



**COLLEGE OF DIETITIANS
OF ALBERTA**

**MEMBER
HANDBOOK**

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Information Sources

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Documents

The Handbook integrates information from the *Health Professions Act*, the *Registered Dietitians and Registered Nutritionists Profession Regulation* and the College of Dietitians of Alberta Bylaws.

For Copies of the *Health Professions Act* or the *Registered Dietitians and Registered Nutritionists Profession Regulation* contact:

Queen's Printer

Phone: 780-427-4952
Toll free: 310-0000 then 427-4952 or

Government Website

www.health.gov.ab.ca
click on Statutes or Regulations

For copies of the **College of Dietitians of Alberta Bylaws** contact:

Office of the College of Dietitians of Alberta or visit the College website at:
www.collegeofdietitians.ab.ca

Drug Schedule Information

Alberta College of Pharmacist
<https://pharmacists.ab.ca>

National Association of Pharmaceutical Regulatory Authorities
<http://www.napra.org>

Continuing Education Opportunities and Resources

Dietitians of Canada - www.dietitians.ca
Karen Boyd, Regional Executive Director, Alberta and Territories Region
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About the Member Handbook

The handbook is a resource for members that integrates information from the Act, the Regulations, the Bylaws and the Policies and summarizes the critical information from each of these sources.

This resource provides an overview of the rules by which the College is required to regulate under the *Health Professions Act*. The handbook details information about the rights, obligations and responsibilities of both the College and its members. It also outlines the consequences when these responsibilities are not met.

The content of the handbook will change as the College, government, other professions and employers move through the groundbreaking work of interpreting and implementing the legislation. While changes will occur and policy will adapt and evolve, the handbook provides information about the new regulatory environment for the dietetic profession in Alberta as it is currently understood.

Additions to the handbook such as the Continuing Competence Program Workbook, Professional Standards, Practice Guidelines and Member Registers will be provided to members as required and are to be inserted under the sections noted in the contents.



I. Legislation & Regulation



Professional Legislation & Self-Regulation

The purpose of self-regulation is public protection. The government, through legislation, grants self-regulating status to a profession when the profession has demonstrated that it has the financial and human resources required to protect the public by regulating the practice of its members.

By making professional regulatory bodies (colleges) accountable for establishing registration standards, standards of practice, codes of ethics and conduct, and continuing competence programs, the public is offered assurance that a regulated practitioner is competent to practice. The College ensures only qualified, competent individuals are allowed to practice as regulated members of the profession and protects the public from unsafe practices, and incompetent or unethical practitioners. The public is also provided with a means of recourse, through the college's complaint and mediation processes, if professional standards are not met.

Registered Dietitians and Registered Nutritionists have the privilege and responsibility of being a self-regulated profession in the Province of Alberta.



Health Professions Legislation Reform

Reform of the Health Professions Legislation in Alberta began in 1994 with the formation of the Health Workforce Re-balancing Committee. The report of this Committee recommended that five principles be used to guide the change in the regulatory system for health professions in Alberta.

These principles are:

1. The public must be protected from incompetent or unethical health professionals.
2. The health professional regulatory system should provide flexibility in the scope and roles of professional practice so the health system operates with maximum effectiveness.
3. The health professional regulatory system should be transparent to the public. Information about its workings and purpose should be both credible and easily available to Albertans.
4. The regulatory process for health professions must be demonstrably fair in its application. The principles of natural justice must be observed throughout and decision-makers should be accountable for the decisions they make.
5. The health regulatory system must support the efficient and effective delivery of health services.

The report of the Health Workforce Re-balancing Committee led to the development of the *Health Professions Act*. On May 19, 1999, the *Health Professions Act* came into force. This marked two major changes in the regulatory model that governs health professions in Alberta.

The first major change was a move to omnibus or umbrella legislation. This means the *Health Professions Act* will govern all 30 regulated health professions under one statute. The Legislation provides for a more consistent approach to regulation between colleges and facilitates public understanding of professional regulation. It identifies common processes for the registration and discipline of regulated health professionals.

The second change was the introduction of overlapping and non-exclusive practice statements and the concept of restricted activities. In the past the health care system relied on a profession's scope of practice to determine who could do what in the health care system. The *Health Professions Act* recognizes that health services are not exclusive to particular professions and may be provided by more than one health profession. In the *Health Professions Act*, scopes of practice are now called "practice statements". They are not exclusive to any one profession and may overlap between professions.

Restricted activities are health services identified by the Government that expose the public to identifiable risk and require specific professional competence to be performed safely. The regulation for each college will list the restricted activities that its members may be authorized to provide. Restricted activities are a key public protection mechanism of the legislation.

"Under the new legislation health professionals are not bound by exclusive scopes of practice but by their abilities and the range of services they can provide in a safe and competent manner subject to the standards of their regulatory college."¹

¹Alberta Health and Wellness, Health Professions Act - A new law for regulated health care professionals, 2002, pg. 11.



In Alberta, 29 Colleges regulate 30 different health professions.

The regulated health professions in Alberta are:²

Acupuncturists
Audiologists, Speech Language Pathologists
Chiropractors
Combined Laboratory and X-ray Technologists
Dental Assistants
Dental Hygienists
Dental Technologists
Dentists
Denturists
Hearing Aid Practitioners
Licensed Practical Nurses
Medical Laboratory Technologists
Medical Diagnostic and Therapeutic Technologists
Midwives
Naturopaths
Nurses
Occupational Therapists
Opticians
Optometrists
Paramedics
Pharmacists
Physical Therapists
Physicians, Surgeons & Osteopaths
Podiatrists
Psychiatric Nurses
Psychologists
Registered Dietitians and Registered Nutritionists
Respiratory Therapists
Social Workers

² Ibid, pg.7.8.



Key Regulatory Mechanisms

The *Health Professions Act* contains a number of regulatory mechanisms designed to protect and serve the public interest.

The *Health Professions Act* will govern all regulated health professions. The unique aspects of each profession are identified in the Act as schedules. There is a schedule for each regulatory college and the schedule includes the profession's practice statement, and protected titles.

Practice Statements

In the *Health Professions Act* practice statements describe in plain language, the day-to-day practice of the members of a profession. The practice statement informs the public about the type of services they can expect a profession to provide. They can also be used to determine when an individual is practicing a profession. The practice statements are non-exclusive and overlapping. This means that certain activities may be found in more than one profession's practice statement. The practice statement for Registered Dietitians and Registered Nutritionists is found in Schedule 23 of the *Health Professions Act* and states:

“In their practice, registered dietitians and registered nutritionists do one or more of the following:

- (a) assess nutritional status and develop, implement and evaluate food and nutrition strategies and interventions to promote health and treat illness,
- (b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products,
- (c) promote optimal health, food security and food safety through the development and delivery of food and nutrition education programs and policies, and
- (c.1) teach, manage, and conduct research in the science, techniques, and practice of dietetics, and
- (d) provide restricted activities authorized by the regulations.”

Protected Titles

Consumers choose the type of health service providers they wish to use and the use of professional titles helps them to make informed choices. Protected titles assure the public that health professionals authorized to use these titles are competent to practice and adhere to the standards of practice and codes of ethics of their professional regulatory body. Titles distinguish between qualified practitioners who are members of regulated colleges and others who perform similar services who are not regulated by a college. They ensure that unregulated individuals may not represent themselves as a member of a college.

The protected titles of the College are:

- Registered Dietitian
- Registered Nutritionist
- RD
- Dietitian

Please see the “Registration & Practice Permits” section of the Handbook for more information.

Registration Requirements

The regulations of a college detail the standards for education and training that are required for entry into a profession. Being a regulated member of a college lets the public know that these practitioners have met the standards for academic



and practical experience required to practice in the profession.

Please see the “Registration & Practice Permits” section of the Handbook for more information.

Mandatory Registration

The *Health Professions Act* requires that individuals, who have the training to be a member of a profession and are working in the profession, must be registered with their college.

Please see the “Registration & Practice Permits” section of the Handbook for more information.

Competence Program

As a public protection mechanism, the *Health Professions Act* requires that colleges establish a continuing competence program that provides for regulated members to maintain competence and enhance the provision of professional services. Under this legislation competence programs are mandatory, and members are required to participate to ensure that they maintain their competence to practice. Colleges are responsible for monitoring the competence of their members. The *Health Professions Act* links renewal of practice permits to meeting the continuing competence requirements.

Please see the “Competence Program” section of the Handbook for more information.

Restricted Activities

A restricted activity is a procedure or service that requires specific professional competence to be performed safely.³ The Government gives colleges the authority in regulation to authorize their members to perform the restricted activities that are a part of current professional practice. Registered Dietitians and Registered Nutritionists who practice in specialized areas such as nutrition support, medical nutrition therapy and psychonutrition therapy may perform a range of seven restricted activities.

Please see the “Restricted Activities” section of the Handbook for more information.

Public Access to Member Information

To ensure public access to information, the government has stated that a college must provide the following information to the public on request:

- whether an individual is a regulated member
- the member’s full name
- the member’s registration number
- any practice permit conditions
- the status of a member’s practice permit: active, suspended or cancelled
- the member’s practice specialization recognized by the college
- whether the regulated member is authorized to provide restricted activities.

A college must also provide information regarding whether or not a hearing is scheduled with respect to the regulated member. A college, on request, is required to provide information on any disciplinary action pertaining to a member for a period of five years following the action.

Government Access to Member Information

A college must provide demographic and practice information to the Minister of Health, on request, for the purposes of health workforce planning, policy development and related research. However, the information may not include the name of the regulated member to whom the information relates or any information that would enable the regulated member to be identified.

The College will release individual demographic and practice information, under any of the following conditions:



- when required by legislation
- in a summarized or statistical form
- with the consent of the specified member.

³Alberta Health and Wellness, Health Professions Act - A new law for regulated health care professionals, 2002, pg. 16.

Public Representation

To ensure college processes are open and transparent to the public and that there is accountability for decision making, the *Health Professions Act* requires that twenty-five percent of the voting members of each of a Council, a Hearing Tribunal and a Complaint Review Committee are public members appointed by the Minister.

Professional Conduct

The Act creates a detailed, structured process that colleges must follow to address public complaints about practitioners. Complaints against a member must be dealt with in a process that is open, fair, timely and which protects the public from incompetent or unethical practitioners.

The principles of natural justice must prevail throughout the complaint and disciplinary process. Hearings of a college must be open unless there are compelling reasons to hold a closed hearing.

Colleges may address complaints through alternative complaint resolution, which is a mediated process, or through the more formal process of a hearing.

If a regulated member's practice permit is suspended, cancelled or has conditions imposed on it under the Registration or Professional Conduct sections of the *Health Professions Act*, the Registrar is required to notify employers, hospitals where the member is on staff, the Minister of Health and other regulatory colleges. Colleges are required to publish this information in accordance with Legislation and the policies of the college.

Employers are required to inform colleges when an employee is suspended, terminated, or resigns due to unprofessional conduct.

Appeal Processes

Decisions made by a college with respect to registration, practice permit renewals, reinstatement of a practice permit, and disciplinary decisions may all be appealed by a member by submitting a written request for review by Council within thirty days of receiving the decision.

Provincial Ombudsman

The Ombudsman reviews complaints made with respect to actions taken by a college under the *Health Professions Act* when formal appeal processes have been exhausted, and may make recommendations to the college. However, the Ombudsman does not act as an appeal body for disciplinary decisions.

Annual Report

Colleges are required to submit an annual report of their activities to the Minister of Health including the following information:

- the number of complaints made and their disposition
- the number of hearings that were closed to the public
- the number of appeals
- the number of members dealt with due to incapacity
- registration information
- description of the college's continuing competence program
- the committees and tribunals established under the Act



- audited financial information.

Health Professions Advisory Board

At the request of the Minister of Health, the Health Professions Advisory Board will investigate and provide the Minister with advice related to restricted activities, and make recommendations about applications by unregulated professions who wish to be regulated by the *Health Professions Act*.



II. College Organization & Operation



Organizational Foundation

This section addresses governance of the College and the management and conduct of college affairs including the organization and operation of the council, committees and staff.

How the College functions is determined by the Legislation, the Regulations, Bylaws and Policies of the College.

- **Legislation** - Professional regulation is a provincial jurisdiction and the legislation that governs health professions is established by the Government of Alberta. The *Health Professions Act* sets out in law the powers, duties and responsibilities of the College, its regulated members, employers and others with respect to professional regulation.
- **Regulation** - The Regulation describes how the College of Dietitians will apply the Legislation to the practice of the profession. In developing regulation, colleges work with the Government to reconcile the unique requirements of the profession with the legislative and policy requirements of the Government. The Government must approve regulation before a college can be proclaimed under the *Health Professions Act*, and must approve any changes or amendments to the Regulation.
- **Bylaws** - The framework and scope for college bylaws are specified in legislation. They are a further application of the Legislation and Regulation and refer more specifically to the organization of the College and how it will conduct its business. Bylaws are established by Council and specify procedural matters such as election of council, the appointment of committees and tribunals, quorum, rules of order, fees, and notices.
- **Policies** - The Policies describe the way the College interprets and implements all the legislative layers under which the College is governed, including the Legislation, the Regulation and Bylaws. Policies are established by Council and guide the decisions that are made by the College.

Please refer to the “Information Sources” pages at the front of the Handbook if you would like to obtain copies of any of these documents.



