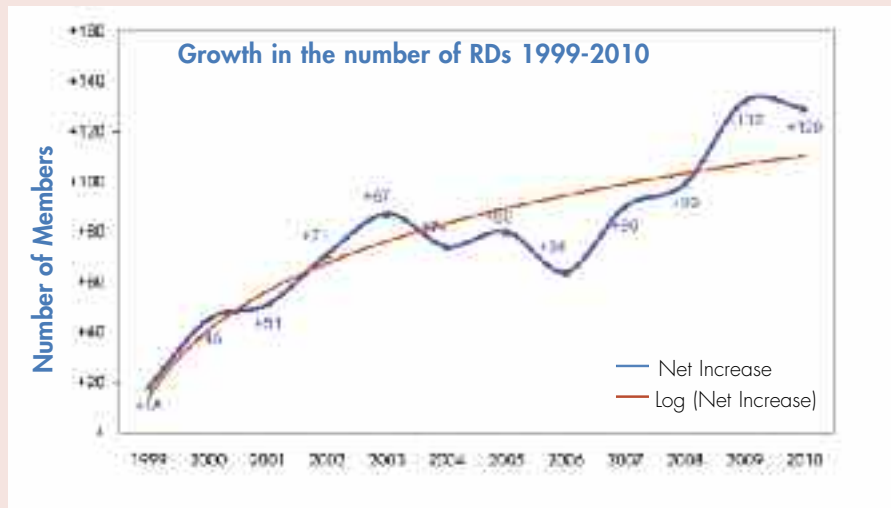
Under section 15 of the *Regulated Health Professions Act*, the Registrar & Executive Director submits application files to the Registration Committee when there are doubts about whether the applicants have met registration requirements. Between April 2009 and March 2010, the Registration Committee met eight times. The Committee:

- Reviewed 79 applications (a 23% increase from previous year).
- Reviewed and revised the registration policies.
- Revised the procedures and tools for preparing and reviewing applicant files and writing decisions to increase efficiency and consistency.
- Approved a process, criteria and a guide for applicants and supervisors using an individualized entry-level competency attestation route.
- Recommended changes to the *Registration Regulation* to Council, including new member categories.
- Viewed a presentation from World Education Services (WES) for an update on their services.
- Reviewed the *Draft Standards for the Assessment of Registration Practices*, to formulate a response to the Office of the Fairness Commissioner.
- Revised a draft list of approved distance and attendance courses.

REGISTRATION PROGRAM STATISTICS

Growth in Membership

In 2009/10, the number of College members grew to over 3,000 Registered Dietitians for the first time since its inception. The membership grew by 129 members, a little less than last year. We also noted fewer applications: there were 218 applications this year compared to 238 last year.



NUMBER OF RDs BY DISTRICT (GENERAL & TEMP)

District	Total
1 South Western	354
2 Central Western	602
3 GTA/York	912
4 Eastern	449
5 North Eastern	134
6 North Western	63
7 Central	437
8 Out of Province	131

TOTAL GENERAL/TEMPORARY MEMBERS 3082

Female: 3,025 98.2% Males 57 1.8%

TOTAL APPLICATIONS 2009/10

Professional Corporation	0
Canadian Educated Applicants	176
Internationally Educated Applicants	42

Total Admitted 197

Resignations/Retired 68

NET GROWTH 129 RDS

APPLICATIONS REFERRED

TO THE REGISTRATION COMMITTEE

Some referrals were carried from the previous year.
2009/10 — 97 referrals (some files were referred more than once)

2008/09 — 64 referrals

2007/08 — 51 referrals

Decisions

Admitted — 29

More Training Required — 35

Refused — 21

Appeals — 2



Areas of Practice by Districts

These statistics represent only RDs working in dietetics, on leave or engaged in volunteer work related to dietetics.
1,605 Registered Dietitians reported working in more than one area of practice.