The Role of the College

In defining the role of a college the *Health Professions Act* states:

“3(1) A college:

- (a) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,
- (b) must provide direction to and regulate the practice of the regulated profession by its regulated members,
- (c) must establish, maintain and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,
- (d) must establish, maintain, and enforce a code of ethics, and
- (e) must carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and
- (f) may approve programs of study and education courses for the purposes of registration requirements.

3(2) A college may not set professional fees, provide guidelines for professional fees or negotiate professional fees on behalf of some or all of its regulated members unless the Minister grants an approval under section 27.

3(3) A college or a council or committee of a college may not be a certified bargaining agent as defined in the *Labor Relations Code*.”

One of the recommendations made by the Health Workforce Re-balancing Committee was “a clear separation of a profession’s regulatory responsibilities and functions which protect the public, from fee and salary negotiations and other functions which are directed at the economic or social wellbeing of a profession”. The legislation requires a structural and functional separation of these conflicting interests. For the dietetics profession in Alberta these functions are separate and are performed by two independent organizations: the College of Dietitians of Alberta (regulatory responsibilities) and the Dietitians of Canada, Alberta and Territories region (member service responsibilities).



Mission, Vision, Values, Organizational Structure

Using the direction the *Health Professions Act* provided as a foundation, the Council established the Mission, Vision and Values for the College of Dietitians of Alberta. The mission statement articulates why the College exists and the vision and value statements express the type of organization that it strives to be and the qualities that are most important in how the College conducts its business.

Mission

The Mission of the College of Dietitians of Alberta is to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.

Vision

The College of Dietitians of Alberta is a thriving regulatory body.

The College achieves the trust, confidence and respect of the public, government, Registered Dietitians and Registered Nutritionists by governing with integrity and fairness, building partnerships and communicating effectively.

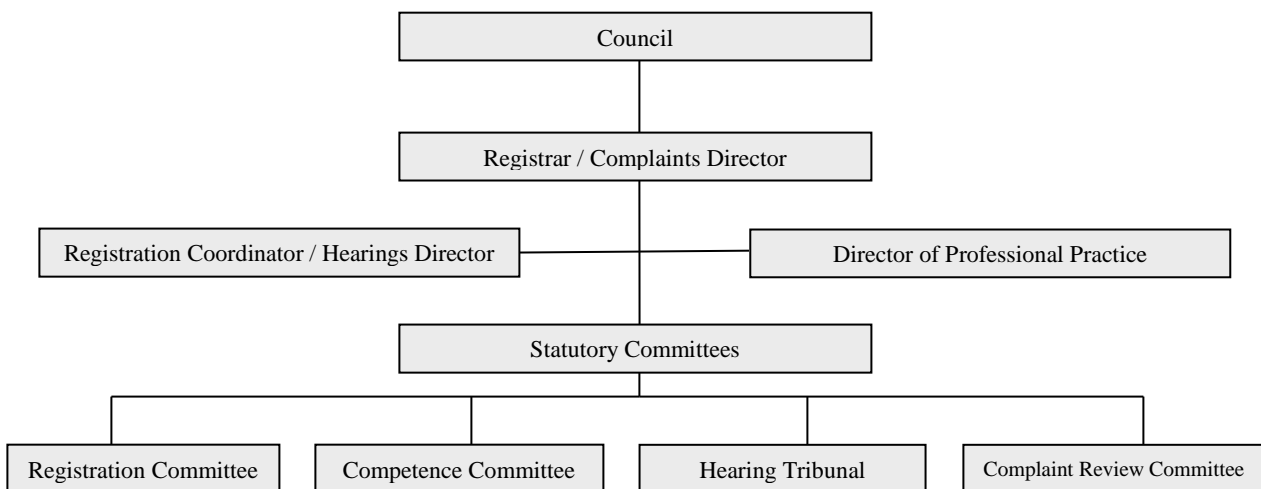
Organizational Values

The Values of the College of Dietitians of Alberta are:

- Integrity
- Accountability
- Effectiveness
- Respect
- Transparency

Organizational Structure

The structure of the College is established by the roles, relationships and responsibilities defined through the layers of legislation, regulation and bylaws. The structure of the College of Dietitians of Alberta is indicated below.





Roles & Responsibilities

Council

The governing body of the College is the Council.

The role of the Council is to manage and conduct the activities of the College on behalf of its members. The Council provides leadership for the profession and establishes the Mission, Vision and Values that direct College affairs. The Council makes and approves Bylaws, establishes fees, appoints individuals as required, and hears appeals with respect to registration, practice permit renewal, and hearing decisions. The Council is also responsible for developing Standards of Practice and Codes of Ethics in consultation with members.

Please see the “Codes, Standards & Guidelines” section of the Handbook for more information.

The Council is comprised of no fewer than six regulated members, including a president and a president-elect. In order to increase public transparency and accountability, the legislation requires that twenty-five percent of the Council are public members.

Registration Committee

The Registration Committee consists of no fewer than three regulated members who review applications for registration and reinstatement with the College.

Competence Committee

The Competence Committee consists of no fewer than three regulated members who review competence programs according to criteria established by the Council.

Hearing Tribunal, Complaint Review Committee

Council must appoint a list of regulated members to be used in establishing a Hearing Tribunal, or Complaint Review Committee. The Hearing Tribunal or Complaint Review Committee must consist of no fewer than two regulated members and twenty-five percent public members.

A Hearing Tribunal is established when a complaint with respect to a member has been referred by the College to a hearing.

The Complaint Review Committee reviews and ratifies settlements under the alternate complaint resolution section of the Act and reviews the dismissal of a complaint under the professional conduct section when requested by a complainant.

President

The President provides leadership to the College and presides over all general meetings of the College and meetings of Council. The President or designate is the spokesperson for issues requiring a media response and on dietetic practice issues.

Registrar

The Registrar performs any duties designated in Legislation, as well as those delegated by the Council of the College and also serves as the Complaints Director of the College. The Registrar is the spokesperson for issues related to: education on the role of the College; interpretation of Act, Bylaws, and Regulations. The Registrar is the spokesperson for regulatory affairs with Government.



Complaints Director

The Complaints Director receives and investigates complaints of unprofessional conduct and determines whether the complaint should be dismissed, referred to the alternate complaint resolution process or to a hearing.

Executive Assistant

The Executive Assistant coordinates registration and renewal processes. The Executive Assistant also serves as the Hearings Director of the College.

Hearings Director

The Hearings Director establishes a Hearing Tribunal or a Complaint Review Committee from the list established by Council and coordinates scheduling, production of notices and records.

Director, Professional Practice

The Director of Professional Practice is responsible for the professional practice initiatives of the College including the Continuing Competence Program, member communications, workshops, presentations and educational sessions.



Member Participation

Eligibility to Vote and Serve on Council or Committees

Regulated members on the General Register who have held a practice permit for the previous three years, meet current practice requirements and are in good standing, are eligible to serve on the Council, Committees, or be appointed to the Membership List established for Hearing Tribunals and Complaint Review Committees. All members on the General Register are entitled to vote at general meetings and to elect the Council of the College.

The Council, Committees and Public Members hold office for a term of three years and may serve a maximum of two consecutive terms.

A Hearing Tribunal or a Complaint Review Committee is established as required.

General Meetings

All members will be notified at least thirty days in advance of the time, date and place for a general meeting. The notice will also include the nature of the business to be conducted and any motions that will be presented at the meeting. All members on the General Register are eligible to vote at general meetings.

Election of Council

The election of the Council of the College is conducted by an electronic vote. Members on the General Register may nominate candidates for election to Council.

Nomination forms are to be signed by two members on the General Register of the College. When the number of nominees is less than or equal to the vacancies on Council, the nominees will be declared elected by acclamation.

When the number of nominations exceeds the number of vacant positions, election of Council will be done through an electronic vote of the membership. Ballots and brief autobiographical sketches of the candidates will be forwarded to members on the General Register. Candidates are elected based on the highest number of votes received in descending order until all positions are filled.

If there are not enough nominations to fill all the vacant positions, the Council will ensure the appointment of the number of regulated members required for Council to conduct the business of the College.

Members will be notified of the results of an election through a newsletter. A member can demand a recount of the ballots within thirty days following publication of the results.

Removal of Council

In addition to electing the Council, members may remove a Council where significant concern with the leadership of the College exists.

Regulated members on the General Register may call for a vote of non-confidence in the Council by forwarding to the Registrar, a request in writing stating the issue that has given rise to the call. The request must be signed by ten percent of the members on the General Register. Within thirty days of receipt, the Registrar must put the question of non-confidence to a mail vote. If the vote of nonconfidence is passed by two-thirds of the voting members, the Registrar must call for an election of a new Council.



Contacting the Council

Meetings of the Council are open and may be attended by the public and members. If a member wishes to attend a Council meeting, they are requested to call the College office to ensure seating is available.

Members may also access members of the Council through the regional meetings the College holds from time to time.

College Recognition Awards

The Dietetic Intern Bursary Program was introduced to support current dietetic interns who have demonstrated exceptional professional practice while studying dietetics at the University of Alberta with the intention of becoming a Registered Dietitian. Up to three bursaries of \$1,000 may be awarded to successful applicants each year. To request more information or to apply for the bursary, the College encourages applicants to contact the College office by email to request the application form. Deadline for applications is June 1 each year. The bursary recipients are announced in September each year.

The Preceptor Recognition Award was created to recognize excellence and dedication in preceptoring and mentoring in Alberta. The award is presented to selected preceptors in September each year. To request more information or to nominate a deserving recipient for this award the College encourages members to contact the College office by email as soon as possible to request the nomination form. Deadline for nominations is June 1 each year.



III. Registration & Practice Permits



Registration Requirements

The College establishes the education and training that are required for entry into the profession. Registration with the College assures the public and employers that an individual has met the standards for academic and practical experience required for the practice of the profession of dietetics.

Routes of Entry

There are three entry routes for registration with the College.

The first or standard route of entry requires that an individual has obtained the combination of education and experience established by the profession. These requirements are a Bachelors degree in food and nutrition and graduation from a dietetic internship, or completion of a Masters degree and the competency standards for graduate students that have been approved by Council.

In addition, the *Health Professions Act* provides two alternate routes for registration.

Individuals may also be registered if they come from another jurisdiction whose standards for the registration of dietitians is equivalent. In Canada, these jurisdictions are recognized under the labour mobility agreement which the College has established with other Canadian dietetic regulators.

The third avenue for registration allows an individual to demonstrate to the satisfaction of the Registration Committee, that their acquired education and experience are substantially equivalent to the registration requirements. Generally this involves the use of a variety of prior learning assessment strategies and tools.

Canadian Dietetic Registration Examination (CDRE)

Candidates for registration are also required to pass the Canadian Dietetic Registration Examination (CDRE). This exam confirms candidates have the minimal level of competence to practice. National examination committees comprised of provincial representatives set the CDRE. The College of Dietitians of Alberta along with the other Canadian dietetic regulators, approves the examination blueprint as well as policies and procedures for the administration of the examination, and monitors examination results.

The CDRE is scheduled in May and November each year.

Current Practice

Candidates for registration have to establish that their qualifications for registration are current within three years prior to their application for registration, or they will be required to undertake academic and/or experiential upgrading.

Good Character and Reputation

The College of Dietitians of Alberta Regulation requires that every applicant for registration or renewal of a practice permit provide evidence of good character and reputation. This involves a declaration that information provided to the College is complete and accurate, that the applicant has not been disciplined by another profession or in another jurisdiction, and has not been charged with or convicted of a criminal offence. If this declaration cannot be made the application is referred to the Registration Committee to determine whether the public is at risk and if a permit will be issued.

A current Criminal Record Check is a requirement for every applicant to the College.

Omitting or misrepresenting information to the College is a serious matter and may result in registration being refused or a practice permit being suspended or cancelled.



Mandatory Registration

The *Health Professions Act* requires individuals who have the training to be a member of a profession and who are working in the profession as outlined by the practice statement, to be registered. A person must apply for registration with the College if they intend to:

- provide professional services directly to the public
- provide professional services that are used by other regulated members and individuals to provide services directly to the public
- teach the practice of the profession to members of the College or to students of the profession, or
- supervise members of the College who provide professional services to the public.

If a member is aware of individuals who meet the above criteria and who are not listed on the Registrant Directory of Members, it is their responsibility to report this information to the College.

Liability Insurance

College policy states all practicing registrants must carry professional liability insurance, either employer provided or third-party, of an amount not less than two million dollars per occurrence. Members must submit proof of insurance to the College upon request.

If you have purchased a Dietitians of Canada (DC) membership you may purchase cost effective liability insurance through DC. Alternatively, the College of Dietitians of Alberta offers members the ability to purchase professional liability insurance from Sheppard Insurance Service through the College.

Additional information on liability insurance or to purchase insurance through the College program, please access the members section of the College website.

Jurisprudence Learning Module

Jurisprudence is defined as the science or philosophy of law. In the context of dietetics, it is the provincial legislation in combination with the College of Dietitians of Alberta's legislation, regulations and standards of practice that govern practice in Alberta. To ensure every registered member of the College has an understanding of jurisprudence, the College has developed an online learning module based on the content found within the College's *Professional Practice Handbook for Dietitians in Alberta*.

All new registrants to the College including standard applicants, applicants transferring from out-of-province and return-to-practice applicants will be required to successfully complete the module within one year of the time of registration. Thereafter, every member on the General Register will be required to complete the learning module every five years to maintain registration with the College.