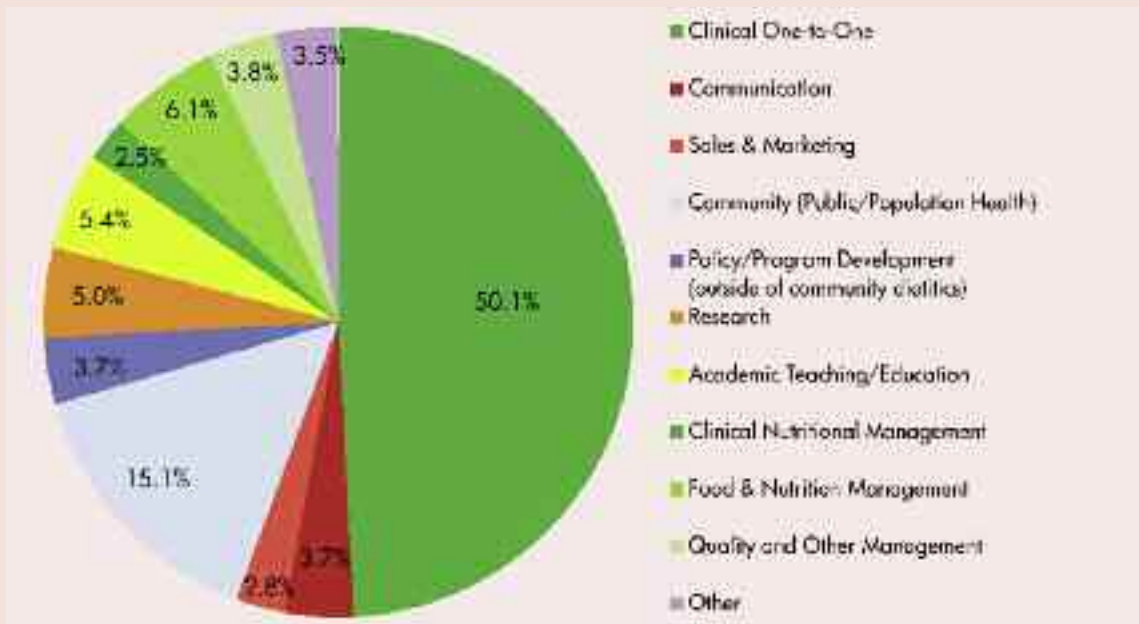
DISTRICT	1	2	3	4	5	6	7	Out of Ontario	TOTAL	%
Clinical One-to-One	227	400	569	285	91	47	274	50	1943	50.1%
Communication	5	30	70	15	2	1	18	4	145	3.7%
Sales & Marketing	6	24	43	12	1	0	20	2	108	2.8%
Community (Public/Population Health)	61	107	182	95	30	19	71	21	586	15.1%
Policy and Program Development (outside of community dietetics)	9	33	48	24	3	4	21	3	145	3.7%
Research	17	42	79	23	2	0	16	19	198	5.0%
Academic Teaching and Education	30	38	78	25	7	2	21	14	215	5.4%
Clinical Nutritional Management	9	19	28	7	3	2	22	5	95	2.5%
Food & Nutrition Management	27	45	67	29	10	3	50	7	238	6.1%
Quality and Other Management	14	39	44	13	3	0	29	7	149	3.8%
Other	18	19	44	30	2	4	16	2	135	3.5%

Place of Practice

934 RDs reported working in more than one place of practice.

1 Hospital including Chronic Care Institutions (Adult & Pediatric)	27.71%
2 Long-Term Care Organization	11.21%
3 Diabetes Education Centre	8.66%
4 Private Practice	6.79%
5 Public Health Department	6.54%
6 Community Health Centre/Health Service Organization	5.54%
7 Family Health Team / Family Health Network	5.47%
8 Business and Industry	5.44%
9 University / Community College	4.39%
10 Home Care Agency (Community Care Access Centre case management or in-home service)	3.20%
11 Government (Federal and Provincial)	2.45%
12 Other	2.45%
13 Non-Government Organizations/Associations (e.g., Heart and Stroke, Dietitians of Canada)	2.42%
14 Media, Public Relations and Communications Agencies	2.02%
15 Rehabilitation Centre	2.02%
16 Research Facility	1.10%
17 Occupational Health / Corporate Wellness	1.05%
18 Schools	0.97%
19 Assisted Living	0.57%

annual report

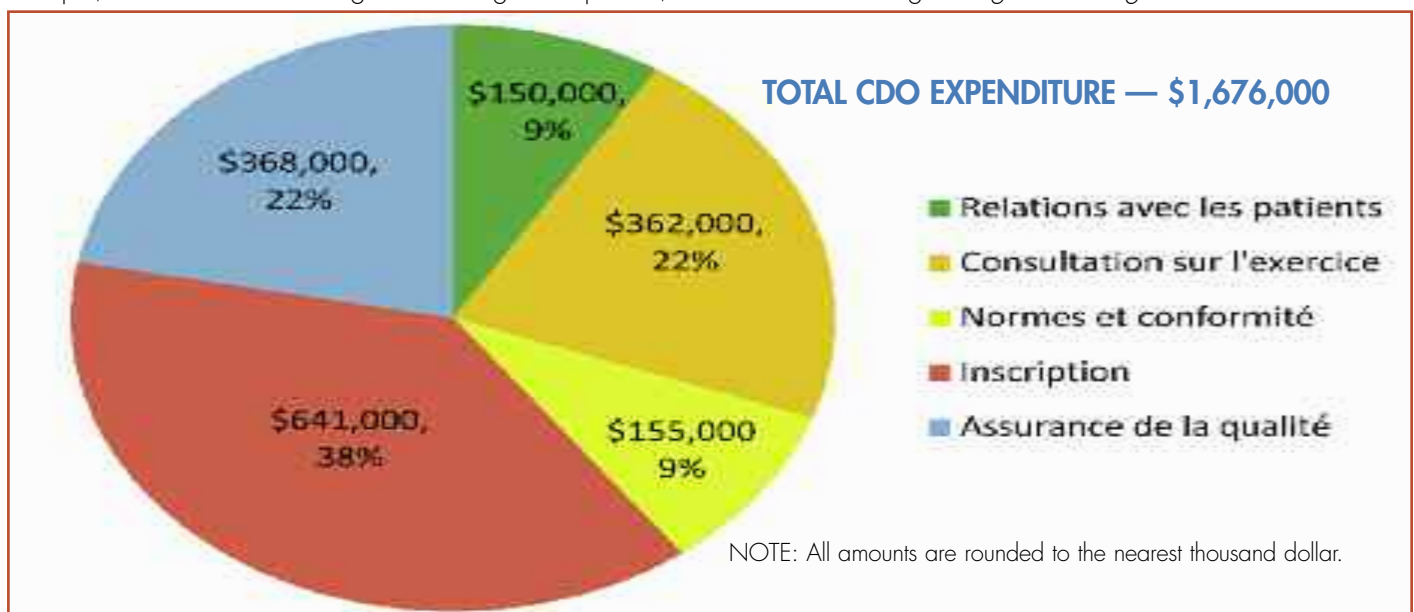


Areas of Practice Shown in Percentage

Allocation of College Funds to Programs 2009/10

Costs allocated to programs include specific program administration and the proportional allocation of general administration costs such as governance, general management, information systems, office supplies, rent, and communications (e.g., website, annual report). While patterns of expenditure have been consistent over the past three years, the percentage cost for each program varies annually according to planned program activities. For example, the increase in the Registration Program expenses,

from 27% (2007/08) to 38% (2009/10) reflects an increase in Registration staff, additional external reporting requirements for the Office of the Fairness Commissioner and updating the database to comply with the Ministry of Health and Long-Term Care's requests for membership data required for the health human resources database. Also, due to changes in law in 2009, there were more legal and member consultations needed to create the new liability by-law and to amend the College's *Registration Regulation*.





Financial Statements 2009 / 2010

Auditors' Report

To the Council of the College of Dietitians of Ontario.

We have audited the financial statements of the *College of Dietitians of Ontario* as at March 31, 2010 in accordance with Canadian generally accepted auditing standards and expressed an unqualified opinion about these statements in our report of May 19, 2010.

The information presented in the accompanying *Condensed Statement of Operations and Changes in Fund Balances* is derived from the above mentioned financial statements and in our opinion presents fairly the information therein.

Kopstick Osher
Chartered Accountants, LLP

TORONTO, ONTARIO
May 19, 2010

Copies of the 2010 audited financial statements are available upon request.

annual report

CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES FOR THE YEAR ENDED MARCH 31, 2010

	2010	2009
Revenue		
Membership fees	\$ 1,501,284	\$ 1,449,758
Other income	45,594	101,306
	<u>1,546,878</u>	<u>1,551,064</u>
Expenses		
Salaries and benefits	860,368	765,405
Contracted services	30,088	42,145
Council and committee expenses	169,726	176,707
Communication initiatives	120,683	104,195
Administration	329,213	284,035
Professional services	98,193	44,770
Amortization	67,839	79,169
	<u>1,676,110</u>	<u>1,496,426</u>
Revenue over Expenses (Expenses over Revenue)	(129,232)	54,638
Fund balances, beginning of year	1,171,610	1,316,487
Fair value adjustment to investments ¹	229,422	(199,515)
Fund balances, end of year	<u>\$ 1,271,800</u>	<u>\$ 1,171,610</u>

Allocation of Fund Balances As at March 31, 2010

	2010	2009
Investment in capital assets	\$ 214,224	\$ 254,080
Internally restricted ²	963,144	767,223
Unrestricted	94,432	150,307
Fund balances, end of year	<u>\$ 1,271,800</u>	<u>\$ 1,171,610</u>

1. In accordance with standards recommended in the *Canadian Institute of Chartered Accountants (CICA) Handbook* on financial instruments, the College's investments are classified as available for sale and are recorded at fair value. Fair values are estimated using quoted market prices. The adjustment changes the value of the investments on the *Statement of Financial Position* to the fair value.

2. Internally restricted funds are reserved for:

- Strategic planning initiatives
- Hearings
- Therapy and counselling of sexually abused clients
- Development and implementation of new Quality Assurance Program components
- Development and implementation of new registration criteria and assessment tools
- Capital asset purchases

These funds are not available for other purposes without the approval of Council.

Council 2009/2010

EXECUTIVE COMMITTEE



Cecily Alexander, RD
President to June 2009



Laurel Hoard, RD
President from
June 09



Sharon Zeiler, RD
Vice-President
to June 09



Elizabeth Wilfert,
Vice-President
from June 09



Edith Brown
to June 09



Fiona Press, RD
from June 09



Lesia Kicak, RD



Terry Koivula, RD



Julie Kuorikoski, RD



Flora Manlapaz



Francis Omoruyi



Elsie Petch



Nancy Polsinelli, RD



Jeannine RoyPoirier,
Ph.D.



Erica Sus, RD
From June 2009



Carole Wardell

Non-Council Members 2009/10



Laura Bewick, RD
to June 2009



Amanda Burton, RD
June to November 2009



Nicole Carnochan, RD



Linda Hines, RD

Jill Pikul, RD
From June 09
(picture not shown)



Charlene Kennedy, RD
to September 09



Shari Noell, RD



Sue Skopelianos, RD
to June 2009



Krista Witterspoon, RD