Information on jurisprudence, the online learning module and how to complete the module can be found on the members section of the College website under the Jurisprudence page.



College Registers

The College maintains General, Temporary and Courtesy Registers.

General Register

Individuals who have met all the criteria for registration are entered into the General Register.

Members who are authorized to perform restricted activities are listed on the General Register. The Register will identify the restricted activities the member is authorized to perform.

Members on the General Register have the right to use all the protected titles of the College.

Temporary Register

The Temporary Register is for applicants who have met academic and practical training requirements, but have not yet written the Canadian Dietetic Registration Examination or are waiting for results. Temporary registration with the College allows graduates to practice under the supervision of a Registered Dietitian or Registered Nutritionist while waiting to write the CDRE. Registration on the Temporary Register expires 8 weeks after the date of the registration examination.

Temporary registrants may only use the protected title "Dietitian" and may not use the word "Registered" or the initials "RD". If individuals on the temporary register practice, a Registered Dietitian or Registered Nutritionist must supervise them. The supervision requirement is designed to provide mentorship and practice advice to temporary registrants until they are fully registered with the College. Supervision requires the temporary registrant to have regular weekly communication (in person, telephone or electronic) with the RD to review practice, practice based issues and activities that have been undertaken during the week.

Courtesy Register

The Courtesy Register accommodates Dietitians registered in another jurisdiction that is recognized by Council, who may be practicing in Alberta on a temporary basis. Practice on this register is limited to the specific purpose for which the registration is granted and is time limited.

Individuals on this register may use all the protected titles of the College.



Use of Protected Titles

The protected titles of the College are:

- Registered Dietitian
- Registered Nutritionist
- RD
- Dietitian

Members on the general and courtesy registers may use all the above titles, and members on the temporary register may only use the title Dietitian.

The Act also protects use of the words: college, registered, regulated and regulated health professional. Only members of colleges regulated by the *Health Professions Act* may use these titles.

Titles are not portable. Health professionals must be registered in the province where they practice to have a right to title. Registration in one province does not mean title may be used while working in another province.

Membership with the Dietitians of Canada does not confer the right to use professional titles. Only registration with a provincial regulatory body allows professionals to use protected titles.

Regulated members on the General Register are eligible to wear the “RD” pin of the College, identifying them as fully qualified members who have the right to use all protected titles of the College. Wearing the RD pin assures the public, colleagues and employers that an individual is a regulated health professional.

It is every member’s responsibility to protect the integrity of the profession by reporting misuse of title to the College. The Registrant Directory of the College lists regulated members of the College and is available online on the College website. It is updated throughout the year so members will know who is authorized to use the protected professional designations.



Practice Permits

The practice permit is a license to practice dietetics and use the protected titles of the College in Alberta. An individual may not practice or use the protected titles of the College (Registered Dietitian, Registered Nutritionist, Dietitian or RD) without a practice permit.

The College issues an online practice permit to regulated members each year. The permit will indicate the following: the name of the College and that the permit is issued under the *Health Professions Act*, the member's name and registration number, the category of register the member is on, any conditions on the member's practice permit, whether the member provides any restricted activities, and the expiry date.

The *Health Professions Act* requires that the practice permit be on display where the member provides service or that the regulated member makes the practice permit available for inspection on request of employers and the public.

The practice permit registration fee is tax deductible, and online income tax receipts are issued by the College along with the practice permit. Members will not receive a Practice Permit and Official Tax Receipt in the mail from the College office.

Renewal of Practice Permits

Practice permits expire every year on March 31. Members cannot practice without a current practice permit.

Each year members must submit a complete online registration renewal to the College that includes the registration renewal form, Continuing Competence Program submissions and fees in order to renew their practice permit. Members will receive an email from the College once the online registration renewal forms are available March 1. Members must ensure the College has up-to-date contact information and should contact the College if they do not receive the email with login and renewal information by the end of February.

The College must receive the complete application for renewal prior to the close of business March 31. If March 31 falls on a weekend or holiday, the renewal must be received at the College, before the close of business on the last business day prior to March 31.

The *Act* requires that employers be notified when a practice permit is suspended or issued with conditions.

The following suggestions are made in order to prevent any interruption in the ability of a member to practice:

- set a portion of registration fees aside each month for next year's renewal
- ensure the continuing competence program submissions are completed prior to March 1 (for submission online)
- submit all requirements for registration renewal as soon as possible after they are available online - if paying by cheque, they can be post-dated to March 31 but must be received no later than March 31

Late Renewal

According to the *Health Professions Act*, if a complete application for renewal of a practice permit is not received by March 31, the practice permit is automatically suspended and the member may not practice. The late renewal penalty fee will be automatically applied.

Please refer to the "List of Fees and Assessments" in this section for more information.

Resigning from the College

Members who are no longer in dietetic practice or no longer wish to maintain their registration status can resign in



good standing by completing the online registration renewal form and changing their status to resigned, and by informing the Registrar in writing prior to March 31 that they are resigning from the College.

Members who resign may no longer practice dietetics or use the protected titles of the College.

Members who resign from the College and wish to reapply for registration at a future date must meet all registration criteria in place at the time of the application, including examination and current practice requirements.

Notices and Information

The College must keep members informed of changes to regulation or other issues that impact practice, and is required to provide current information to the Government and the public. The College must also be able to contact members or employers on regulatory issues.

The Regulation lists the demographic, education, training and practice information that must be provided by a member of the College. This is the information that is requested on applications for registration or renewal of a practice permit. The Regulation also requires that members must inform the Registrar of any changes to any of the information they give the College including any change to name, home or work address, employer or practice information.

A member's file consists of official documents and verification is required in order to make appropriate changes to records. All notifications of changes must be made in writing and mailed, emailed or faxed to the College. Name changes must be also be accompanied by appropriate supporting documentation. Members may access and edit their own Profile information on the Online Profile page to ensure that it is correct.

It is imperative that members provide information that is complete and accurate. Refusal to supply information, intentional omission, or misrepresentation of any information to the College constitutes unprofessional conduct.

The *Health Professions Act* also requires employers to notify the Complaints Director of the College if the employment of a regulated member is terminated or suspended, or the regulated member resigns, due to unprofessional conduct.

Registering in Another Province

The Labour Mobility Agreement is an agreement between provincial regulatory bodies in Canada that is based on common requirements for registration and competence.

Registration is based on verification of the member's registration in good standing with one of the parties to the Agreement, along with the completion of an application form, payment of fees, and meeting any requirements such as criminal record checks that are unique to that province. The Labour Mobility Agreement does not apply to non-regulated categories of members.

It is very important that a member maintain their registration with their current regulatory body if planning a move to another province. Registration with a regulator must be maintained to have access to registration under the Agreement.

All dietetic regulatory bodies in Canada are part of the Agreement. Dietitians of Canada is not part of the Agreement because it is not a regulatory body.

Reciprocity Agreements

The Dietitians Association of Australia (DAA) and nine of the ten provincial dietetic regulatory bodies of Canada have entered into a Charter to mutually recognize dietitians who are registered or credentialed in Australia and Canada.

The Mutual Recognition Voluntary Relationship Charter will only apply to dietitians with full Accredited Practising Dietitian (APD) status (Australia) and/or Registered Dietitians in Canada who hold a current General or Full Certificate of Registration and who have practiced as a dietitian for at least twelve months (Canada).



Fees & Assessments

For the purposes of the *Health Professions Act*, the Regulations and the Bylaws, the following fees and assessments have been established:

Application Fees

Graduates of Canadian accredited programs and other programs	\$105.00
Courtesy Register	\$ 52.50

Practice Permit Fees

Annual Practice Permit fee	\$598.50
Temporary Practice Permit fee	\$236.25
Courtesy Practice Permit fee (30 days)	\$ 52.50
MRA Practice Permit fee – April 1	\$598.50
MRA Practice Permit fee – July 1	\$448.88
MRA Practice Permit fee – October 1	\$299.25
MRA Practice Permit fee – January 1	\$149.63
Late renewal fee	\$150.00

Assessment Fees

International/Return to Practice Assessment	due at the time of assessment
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Administrative Fees

NSF Cheques	\$ 26.25
Restricted Activity Application fee	\$ 26.25
File copying & transfer	\$ 26.25

Examination Fees

Canadian Dietetic Registration Examination (CDRE) fee (no GST)	\$440.00
CDRE re-scoring fee	\$ 26.25

Reviews and Appeals

Registration review	\$262.50
Practice permit review	\$262.50
Review or appeal of decision under the <i>Health Professions Act</i>	\$262.50
CDRE appeal	\$ 78.75

Note: Fees Charged by the College include 5% GST.



IV. Restricted Activities



Restricted Activities Defined

The government has defined a restricted activity as a procedure or service that requires specific professional competence to be performed safely. The *Health Professions Act* recognizes that one or more professions can have the competence necessary to perform the same restricted activity. The term “restricted” means that only competent healthcare practitioners may perform these activities, not that they are “restricted” to a particular profession.

The 18 restricted activities identified by the Government include a range of health services such as performing surgical procedures, setting a fractured bone or prescribing drugs and are found in schedule 7.1 of the Government Organization Act.

The restricted activities that relate to dietetic practice are described in detail in this section under the heading *Restricted Activities in Dietetic Practice*.

In addition to outlining which health services **are** restricted activities, the legislation also states very clearly which activities **are not** restricted. The following are **not** restricted activities:

- activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf
- giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups and
- drawing venous blood.



Performance of Restricted Activities

The legislation clearly states that no person can perform a restricted activity or a portion of it, on or for another person unless they are **authorized** to do so, or they are **supervised** under specific conditions.

Authorized means:

- the person is a regulated member of a college under the *Health Professions Act* and is authorized by the regulation of a college to perform restricted activities or
- the person is authorized by regulations made by the Minister of Health under the *Health Professions Act* to perform restricted activities or
- the person is authorized to perform restricted activities by another enactment.

Supervised means:

- the person is authorized by a regulation of a college under the *Health Professions Act* to perform the restricted activity under supervision, and the regulation of the college states how supervision is to be provided, and
- the person has the consent of, and is supervised by a regulated health professional who is authorized to perform the restricted activity.

Only a person authorized to perform a restricted activity may provide supervision of, or consent to supervise, another person performing the restricted activity or a portion of the restricted activity.

Limitations

No one may require another person to perform a restricted activity or a portion of it if that person is not authorized to perform the restricted activity.

If an authorized person is not available, an individual may provide a restricted activity or a portion of the restricted activity to provide comfort to, or to stabilize a person who is ill, injured or unconscious as a result of an accident or other emergency.

Contravention

Contravention of the Legislation with respect to restricted activities is a serious offence. If the Legislation, the Regulation, or any other guidelines established by the College for the performance of restricted activities are contravened for any reason, the College must be notified immediately.

Development of the Regulatory Framework

Under the *Health Professions Act*, the Government gives colleges the authority to regulate the restricted activities that are a part of current professional practice. Colleges then authorize members to provide the restricted activities.

In developing its framework for the regulation of restricted activities, the College consulted with internal and external stakeholders throughout the development process to identify:

- the restricted activities for which the College would seek authorization in regulation
- the public safety and policy issues associated with these activities
- and validate the competencies required to perform each restricted activity safely, and
- and validate the ways that these competencies are developed and would be demonstrated to the College for members to receive authorization.



Roles & Responsibilities

A number of participants have different roles and responsibilities with respect to restricted activities:

The College

The College is responsible for regulating the safe performance of restricted activities, authorizing practitioners, and issuing practice permits to allow performance of restricted activities.

The College establishes the competencies, standards, and guidelines for the performance of restricted activities, and determines how competence will be demonstrated and authorized.

The College is also responsible for monitoring the ongoing competent performance of restricted activities and tracking trends in dietetic practice to assess changes in the restricted activities provided by members.

Members

Members have a responsibility to know which restricted activities are authorized by the College, and to identify when restricted activities are being performed.

Members will decide whether to provide restricted activities or not, based on the context of their practice and the requirements of their workplace. If a member decides to provide a restricted activity, it is the member's responsibility to obtain authorization from the College to perform the activity as part of their practice.

Accountability rests with the member performing a restricted activity to ensure that they are authorized and competent to perform restricted activities.

Members are responsible for maintaining ongoing competence to perform a restricted activity and for upgrading or refreshing skills when required.

Employers

Employers are responsible for the provision of health services and health programs, and for the distribution and appropriate mix of skills in the health workforce.

Employers have accountability as health service providers to ensure employees and students are appropriately authorized or supervised when performing restricted activities.

Employers have a key role in providing opportunities for employees to receive training and demonstrate competence to perform restricted activities, and for removing any barriers to performance of restricted activities by authorized practitioners.

Universities, Internship Programs, Dietitians of Canada

Universities and internship programs ensure that undergraduate education and training keep pace with changes in dietetic practice and provide a foundation for the development of the competencies required for dietetic practice.

Dietitians of Canada provides support through the development of continuing education programs and resources.



Development of Competence

The *Government Organization Act* defines competence as “the combined knowledge, skills, attitudes and judgment required to provide professional services”.

Within their practice, members provide the services they are competent to perform, and as professionals, identify and continually develop and maintain the skills necessary to maintain competence. The College has identified competency indicators for the knowledge, skills, attitudes and judgment required to perform each of the restricted activities. These competencies must be developed, demonstrated, and verified in order for a member to be authorized by the College to perform the activity.

While undergraduate education and training establishes a foundation for the performance of these activities, Registered Dietitians and Registered Nutritionists generally develop the specialized expertise to do restricted activities in the workplace.

The method for developing competence will vary from one workplace to another, from one dietitian to another, and from one restricted activity to another.

The College sets out guidelines for the development and demonstration of competence that must be met by a member to be authorized to perform restricted activities. The guidelines accommodate a variety of training methods while ensuring the safe practice of restricted activities.

The College does not approve specific education or training programs for restricted activities, but recognizes combinations of the following methods of competence development as appropriate:

- attending, observing, and assisting with procedures in the presence of authorized practitioners
- receiving individualized training from RDs and other authorized practitioners
- participating in clinical teaching presentations, clinical case conferences, teaching rounds, and case studies
- taking part in site based education/training
- self study, including research and literature review
- completing competency based education
- ongoing clinical exposure to the restricted activity, patient involvement and follow up.

As members plan their competence development activities they will need to consider:

- the nature of each specific restricted activity they want to be authorized to perform
- the competence indicator being developed
- the availability and appropriateness of training methods
- the consent, supervision and performance requirements and
- access to appropriate authorized practitioners.

Notification

In order to address safety of the public, the College must be able to inform employers and the public that a restricted activity is being performed by an authorized practitioner, or a practitioner who is being supervised while training, or that a practitioner should not be performing the restricted activity.

A member must notify the College prior to training to perform any restricted activity, and must complete the required forms. All individuals who are training will be noted on the restricted activity register.

Supervision Requirements

A member who performs a restricted activity on a person during competence development (training) must have the consent of and be under the supervision of a RD and/or a Regulated Health Professional authorized to perform the restricted activity. The supervisor must be available to consult with and assist when the restricted activity is being performed by the member in training.



Supervision by a Regulated Health Professional is **not required** during competence development (training) when the restricted activity is **not being performed on a person**.

Students

According to Regulation and criteria established by the College of Dietitians of Alberta, students must be enrolled in an accredited internship, or program approved by the College, to perform restricted activities as part of their training.

Students may perform a restricted activity as part of their training but must have the consent of, and be under the supervision of a Regulated Health Professional authorized to perform the same restricted activity. The supervisor must be onsite and available to consult with and assist when the activity is being performed on a person.



Authorization

Authorization by the College to perform a restricted activity is based on the member demonstrating that they are competent to perform the restricted activity, and that the competent performance of the restricted activity has been verified. Members can contact the College to obtain the required forms.

The number of procedures needed to demonstrate competence depends on factors including:

- the particular restricted activity
- frequency of exposure to the restricted activity and
- the ability of the individual practitioner.

The College has not set a specific number of procedures that must be performed to demonstrate competence. Competence in the performance of a restricted activity is met when the combined knowledge, skills, attitudes and judgment to perform the restricted activity have been developed, demonstrated and verified. Once the competent performance of the restricted activity has been observed and verified by a regular authorized health professional and the required application fee has been paid, the member will be issued a practice permit that authorizes them to practice the restricted activity.

Members with a temporary practice permit may be authorized to perform a restricted activity once competent performance has been demonstrated and verified.

Ongoing Competence

Members must be competent each and every time they perform a restricted activity. Authorization to perform restricted activities must be renewed annually and will require a declaration by the member when they apply to renew their practice permit that the competence requirements continue to be met.

However, if skills have lapsed during the year for any reason, it is the responsibility of the member to upgrade or refresh skills before continuing to perform a restricted activity.

The process of maintaining competence to perform restricted activities is part of the competence program of the College. As part of this program, a member who performs restricted activities must complete the self assessment process and develop one competence plan for each restricted activity that they are authorized to perform. It should be noted that development of competence plans related to the performance of restricted activities is done in addition to the regular competence program requirements.



Performing Restricted Activities

Only Registered Dietitians and Registered Nutritionists who are authorized by the College, or who have notified the College and are supervised appropriately while training, may perform restricted activities, or any portion of a restricted activity.

Members not currently performing restricted activities, who wish to incorporate them into their practice, may begin the process of becoming authorized to perform a restricted activity at any time after notifying the College and completing the required forms.

Referral

The *Code of Ethics and Standards of Practice and Essential Competencies for Dietetic Practice* require members to “provide services within scope of practice and personal competence” and to “recognize limitations in practice qualifications and own level of competence”.

When a client requires treatment beyond a member’s level of competence or expertise, or whose care reaches a boundary defined by a restricted activity that the member is not authorized to perform, the member will refer the patient to a practitioner who can provide the specialized expertise required.

A referral does not necessarily mean the component of care the referring member is competent to provide ends. Involvement may be ongoing, but may need to be coordinated or integrated with the treatment determined by the practitioner or interdisciplinary team the client is referred to for further treatment.

Restricted Activities in Dietetic Practice

The *Government Organization Act* - Schedule 7.1 provides a broad statement of each restricted activity. Some Restricted Activities include a number or range of discrete activities within the description.

The Regulations of the College describe the restricted activity for the profession and the specific components of a particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. For example a restricted activity in the Act reads:

“to dispense, compound, **provide for selling** or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act*”

The component of this restricted activity that Registered Dietitians and Registered Nutritionists are given authority in regulation to perform is to **provide for selling**. They may not dispense, compound or sell a Schedule 1 or Schedule 2 drug. Because the Act defines “sell” to include “distributing and giving away...”, the provision of Schedule 1 or 2 drugs to clients, free of charge, becomes a restricted activity.

The Restricted Activities that have been authorized in regulation by the Government for Registered Dietitians and Registered Nutritionists are listed in the following pages. Detailed descriptions, definitions and examples of these activities as they relate to dietetic practice have been included.



The Insertion and Removal of Tubes

The Government Organization Act – Schedule 7.1

Restricted Activities (b) (ii) (iii) and (vii), which read:

- “(b) to insert or remove instruments, devices, fingers or hands
(ii) beyond the point in the nasal passages where they normally narrow
(iii) beyond the pharynx
(vii) into an artificial opening into the body.”

The Regulations

10(1)(a)

“to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow or beyond the pharynx for the purposes of inserting or removing nasogastric tubes, if in the provision of nutrition support the regulated member is providing enteral nutrition;”

10(1)(b)

“to insert instruments, devices, fingers or hands into or remove them from an artificial opening in the body if, in the provision of nutrition support, the regulated member provides enteral nutrition to patients and inserts or removes gastrostomy or jejunostomy tubes;”

Relevant Definitions

Nutrition support

The term “nutrition support” means the provision of appropriate nutritional therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Enteral Nutrition

Feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing these restricted activities when they insert or remove nasogastric tubes or insert or remove replacement gastrostomy and jejunostomy tubes into a well-established site, when providing nutrition support.

Setting: Registered Dietitians and Registered Nutritionists working in acute and chronic care, in inpatient, outpatient, and hospital clinic settings, and occasionally in homecare settings perform these activities.

Required Competence Indicators

Knowledge

- anatomy and physiology of upper airway, nasal passages, GI tract
- the physiology of normal swallowing, and gag reflex
- the theory behind and mechanism for enteral nutrition
- types of tubes and methods of insertion and removal
- when to change tubes
- common and unusual patient responses to the treatment
- potential complications with tube placement
- universal precautions
- patient restrictions that may preclude proper positioning of patient
- procedures or disease process that may preclude tube insertion
- required charting



Skill

- positioning the patient
- measuring for proper placement
- checking for proper placement of tube
- aseptic technique
- inserting/ removing tube
- securing placement (taping and stabilizing techniques)
- identifying potential complications with tube placement
- demonstrating and teaching proper care of insertion site and tube care to patient
- addressing patient anxiety
- educating patient and family
- obtaining informed consent
- documenting in the patient record

Attitude

- empathetic with patient
- comforting/reassuring
- confident in own skill level
- responsive and alert to patient discomfort
- interested in learning new skills and knowledge
- collaborative with other team members and practitioners
- committed to accuracy
- proactive in problem-solving
- client-centered

Judgment

- assess patient readiness and anxiety level
- assess patient capacity to care properly for tube and tube insertion site
- detect and problem-solve equipment misplacement or blockage
- observe carefully for allergic responses to materials, e.g. tape, tubing and latex
- monitor patient adaptation to equipment
- refuse to replace tube if potentially contraindicated or professionally uncomfortable with the request
- recognize need to consult with other professionals as required



Prescribing Parenteral Nutrition

The Government Organization Act – Schedule 7.1

Restricted Activities (f) which reads:

“(f) to prescribe a schedule 1 drug within the meaning of the *Pharmacy and Drug Act*”

The Regulations

10(1)(c)

“to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act* for the purpose of providing nutrition support.”

10(1)(d)

“to prescribe parenteral nutrition if the regulated member is providing nutrition support and the member is authorized to prescribe a schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*.”

Note that the *Pharmaceutical Profession Act* was replaced by the *Pharmacy and Drug Act* and related *Regulations*, and the *Health Professions Act* in 2006.

Relevant Definitions

Nutrition Support

The term “nutrition support” means the provision of appropriate nutritional therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Parenteral Nutrition

The term “parenteral nutrition means the intravenous administration of nutrients, fluids and other pharmacologic agents either by means of a large central vein (usually the superior vena cava) or a peripheral vein (usually in the hand or forearm).

Prescribe

The description of “prescribing activity” that is widely accepted across professions is: determining the right dose, the right drug, the right route, the right time for the right person.

In the *Pharmacy and Drug Act*, prescription means “a direction given verbally or in writing by a ...practitioner who is authorized to prescribe drugs directing a pharmacist...to dispense, for the person named in the direction, a stated amount of a drug specified in the direction”.

Drug Schedules

The drug schedules are created by the provincial and federal governments and reflect an assessment of risk to the public from the drug and the level of professional control required for a patient’s safe and effective drug use. Drugs can be moved between the drug schedules due to changes in the assessment of risk, and may be found on any or all three of the drug schedules depending on factors such as the concentration of the drug; for example, vitamin and mineral supplements which may come in oral, parenteral or intramuscular formulations. For this reason, Registered Dietitians and Registered Nutritionists must regularly review drug schedules to ensure they are familiar with the scheduled drugs relevant to their practice.

Schedule 1 Drugs

Drugs found on schedule 1 require a prescription.

Schedule 2 Drugs

Schedule 2 drugs do not require a prescription but are available only from a pharmacist or practitioner who is



authorized to provide them. They are located in pharmacies and institutions to which there is no public access and no opportunity for self-selection.

Schedule 3 Drugs

Schedule 3 drugs do not require a prescription and are available in the self-selection area of the pharmacy.

Drug schedule information may be found on the Alberta College of Pharmacists website:

<https://pharmacists.ab.ca>

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing the restricted activity when they prescribe parenteral nutrition, a schedule 1 drug, when providing nutrition support.

Registered Dietitians and Registered Nutritionists may prescribe schedule 1 drugs required in the provision of parenteral nutrition.

No other schedule 1 drugs may be included in the prescription by Registered Dietitians and Registered Nutritionists because there is no authorization in Legislation to do so. Schedule 2 drugs may be included in the formula as they do not require a prescription.

Setting: Registered Dietitians and Registered Nutritionists working in acute and chronic care, in inpatient, outpatient, home care, and rehabilitation hospital settings perform these activities.

Required Competence Indicators

Knowledge

- normal and therapeutic nutrition requirements, including fluid, macronutrient and micronutrient needs, electrolytes, H₂ receptors.
- clinical understanding of how nutrition is generally affected by disease, and the effects of TPN complications
- how medications can influence and interfere with nutritional requirements
- a variety of medical, surgical, and diagnostic procedures that affect or help to assess nutritional status
- diagnostic tests and ability to interpret implications of results for nutritional requirements of blood gases, microbiological and biochemical reports, and other diagnostic results
- actions, interactions, pharmacological mechanisms, side effects, and adverse effects of drugs prescribed and/or compounded into TPN
- how the TPN formulation can affect the metabolic condition of the patient
- the drug schedules and where to access drug schedule information
- understand delivery systems

Skill

- mathematical skills to calculate proper dosages
- problem anticipation and problem solving skills
- ability to assess patient adaptation to TPN
- equipment handling skills
- altering TPN management based on complications and/or lab results
- educating patient and family
- documenting in the patient record

Attitude

- confident in own skill level
- committed to accuracy
- proactive in problem-solving
- non-judgmental regarding patient lifestyle
- interested in learning new skills and knowledge
- reviews current research



- collaborative with other team members and practitioners
- client-centered

Judgment

- capacity to weigh risks and benefits
- ability to determine when to stop treatment
- ability to assess indicators of treatment impact
- ability to monitor and analyze metabolic changes in the patient
- awareness of situational assessment of numerous factors re: decision to treat or discontinue treatment
- ability to judge when a situation has turned from chronic to acute, or stable to critical
- recognizes need to consult with other professionals as required



Prescribing or Administering Diagnostic Imaging Contrast Agents

The Government Organizations Act- Schedule 7.1

Restricted Activity (j) which reads:

“to prescribe or administer diagnostic imaging contrast agents.”

The Regulations

10(1)(e)

“to prescribe and administer oral diagnostic imaging contrast agents if in the provision of medical nutrition therapy a regulated member performs a video fluoroscopic swallowing study or assists with the study;”

Relevant Definitions

Medical nutrition therapy

The term “medical nutrition therapy” means the use of specific nutrition services to treat an illness, injury or condition. It involves: (a) assessment of the patient’s nutritional status, and (b) treatment, which includes nutrition therapy, counseling, or use of specialized nutrition supplements.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they determine the amount of barium contrast agent a patient receives, and/or administer the contrast agent, by way of mouth, during a video fluoroscopic swallowing study while providing medical nutrition therapy.

Setting: Registered Dietitians and Registered Nutritionists in acute and chronic care, and in inpatient, outpatient, and rehabilitation settings (primarily geriatric) perform these activities.

Required Competence Indicators

Knowledge

- anatomy, physiology and normal mechanisms of swallowing
- the range of swallowing difficulties
- disease processes resulting in swallowing difficulties and pathology
- cognitive, oral, motor, and pharyngeal impairments contributing to dysphagia
- risk factors associated with the procedure
- complications of the procedure
- proper positioning of patient for procedure
- radiological exposure/safety rules
- safe, appropriate levels of contrast agents
- pharmacological/chemical nature of contrast agent and possible side/adverse/interactive effects

Skill

- assess tolerance for test
- assess cognitive ability to comply with test instructions
- prevent/reduce radiation exposure
- position patient properly
- obtain informed consent
- monitor aspiration risk during test
- interpret test results
- communicate with and reassure patient during procedure
- communicate with team during procedure
- perform CPR and Heimlich maneuver
- educate patient and family



- document in the patient record

Attitude

- confident in own skill level
- responsive to patient response and discomfort
- attentive-constantly watching patient during test
- non-judgmental
- interested in learning new knowledge and skills
- review current research
- collaborative with other team members and practitioners
- client-centered

Judgment

- capacity to anticipate likelihood that test results will be used in determining treatment
- able to analyze risk/benefit
- seeks help immediately if problems or complications arise during test
- insists on safety protocols
- consults with other professionals as required



Provision of Drugs, Including Samples

The Government Organizations Act- Schedule 7.1

Restricted Activity (g) which reads:

“to dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug, within the meaning of the *Pharmacy and Drug Act*.”

The Regulations

10(1)(g)

“to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmaceutical Profession Act* and pursuant to a prescription, if required by the *Pharmaceutical Profession Act*.”

Again, note that the *Pharmaceutical Profession Act* was replaced by the *Health Professions Act* and *Pharmacy and Drug Act* and related *Regulations* in 2006.

Relevant Definitions

Sell (distributing and giving away)

In the Act the definition of sell includes “distributing and giving away...” The provision of Schedule 1 or 2 drugs to clients, free of charge, becomes a restricted activity because of the definition of “sell” in the Legislation.

Medical Nutrition Therapy

The term “medical nutrition therapy” means the use of specific nutrition services to treat an illness, injury or condition. It involves: (a) assessment of the patient’s nutritional status, and (b) treatment, which includes nutrition therapy, counseling, or use of specialized nutrition supplements.

Drug Schedules

The drug schedules are created by the provincial and federal governments and reflect an assessment of risk to the public from the drug and the level of professional control required for a patient’s safe and effective drug use. Drugs can be moved between (or off) the drug schedules due to changes in the assessment of risk, and may be found on any or all three of the drug schedules depending on factors such as the concentration of the drug, for example, vitamin and mineral supplements.

Schedule 1 Drugs

Drugs found on schedule 1 require a prescription.

Schedule 2 Drugs

Schedule 2 drugs do not require a prescription but are available only from a pharmacist or practitioner who is authorized to provide them. They are located in pharmacies and institutions to which there is no public access and no opportunity for self-selection.

Schedule 3 Drugs

Schedule 3 drugs do not require a prescription and are available in the self-selection area of the pharmacy.

Drug schedule information may be found on the Alberta College of Pharmacists website: www.altapharm.org

Link to Dietetic Practice

This restricted activity is not about prescribing drugs, but it is about distributing drugs listed on a drug schedule. The Regulation does not permit Registered Dietitians and Registered Nutritionists to sell drugs.

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they provide Schedule 1



or Schedule 2 drugs such as insulin, and oral hypoglycemic agents to their patients when providing medical nutrition therapy. In the case of schedule 1 drugs, they must be given out in accordance with a prescription or written order.

All members of the College must be aware that providing drugs including samples as part of practice may be a restricted activity. It is a member's responsibility to determine whether the drugs they are providing are controlled by drug schedule 1 or 2. If so, authorization from the College to perform this restricted activity is required.

If the drugs or samples being provided are not found on one of these two drug schedules, then authorization is not required as this is not a restricted activity.

Setting: Registered Dietitians and Registered Nutritionists, in acute and chronic care, in outpatient, community or clinic settings perform this activity.

Required Competence Indicators

Knowledge

- which drugs, including samples, require authorization to be provided
- indications, contraindications, actions, interactions, side effects, adverse effects of the drug
- drug-drug and drug-food interactions
- the importance of administration factors such as timing
- different types of a drug, e.g. different insulins
- how to intervene with drug allergies
- patient conditions (i.e. pregnancy) or disease processes
- disease states and pathology
- patient situation with respect to diet, exercise and illness, which may influence required dose
- the drug schedules and where to access drug schedule information

Skill

- ability to assess appropriateness/safety for drug distribution
- ability to assess patient ability to understand and comply with instructions for drug use
- ability to demonstrate administration of drug
- ability to educate patient re: drug and its use
- ability to instruct patient re: side and adverse effects
- provide appropriate documentation in patient record

Attitude

- uses caution with appropriate use of drugs and samples
- accepts full responsibility for patient education re: drug
- collaborates with other team members and practitioners
- displays confidence in own skill level
- client-centered
- displays interest in learning new skills and knowledge

Judgment

- anticipates likelihood that patient will comply with appropriate use of drug sample
- determines when to give drug -e.g. time or financial problems accessing the drug; trial dose
- assesses patient circumstances (diet, exercise and illness) are compatible with drug dose
- consults with other professionals as required



Psychosocial Interventions

The Government Organizations Act- Schedule 7.1

Restricted activity (p) which reads:

“to perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs

- (i) judgment
- (ii) behaviour
- (iii) capacity to recognize reality
- (iv) ability to meet the ordinary demands of life.”

The Regulations

10(1)(f)

“to perform psychosocial intervention if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns;”

Relevant Definitions

Psychonutrition Therapy

The term “psychonutrition therapy” means the integrated application of psychotherapy and medical nutrition therapy in treating the underlying psychopathology of persons with disordered eating patterns.

Medical Nutrition Therapy

The term “medical nutrition therapy” means the use of specific nutrition services to treat an illness, injury or condition. It involves: (a) assessment of the patient’s nutritional status, and (b) treatment, which includes nutrition therapy, counseling, or use of specialized nutrition supplements.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they provide psychonutrition therapy in the treatment of disordered eating.

Registered Dietitians and Registered Nutritionists may not use psychotherapy in treating other disorders such as dementia, schizophrenia, or attention deficit disorders as they are beyond the scope of dietetic practice.

A member is performing this restricted activity when...

A member is performing this restricted activity when **both** of the following criteria are present in treating disordered eating:

1. **Psychonutrition therapy** is used to **treat the underlying cause (psychopathology)** of the disordered eating.

Psychonutrition therapies may include but are not limited to:

- Behavior modification
- Cognitive therapy
- Body image therapy
- Anger management
- Aversion therapy

2. **The patient receiving treatment has a substantial disorder** of thought, mood, perception, orientation or memory **that grossly impairs** judgment, behavior, capacity to recognize reality or meet the ordinary demands of life.



The substantial disorder may be characterized by a disordered eating diagnosis (for example a DSM IV or GAF assessment), and may include specialized treatment settings and teams, ongoing involvement of other health professionals including physicians, psychotherapists and psychologists in the treatment of the disordered eating.

Professional judgment will be required to determine where the patient is on the continuum of care (between low and high acuity) and will require ongoing assessment to determine if that point has changed.

A member is not performing this restricted activity when...

It is easier to understand when a member is performing this restricted activity, when it is clear when a member is **not** performing the restricted activity:

The following are examples of the types of activities that are NOT restricted and may be performed by any member of the College:

- providing nutrition support, medical nutrition therapy, or diet plans to a patient with disordered eating is not a restricted activity.
- providing education and information to a patient with disordered eating is not a restricted activity.
- counseling a patient with disordered eating is not a restricted activity. “Giving information and providing advice with the intent of enhancing personal development or providing emotional support” are not restricted activities under the Legislation.
- using psychonutrition therapy with a patient who has disordered eating is not a restricted activity unless the patient has a “substantial disorder... that grossly impairs judgment, behavior, capacity to recognize reality, ability to meet the ordinary demands of life.”
- working with a client with disordered eating is not a restricted activity unless there is an **intent to treat** the underlying DSM diagnosis

Setting: Registered Dietitians and Registered Nutritionists in acute and chronic care, in inpatient and outpatient settings, in special program units, and in general psychiatry units perform this activity.

Required Competence Indicators

Knowledge

- the interaction of psychiatric and nutritional concepts of health and illness; causes and manifestations of psychonutritional health problems
- the interaction between internal medicine pathology and psychological pathology that manifests in nutritional problems
- the signs, symptoms, and appropriate psychonutrition therapies for critical and unstable nutritional states that affect judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life
- eating disorders, malnutrition, refeeding syndrome, and DSM IV/GAF diagnoses related to psychonutrition
- relevant diagnostic tests and interpretation of results
- patterns in the course of events for patients in these circumstances
- relevant roles of other members of the health care team in these services
- disordered eating patterns

Skill

- therapeutic listening
- physical assessment
- behaviour, cognition, and mood assessment
- therapeutic relationship building
- prevention and management of transference and counter-transference
- behavior modification and desensitization therapy
- monitoring patient progress and detection of high risk regression (changes from stable to critical status)
- managing a therapeutic relationship without encouraging dependency on the part of the patient, thereby not confusing role boundaries



- working collaboratively with other members of the health care team
- providing appropriate documentation in the patient record

Attitude

- non-judgmental and open-minded
- client-centered
- tolerant with a patient's individual recovery pace and setbacks
- respectful of confidentiality
- sensitive to possibility of marginalization of patient by others
- confident in own skill level
- collaborative with other team members and practitioners as required
- interested in learning new skills and knowledge

Judgment

- determines timing of intervention and intervention style
- prioritizes among a number of patient symptoms and etiology
- integrates patient data from internal medicine, mental health, and specific disease entities when planning treatment
- judges acuity and severity of patient situation
- assesses patient risk, and refers quickly when appropriate
- consults with other professionals as required



V. Continuing Competence Program

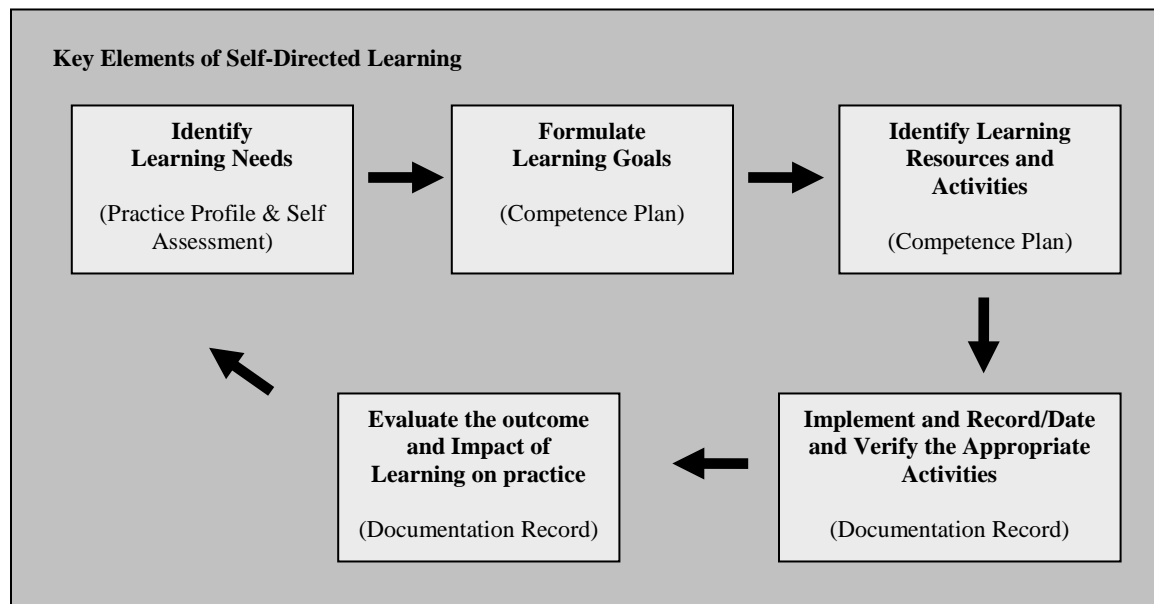


Introduction to the Continuing Competence Program

The *Health Professions Act* requires that all colleges have a Continuing Competence Program in place to monitor the ongoing competence of their members and enhance the provision of professional services. Under this Legislation it is mandatory for all regulated members on the general register to participate in the program.

The Continuing Competence Program of the College of Dietitians of Alberta is built on a foundation that is based on an extensive review of the competence models used in Canada and the United States by a variety of professions. It focuses on maintaining professional competence with respect to the *Standards of Practice and Essential Competencies for Dietetic Practice* (2007) developed by the College of Dietitians of Alberta in consultation with the Alliance of Canadian Dietetic Regulatory Bodies and dietitians across Canada.

The Continuing Competence Program also uses the principles of adult learning theory and contains the following key elements of self-directed learning.



In addition to monitoring continuing competence, the program is flexible, outcomes based and designed to support the professional growth and development of members in a way that enhances their career and personal goals. It was created to be adaptable to each member's unique practice, learning style and practice setting, and to integrate with employer quality assurance programs and performance management systems.



Competence & Dietetic Practice Defined

In order to gain maximum benefit from the Continuing Competence Program, it is useful to have an understanding of how competence and dietetic practice are defined in the *Health Professions Act*.

Competence

Competence is defined by the *Health Professions Act* as:

“the combined knowledge, skills, attitudes and judgment required to provide professional services”.

Professional competence is more than the accomplishment of discrete and isolated tasks. It involves the interaction and integration of knowledge, critical thinking, judgment, attitudes, skills, values and beliefs. Competence is also more than the knowledge and skills directly related to dietetics. For example, competence may include components such as computer skills, interpersonal skills, time management or presentation skills. It includes the ability to generalize learning and move from one situation to another. The specific knowledge, skills, attitudes and judgment required will vary based on a Registered Dietitian’s or Registered Nutritionist’s particular role or work environment.

The Continuing Competence Program has been designed to help members reflect on competence as it relates to their specific area of practice and work environment.

Dietetic Practice

The *Health Professions Act* defines Dietetic Practice as follows:

“In their practice Registered Dietitians and Registered Nutritionists do one or more of the following:

- a) assess nutritional status and develop, implement, and evaluate food and nutrition strategies and interventions to promote health and treat illness,
- b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products,
- c) promote optimal health, food security and food safety through the development and delivery of food and nutrition education, programs and policies, and
- c.1) teach, manage, and conduct research in the science, techniques, and practice of dietetics, and
- d) provide restricted activities authorized by the regulations.”



The Program

The College recognizes that members are already involved in a number of activities as part of their personal ongoing professional development. The Continuing Competence Program enables members to formalize, reflect on, and report these activities to the College.

The Continuing Competence Program of the College of Dietitians of Alberta is made up of three related parts.

Part 1 - Practice Profile

The practice profile enables members to more easily complete the appropriate self assessment tools, thereby helping them to focus their learning on activities that relate to their practice.

Part 2 – Self Assessment

The self assessment tool is based on the *Standards of Practice and Essential Competencies for Dietetic Practice* and is designed to assist members in identifying their learning needs and document opportunities to develop various aspects of their practice.

Part 3 - Competence Plan

The competence plan allows members to formulate learning goals and identify the resources and activities needed to achieve the identified learning goals throughout the upcoming year. It also asks members to identify and reflect on the expected outcome of achieving their goals. This information is entered online during Registration Renewal and accessed throughout the year on the members online profile.



Program Requirements

One of the public protection mechanisms in the *Health Professions Act* is mandatory participation in continuing competence programs. Fulfillment of the program requirements is linked to the annual application for renewal of a practice permit. Members will be required to declare that they have participated in the program during the previous year.

Members have electronic access to the Continuing Competence Program Workbook on the Workbook and Examples page on the members section of the College website. In March, members have access to online registration renewal where CCP submissions are to be made. In order to obtain their practice permit, members must meet the following requirements of the Continuing Competence Program annually:

- Completion of the Practice Profile and Self-Assessment within the CCP Workbook or another form of written documentation
- Completion of Continuing Competence Plan 1 and Continuing Competence Plan 2, each including a learning goal, competence activities and evaluation of outcomes within the CCP Workbook or another form of written documentation and online
- Completion of a Continuing Competence Plan for each Restricted Activity (if applicable) within the CCP Workbook or another form of written documentation and online
- Online submission of the Continuing Competence Plans to the College during registration renewal by March 31
- Identify online the Continuing Competence Program goals for the upcoming registration year

Special Requirements

Dietitians who are **not currently working in dietetic practice** (i.e. dietitians who are working in non-traditional roles or not working i.e. maternity leave) may focus Competence Plan 1 (from Standards 1 – 3) on *Competency 11: Acts as a reliable source for current food and nutrition information*. This competency contains aspects that are unique to any professional who carries the RD designation and therefore must be maintained.

In addition to the program requirements for Competence Plans 1 and 2, dietitians who are **authorized to perform restricted activities** must also develop one Competence Plan for each restricted activity that they are authorized to perform.

Members who are returning to practice after an absence of three or more years will be required, as part of their continuing competence program, to focus their goals to ensure their knowledge and skills are current.

Members may be required to complete workshops or self-study modules from time to time as set out by the Council.



Monitoring the Program

The role of the College as defined in legislation is to establish, maintain and enforce standards for the continuing competent practice of the regulated profession. Maintaining the competence to practice dietetics is the responsibility of each member and the Continuing Competence Program is designed to assist members in maintaining their competence. The College has a responsibility to monitor the effectiveness of the program and each member's participation in the program.

To meet this responsibility, in addition to annual registration renewal requirements, the College will *review* each member's online competence program submission at least once every three years, to ensure compliance with the program. Specifically, the College will assess the appropriateness of each reflection against the performance indicator, activities and evaluation, looking for demonstration in the reflection of:

- Identification of a learning goal, relative to the performance indicator selected
- An overview of activities undertaken and the new knowledge/skill acquired and applied in practice **and**
- How the goal influenced practice **and/or**
- How the member knows he/she is more competent in his/her practice **and/or**
- An example of feedback received (and from whom) that confirms the member's competence **and**
- Is written in the past tense (rather than expected future impact or use)

Further, 10% of members selected for online program review will be randomly selected for program *audit* each year. An *audit* includes a request from the College to submit CCP Workbook materials (including self-assessment, identification of goals, proposed activities and benefits to practice) or alternative documentation, in addition to documentation / verification of completed activities. Should you be selected, you will be required to submit these materials to the College for review, which will also include a review of your final Continuing Competence Program goals, activities and evaluation / reflection. Excellent record keeping is essential.

If a member is selected for audit, the member must submit all Continuing Competence Program documentation, including verification of participation in learning activities as requested and respond to any questions from the College with respect to their competence program.

The evaluation criteria that will be used in an audit include:

- Continuing Competence Program Workbook is complete; if alternate documentation is provided, the submission must include demonstration of:
 - Practice Profile (page 4 of the Workbook)
 - Self-Assessment (pages 7-18 of the Workbook)
 - Areas selected for further development (Standards 1-3 page 11; Standards 1-7 page 18)
 - Competence Plans 1 & 2 Worksheets (pages 21 & 22); for each plan:
 - One performance indicator per Plan is noted
 - "What I would like to learn" is complete
 - Dates, description of activity, and description of verification complete (see Verification below)
 - Evaluation: Reflection – benefit to practice checked off; reflection documented
 - Self-Assessment of Restricted Activities and areas selected for further development, as appropriate (pages 24-28)
 - Restricted Activity Competence Plans as appropriate (pages 29-32)
- Consistency between workbook activities/materials and online submission
- Verification of Activities:

The selected member must submit dated evidence of each documented activity, demonstrating that he / she has completed the activity within the continuing competence year. The activities should relate to the planned learning goal. The College will look for evidence of at least one of the following as verification for each activity:



- Samples of or references to a presentation, recommendation, new or revised material or program plan, etc
 - Copy of certificate of attendance, copy of program, copy of receipt
 - Reference lists with full citations
 - Journal article citation
 - Article/reading summaries
 - Learning resources
 - Notes from meetings/consultation with mentors, colleagues etc
 - Other verification evidence may be considered appropriate on a case by case basis
- Review of online reflection based on above criteria

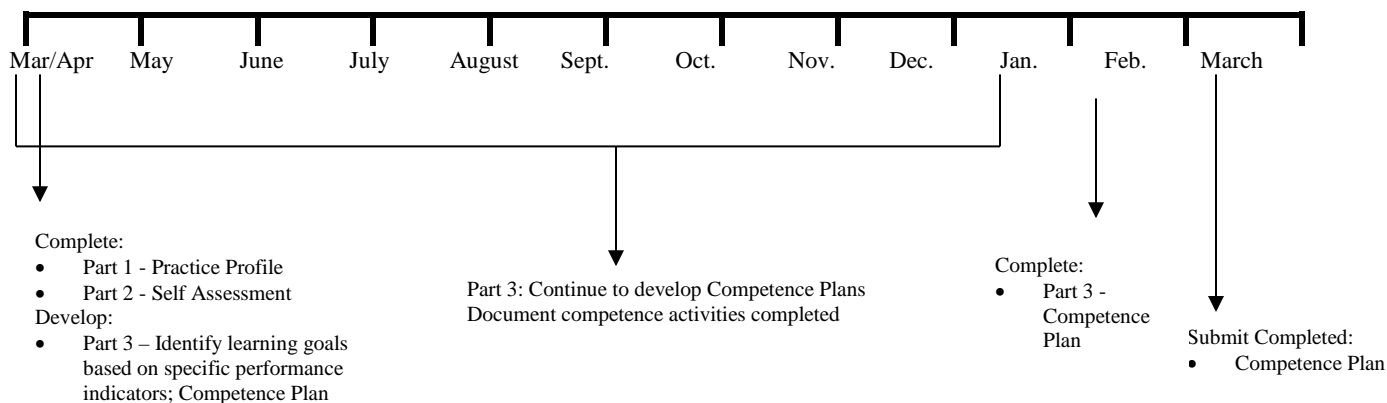
Non-Compliance with the Continuing Competence Program

The College will provide direction to members when competence programs do not meet established evaluation criteria. Members must undertake any additional actions related to their program as directed by the College. Failure to comply with the directions provided by the College may result in conditions on, suspension, or cancellation of the practice permit.



Completing Your Workbook

Continuing Competence Program Annual Timeline



The Continuing Competence Program Annual Timeline provides a snapshot of the Continuing Competence Program activities as they should be occurring throughout the year.

The CCP Workbook is posted on the Members section of the College website. Members should download a copy of the Workbook to complete the Practice Profile, the Self Assessment and to develop his or her Continuing Competence Plans. Throughout the year, members will then undertake and document planned competence activities. By February, members should have completed their Continuing Competence Plans and have evaluated the outcome that competence activities have had on their practice.

The College provides Members access to CCP online throughout the year. Members will set their goals for the upcoming year at the time of registration renewal and will be able to update their goals and activities throughout the year. Members will be required to complete their online Continuing Competence Program goals, activities and reflections for the preceding year before registration renewal is considered complete.



Competence Activities

What Activities can be Undertaken to Maintain Competence?

The range of activities that can be undertaken is wide and varied. Activities can be chosen to suit the individual competence plan, learning style and needs of members. The most important concepts to keep in mind as activities are selected are that they should be focused on the *Standards of Practice and Essential Competencies for Dietetic Practice*, the member's unique practice and should contribute to maintaining competence.

In addition to the options listed in the Continuing Competence Workbook, RDs have suggested the following list of creative ideas that will help to maintain competence.

These suggestions can be used to assist in completing section "B" of the Competence Plan:

- College sessions
- On-line courses (eg. Dietitians of Canada-DRI course)
- Networks/Networking/Participating in interest groups
- Mentoring/Teaching students
- Telehealth programs
- Webcasts, podcasts
- Internet resources
- Dietitians of Canada Web Site
- Contact with peers
- Consulting with other Health Professionals
- Professional exchanges
- Interprofessional conferences
- Updating educational resources
- Product updates/in-services
- Certification programs (eg. Certified Diabetes Educator, Certified Nutrition Support Dietitian)
- Subscribing to List serves
- Video conferencing
- Study groups
- Undertaking a practice-based research project
- Brown bag lunch education sessions
- Book reviews
- Attending/Presenting Rounds
- Doing presentations
- Developing or completing case studies
- Job Shadowing/Observation
- Poster Presentations
- Writing Articles
- Media review

Please remember to keep dated records of all activities undertaken for verification purposes in the case of an audit.



Documentation

As noted earlier, members must be able to verify their participation in activities related to their competence goals. Proof of attendance at events in the absence of other supporting documentation is not sufficient.

Verification of activities might include but is not limited to **dated** combinations of the following:

- Course certificate/ receipts and notes
- Notes from rounds/ education sessions
- Listing of references/ resources used and summary of findings
- Contact information for colleagues consulted and description of case or issue discussed
- Course outline or program and notes
- Copies of materials/ presentations developed
- Meeting date(s), participant list and topic summary of journal club/ study groups
- Summary of ideas generated with colleagues on an identified practice issue or problem
- Written summary of literature review
- Description of a case study, research or other finding that impacted your practice

Retain records regarding how these activities and outcomes can be verified by the College and where this information is stored. Remember to keep all documentation current and available for review by the College. **Continuing competence program documentation and Workbooks are to be retained by members for a minimum of three years.**



Workbook Samples

Reviewing all the sample forms that have been provided before beginning will assist in successfully completing the Continuing Competence Workbook. Please visit the competence section on the member side of the College of Dietitians of Alberta website at www.collegeofdietitians.ab.ca for workbook samples.

How to handle special requirements (restricted activities, not working in dietetic practice, non-traditional practice) are found in the hints below.

HINT: The **Practice Profile** describes the member's unique practice to the College. Complete it carefully as it is the foundation for development of the competence plan.

HINT: Be sure to complete the **Self Assessment**. This exercise not only helps identify areas to work on but ensures that goals are focused on the performance indicators within the *Standards of Practice and Essential Competencies for Dietetic Practice*.

HINT: If you are **authorized to perform a restricted activity** or are planning to **seek authorization**, include this information in the practice profile. In addition to the program requirements for Competence Plans 1 and 2, dietitians who are **authorized to perform restricted activities** must also develop one Competence Plan for each restricted activity that they are authorized to perform.

HINT: If you are in a **non-traditional practice**, think of your client as any individual, employer or community that is a potential or actual recipient of your expertise. As you complete your practice profile, ask yourself – Who benefits from my expertise? Competence Plan 1 may focus on Competency 11: Acts as a reliable source for current food and nutrition information.

HINT: Participation in the Continuing Competence Program is required annually for all members regardless of employment status. All members must complete a minimum of two competence plans. If you **are not currently working, not working in the field of dietetics, or are on maternity leave**, consider the clients/relevant others and the setting you might be working in, if/when you return to practice and complete the Practice Profile with this in mind. When identifying priority areas to consider, ask yourself – What will enable me to remain current and step back into my practice when I return to work? Focus your competence goals and activities on preparing for a return to the practice you have described.





VI. Codes, Standards & Guidelines



Legislative Requirements

The *Health Professions Act* required colleges to establish, maintain and enforce standards of practice for regulated health professions. The Government also requires that they be developed by colleges in consultation with their members, the Minister of Health and other stakeholders. The *Standards of Practice and Essential Competencies for Dietetic Practice* was developed by the College of Dietitians of Alberta (the College) in consultation with the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance) and dietitians across Canada. The document was created under the authority of the *Health Professions Act* and the *Registered Dietitians and Registered Nutritionists Profession Regulation* and supports the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists. Together, the act, regulations, *Standards of Practice and Essential Competencies for Dietetic Practice* and the *Code of Ethics* provide the legal framework for dietetic practice and for the provision of competent, safe, professional services.

The *Standards of Practice and Essential Competencies for Dietetic Practice* and the *Code of Ethics* must be made available to members and to the public upon request.



CODE OF ETHICS



CODE OF ETHICS

Introduction

The *Code of Ethics* was developed by the College of Dietitians of Alberta (the College) in consultation with dietitians in Alberta. The document was created under the authority of the *Health Professions Act* (the Act) and the *Registered Dietitians and Registered Nutritionists Profession Regulation* (the Regulation).

The *Code of Ethics* supports the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists. Together, the Act, Regulations, *Standards of Practice and Essential Competencies for Dietetic Practice* and the *Code of Ethics* provide the legal framework for dietetic practice and for the provision of competent, safe, ethical and professional services.

Purpose

The *Code of Ethics* is a set of principles of professional conduct which establishes the ethical expectations dietitians are required to adhere to in their professional practice. The document outlines the values, accountabilities and responsibilities by which dietitians are expected to conduct their practice. As self-regulated, autonomous professionals, each member of the College is accountable for practicing in accordance with the *Code of Ethics*, regardless of role, practice area or practice setting.

The *Code of Ethics* should be used by dietitians to reflect on practice, by the College to assess the ethical conduct of regulated members and by the public to understand the responsibility and accountability to the profession.

An ethical decision framework is provided at the end of this document to assist members in addressing ethical issues.

Development of the *Code of Ethics*

The *Health Professions Act* requires colleges to establish, maintain and enforce standards of practice for regulated health professions. To meet this regulated mandate, the College recognized the need for a code of ethics applicable to current dietetic practice.

The *Code of Ethics* was based on a framework developed for the Alliance of Canadian Dietetic Regulatory Bodies by Dr. Glenn Griener, Associate Professor of the John Dossetor Health Ethics Centre, University of Alberta. Alberta dietitians had the opportunity to review and comment on the draft *Code of Ethics* through workshops and on-line consultations held by the College.



Core Values

The *Code of Ethics* sets out the core values that dietitians hold with respect to dietetic practice and fulfilling their obligations to the client, the public and the profession. These core values are listed below.

- **Protects the public as the primary professional obligation.**
- **Respects the autonomy and rights of the individual.**
- **Acts with integrity in professional services and relationships.**
- **Maintains competence in dietetic practice.**

Professional Conduct and the *Code of Ethics*

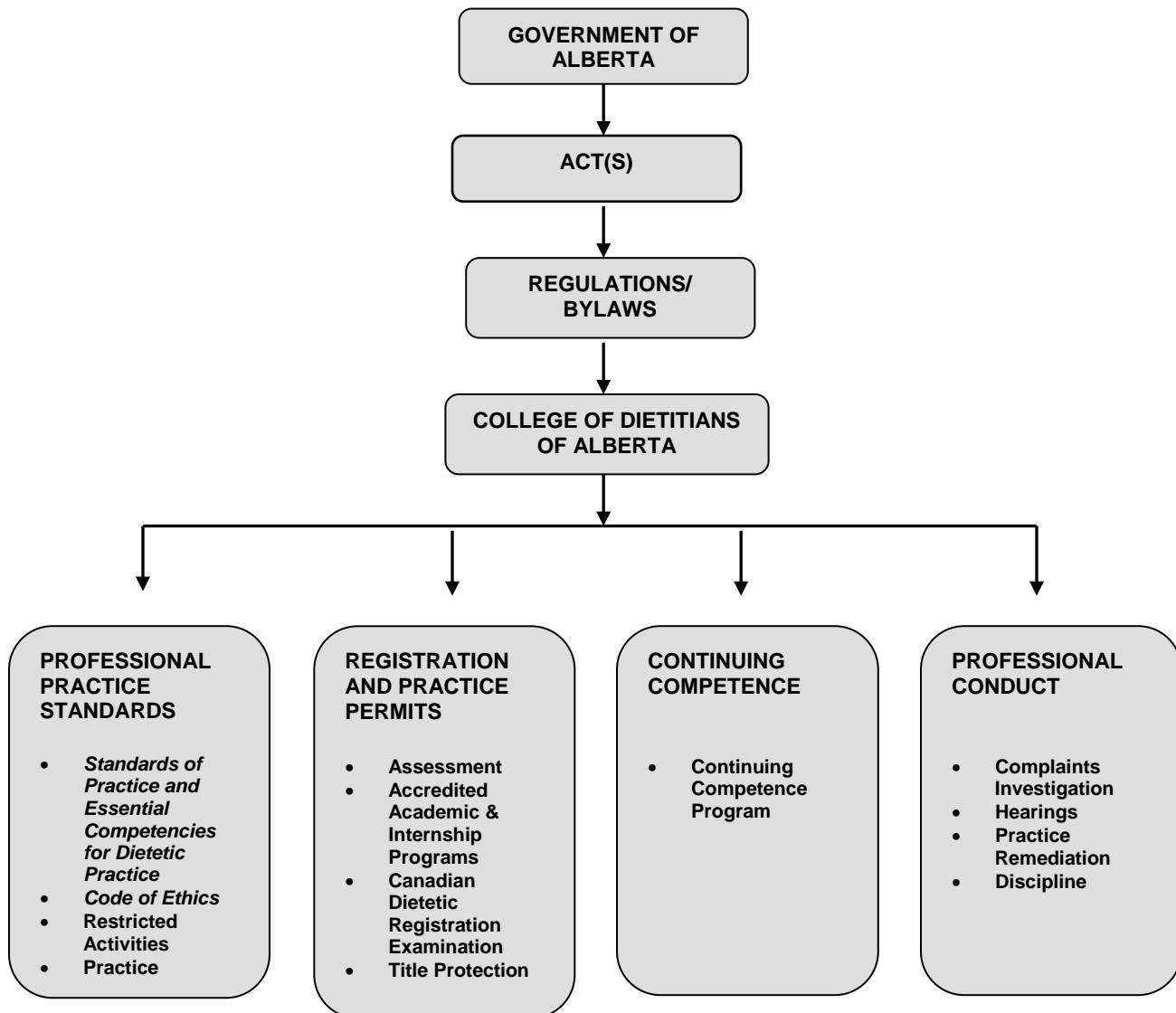
The College's Standards of Practice and Essential Competencies for Dietetic Practice and the Code of Ethics are documents which dietitians must adhere to in their professional practice. Breaches of the provisions contained in either of these documents may constitute "unprofessional conduct" as that term is defined in the Health Professions Act.



Regulation and the *Code of Ethics*

Authority to regulate is delegated to the College by the Government of Alberta. Provincial legislation directs the activities of self-regulated health professions including the College of Dietitians of Alberta. The regulatory framework for dietetic practice in Alberta is depicted below.

Regulatory Framework for Dietetic Practice





Definitions

“**Client**” means an individual, family, substitute decision-maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the dietitian’s expertise.

“**Dietitian**” means a person who is registered under the *Registered Dietitians and Registered Nutritionists Profession Regulation*. The term “dietitian” has been used throughout this document and reflects all regulated members of the College.

“**Professional Practice Standards**” means the set of documents that specify the legal and ethical requirements for professional practice; these documents include the *Standards of Practice and Essential Competencies for Dietetic Practice*, *Code of Ethics*, practice guidelines, Regulations and Bylaws.

“**Professional Services**” means all actions and activities of a dietitian in the context of their professional practice.

“**Products**” means any products, items, or materials a dietitian provides in the context of their professional practice. *May include food products, supplements, books, information, materials, handouts.*



CODE OF ETHICS

1.0 Protects the public as the primary professional obligation.

1.1 Primary Obligation

- (1) The dietitian accepts the obligation as a regulated member of a College under the *Health Professions Act* to protect and serve the public interest.
- (2) As a regulated member of the College under the *Health Professions Act*, the dietitian respects the establishment, maintenance and enforcement of standards for registration, competence, standards of practice and a code of ethics for the regulated profession.

1.2 Trust in the Profession

- (1) The dietitian maintains a level of personal and professional conduct that maintains the integrity and dignity of the profession and sustains the public's confidence in the profession.
- (2) The dietitian uses the professional titles and initials protected by the College, when providing professional services to assist the public in identifying them as a regulated health professional.
- (3) The dietitian maintains public trust in the dietetic profession by bringing forward concerns about incompetent, unethical or unsafe practice by dietitians to the College.
- (4) The dietitian upholds their professional responsibility to the public by bringing forward concerns about the incompetent, unethical or unsafe practice by other health professionals to the appropriate regulatory body.
- (5) The dietitian addresses concerns about practice with the health professional first when appropriate in the circumstances and reports the concern to employers and others as appropriate in the circumstances.
- (6) The dietitian does not use professional titles and initials or make references to being a member of the dietetic profession or the College, or having dietetic education and training when:
 - a) representing personal views, views that are unrelated to the practice of the profession, views that would affect public trust in the profession;
 - b) undertaking activities that are unrelated to the practice of the profession;
 - c) acting within a personal rather than professional role.

1.3 Shared Responsibility

- (1) The dietitian assists the profession in improving its standards by identifying issues that are relevant to the provision of competent, safe and ethical dietetic practice.
- (2) The dietitian collaborates with employers, colleagues and others to develop and improve the quality of professional services provided within available resources.



- (3) The dietitian recognizes the expertise of members of the team and collaborates in the planning, coordination and delivery of quality professional services.
- (4) The dietitian guides the professional development of individuals entering dietetic practice by helping them to acquire a full understanding of the responsibilities, ethics and competencies required in professional practice.

1.4 Duty to Report

- (1) The dietitian reports to the College with respect to any actions they are subject to including: any legal actions and any actions taken by professional regulatory bodies or employers with respect to their practice and also reports the outcome of any action taken to the College.
- (2) The dietitian communicates confidential information to prevent harm if the dietitian becomes aware that an individual poses a serious risk of harm to themselves or others. The disclosure of information should be limited to individuals who reasonably need to know and to the extent necessary in the circumstances.
- (3) The dietitian must be familiar with the laws concerning the reporting of abuse of children and vulnerable adults and must comply with those laws.
- (4) The dietitian discloses adverse events and takes all necessary actions according to established guidelines to minimize harm arising from an adverse event and to prevent recurrence.
- (5) The dietitian takes appropriate precautions and follows established guidelines with respect to communicable or infectious diseases including hepatitis, AIDS, blood-borne infections, influenza.
- (6) If the dietitian believes they may have been in contact with an individual who has a communicable or infectious disease or has contracted a communicable or infectious disease that involves a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include the employer, the medical officer of health) and takes all required precautions (may include protective gear, testing, monitoring, isolation).
- (7) If the dietitian believes that institutional, facility or workplace policies, procedures or practices involve a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include the employer, the medical officer of health) and takes all required precautions.

1.5 Research

- (1) The dietitian who participates in research ensures it conforms to applicable research ethics guidelines.
- (2) The dietitian ensures the risks of the research are justified by the benefits which may be gained, and that the well-being of the individual research subject is never sacrificed for the aims of the research or society.
- (3) The dietitian ensures research participants:
 - a) are informed of and completely understand the nature of their research participation, its anticipated benefits and risks and any forms of care which are withheld as part of the study design;



- b) understand that they have the right to refuse to participate in or withdraw from a research project at any time and that the refusal or withdrawal will not adversely affect the quality of the professional services provided;
 - c) are removed from the research study at any point when the participants are thought to be at risk of harm by continuing to participate.
- (4) The dietitian ensures research results reflect an accurate interpretation or representation of the data and are not falsified in any way.

2.0 Respects the autonomy and rights of the individual.

2.1 Client-centered focus

- (1) The dietitian provides professional services in response to the needs of the client regardless of ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs, or physical or mental disability.
- (2) The dietitian collaborates with the client to provide professional services that reflect the unique needs, goals, values and circumstances of the client.
- (3) The dietitian respects and protects the individual's right to privacy, dignity and physical modesty.
- (4) The dietitian uses a respectful communication style and appropriate forms of address in their interactions with clients.
- (5) The dietitian respects the client's right to autonomy in decision making.
- (6) The dietitian provides the client with a complete and objective explanation of the nature and scope of the problem and treatment based on all the facts that have been brought to their attention.
- (7) The dietitian discusses options and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
- (8) The dietitian ensures that the client understands the information provided, that their questions have been answered and they are able to evaluate treatment options.
- (9) The dietitian respects the right of clients to request a second opinion or a referral to another regulated health professional or appropriately qualified individual.
- (10) The dietitian consults with or refers the client to another regulated health professional or appropriately qualified individual when required.
- (11) The dietitian articulates the needs of the client and advocates on the client's behalf when required.
- (12) The dietitian respects the client's right to review and obtain a copy of information in their file or record and responds to a request for correction of information in the client's file or record in accordance with the applicable laws.



2.2 Informed Consent

- (1) The dietitian ensures that informed consent has been obtained for the provision of professional services in accordance with applicable laws and:
 - a) Provides sufficient information to enable clients to make informed decisions about recommended services including information about expected benefits, risks, options, and alternatives;
 - b) Communicates information using appropriate language, terminology and comprehension level to ensure understanding;
 - c) Takes all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure;
 - d) Provides new information when it could be significant or relevant to the original or ongoing informed consent in a timely manner;
 - e) Respects the right of the client to refuse treatment or withdraw consent for care at anytime.

2.3 Confidentiality

- (1) The dietitian respects the confidentiality of information obtained in providing professional services.
- (2) The dietitian discloses confidential information only when the client consents to disclosure, when disclosure is required or permitted by law, or when disclosure is necessary to protect the client or another individual from harm. See Duty to Report.
- (3) The dietitian avoids indiscreet or public conversations about the client or their treatment.
- (4) The dietitian does not access information in databases or records about individuals who are not clients or information that is not required to provide professional services.
- (5) The dietitian limits access to professional records by others to preserve confidentiality of information.

2.4 Professional Boundaries

- (1) The dietitian must respect boundaries that separate their personal and professional relationships and roles.
- (2) The dietitian is sensitive to their position of relative power or influence in professional relationships and does not use their position to take physical, emotional, sexual or financial advantage of clients.
- (3) The dietitian does not undertake a professional relationship when a current or previous personal, financial, employment or legal relationship with the client would compromise the provision of professional services or the integrity of the dietitian.
- (4) The dietitian does not engage in a sexual relationship with a client when a professional relationship exists.



3.0 Acts with integrity in professional relationships and when providing professional services.

3.1 Provision of Services

- (1) The dietitian provides professional services, information or advice within an established professional relationship except when providing general educational information.
- (2) The dietitian reflects the client's best interests in the provision of professional services.
- (3) The dietitian provides the best standards of professional service possible for clients within the available resources.
- (4) The dietitian provides professional services based on the most complete, accurate, and current client information possible.
- (5) The dietitian provides professional services that are evidence based, based on commonly accepted best practice and safe.
- (6) The dietitian responds in a timely manner to requests for professional services, consultations and referrals.

3.2 Fees

- (1) The dietitian provides information about professional services to be provided, fees and fee payment arrangements to the client and ensures the information is understood and agreed to prior to providing professional services.

3.3 Continuity of Services

- (1) The dietitian arranges for the continuity of care of clients during periods of absence from practice.
- (2) The dietitian who is planning to participate in job action/strike must take appropriate steps to protect the health and safety of clients during the job action.
- (3) The dietitian may discontinue services without notice or referral if the dietitian feels personally threatened or at risk of harm by the client.

3.4 Records

- (1) The dietitian makes and retains complete, accurate records of professional services and signs and dates records that they create.
- (2) The dietitian stores and disposes of paper, electronic and other records in a manner that ensures the security and confidentiality of the records.
- (3) The dietitian plans for the proper transfer or disposition of records when closing practice or in case of their death.



3.5 Honesty

- (1) The dietitian accurately represents their qualifications, experience and the range of professional services provided.
- (2) The dietitian permits their name to be used for the purpose of verifying that professional services have been rendered only if they provided or supervised the provision of those services.
- (3) The dietitian takes credit for work they have done in connection with scholarly, research or collaborative endeavors and fairly credits contributions made by others.
- (4) The dietitian does not use fraud, deception, omission or misrepresentation in:
 - a) obtaining registration or a practice permit;
 - b) passing examinations;
 - c) representing professional qualifications, education, expertise or competence;
 - d) providing professional services;
 - e) producing invoices or billings;
 - f) using professional titles, designations;
 - g) advertising/promoting products and services.
- (5) The dietitian does not falsify, alter, make omissions, or incorrect entries into documents, records, or statements.

3.6 Fairness

- (1) The dietitian provides professional services that are fair, non-discriminatory and without bias.
- (2) The dietitian provides objective assessments and evaluations.
- (3) The dietitian provides professional opinions or assessments based on their dietetic knowledge and expertise and on the collection of adequate, current information required to provide the opinion or assessment. The dietitian clearly identifies the limits of the information on which the assessment or opinion is based.

3.7 Advertising/Promotion and Endorsements

- (1) The dietitian does not engage in any form of advertising/promotion or endorsement of products and services that:
 - a) takes advantage of or exploits vulnerable individuals;
 - b) makes statements or claims that are false, misleading, inaccurate or unverifiable;
 - c) creates an unjustified expectation about the results that can be achieved;
 - d) compares the quality of services or fees to those of another individual.



- (2) The dietitian does not allow their name or professional titles and initials to be used in connection with any product or service that:
 - a) provides an endorsement that has not been given;
 - b) has not been evaluated by the dietitian;
 - c) misrepresents the product or service;
 - d) misrepresents the association of the dietitian with the product or service;
 - e) affects the credibility of the dietitian or the profession.
- (3) The dietitian must keep a copy of any advertising/promotion or endorsement for a period of one year following the date in which it last appears. The dietitian must provide a copy to the College on request.

3.8 Conflict of Interest

- (1) The dietitian avoids real or perceived conflict of interest in which their professional integrity, professional independence or the provision of professional services could be influenced or compromised
- (2) When the dietitian identifies a conflict of interest the dietitian must resolve the conflict or discontinue professional services.

3.9 Financial and Business Arrangements

- (1) The dietitian does not accept or offer fees, compensation, gifts or other benefits for making or receiving referrals.
- (2) The dietitian does not accept contracts, consulting fees, funding including research funding, fees, compensation, gifts or other benefits that compromise professional integrity, professional independence or influence the provision of professional services.

3.10 Products and Services

- (1) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in the provision of professional services where the efficacy or safety of products or services:
 - a) is not supported by evidence based research;
 - b) has not been tested or verified by credible sources.
- (2) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in which the dietitian, or individuals connected to the dietitian, have a financial or other interest unless the dietitian at the same time:
 - a) fully discloses the financial or other interest;
 - b) informs the client they have the option of using alternative products or services;
 - c) assures the client that choosing alternative products or services will not affect the quality of professional services provided by the dietitian.



- (3) The dietitian does not use professional titles and initials or make any reference to being a member of the dietetic profession or the College, or having dietetic education and training with respect to any products or services that do not relate to the provision of dietetic professional services.

3.11 Practice in Association

- (1) The dietitian does not practice in association with other individuals or entities if the association compromises or appears to compromise:
 - a) professional integrity, professional independence or the provision of professional services;
 - b) credibility of the dietitian or the profession.

3.12 Multiple Clients

- (1) The dietitian must identify situations where there is more than one client who directly or indirectly is the recipient of professional services. Multiple clients may include but are not limited to any of the following:
 - a) individuals;
 - b) family members, advocates, substitute decision makers;
 - c) employers (publicly / privately funded health system), businesses, organizations;
 - d) third parties (employee or government assistance programs, insurance providers / payors, government / funding agencies).
- (2) The dietitian will clarify their professional role, responsibility, accountability and confidentiality for services with all clients prior to providing professional services.
- (3) When a conflict of interest exists in the provision of professional service to multiple clients the dietitian must resolve the conflict of interest or must discontinue professional services.

4.0 Maintains competence in dietetic practice.

4.1 Personal Competence

- (1) The dietitian is knowledgeable of and adheres to all relevant public protection legislation applicable to their dietetic practice including but not limited to: health profession legislation, protection of persons in care legislation, child welfare legislation, protection of information and privacy legislation.
- (2) The dietitian assumes responsibility and accountability for personal competence in practice.
- (3) The dietitian acquires new skills and knowledge on a continuing basis to ensure safe, competent, and ethical dietetic practice.



- (4) The dietitian practices dietetics based on scientific principles and current evidence-based practice.
- (5) The dietitian practices within the scope of practice, the limits of their qualifications and their own level of competence.
- (6) The dietitian consults or makes referrals as appropriate when a situation is beyond their level of competence.
- (7) The dietitian accepts only those responsibilities which they are competent to perform. If the dietitian is asked to assume responsibilities beyond their present level of competence, the dietitian acquires additional information, knowledge or skills prior to assuming the responsibilities or declines to accept them.

4.2 Restricted Activities

- (1) The dietitian performs restricted activities that are regulated by the College only when authorized to do so by the College.
- (2) The dietitian does not perform any restricted activities that are not regulated by the College unless authorized to do so by another enactment or pursuant to Schedule 7.1 of the *Government Organization Act*.
- (3) The dietitian assumes responsibility for the ongoing competence to perform restricted activities and seeks additional knowledge and skills to maintain current competence as required.
- (4) The dietitian does not prescribe or provide a drug controlled by a drug schedule without undertaking a clinical assessment, without medical indication, for other than legitimate therapeutic purposes or for personal use.

4.3 Professional Independence

- (1) The dietitian maintains professional independence and judgment and does not allow externally imposed limitations or the influence of others to affect the provision of professional services in accordance with the Professional Practice Standards or in the best interest of the client.

4.4 Supervision/Delegation

- (1) The dietitian assumes overall responsibility for the professional activities and provision of professional services by individuals under their supervision.
- (2) The dietitian supervises or delegates to individuals appropriate to their level of competence, and ensures performance meets generally accepted standards of practice, ethics, competence and safety.
- (3) The dietitian does not delegate professional responsibilities to a person who does not have the appropriate credentials or is not appropriately qualified to provide the services.
- (4) The dietitian ensures that a student, trainee, intern or supervisee is appropriately identified as such to the client.

4.5 Voluntary Withdrawal from Practice



- (1) The dietitian voluntarily withdraws from professional practice whenever circumstances exist that might impair their professional judgment, the ability to practice competently and safely or that may cause harm to their clients or the public. The impairment may be related to physical, mental, emotional health, substance abuse or addictions.
- (2) The dietitian notifies the College of the voluntary withdrawal from practice and accepts any conditions on their practice permit appropriate to their situation as determined by the College.
- (3) Before returning to practice the dietitian notifies the College and undertakes an assessment/evaluation of the ability to practice competently and safely as required by the College. The dietitian accepts any conditions on their practice permit appropriate to their situation as determined by the College.



ETHICAL DECISION FRAMEWORK

When faced with a situation of ethical conflict or uncertainty dietitians may find the decision-making framework below helpful in determining a course of action. An ethical issue may also become clearer or be resolved by discussing it with colleagues or trusted others.

1. Identify the problem(s).

State the problem as clearly as possible. An ethical issue is not always black or white and may involve competing interests.

2. Identify the relevant issues.

- What are your personal or professional values related to the situation presented?
- Who are the others who are involved in or who may be impacted by the issue? What are their personal/professional values/beliefs/cultural issues?
- Is there a conflict between competing values? Interests? What is at stake?

3. Identify any relevant guidelines that apply.

What documents may provide guidance?

- Legislation
- Professional standards or practice guidelines
- Workplace or business policies/guidelines

4. Identify the sections of the *Code of Ethics* that apply.

What guidance is provided by the *Code of Ethics*?

5. Generate options or possible courses of action.

There may be multiple strategies to resolve the issue.

6. Evaluate the options or possible courses of action based on consideration of the issues, consequences, pros/cons.

To help you evaluate the possible courses of action consider:

- ***Does the decision have legal implications?***
Will you be violating any laws, College of Dietitians of Alberta Regulations or the Standards of Practice, workplace policies or guidelines?
- ***Is the decision balanced?***
Is it fair and beneficial to all concerned in the short term as well as the long term? Does it promote a win/win situation/relationship?
- ***How will the decision, if acted upon, make you feel or be perceived?***
Will you feel you made the best decision in the circumstances? How do you think others would view your decision? What if your decision was published in the newspaper?



STANDARDS OF PRACTICE

AND

**ESSENTIAL COMPETENCIES FOR DIETETIC
PRACTICE**



STANDARDS OF PRACTICE AND ESSENTIAL COMPETENCIES FOR DIETETIC PRACTICE

Introduction

The *Standards of Practice and Essential Competencies for Dietetic Practice* was developed by the College of Dietitians of Alberta (the College) in consultation with the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance) and dietitians across Canada. The document was created under the authority of the *Health Professions Act* (the Act) and the *Registered Dietitians and Registered Nutritionists Profession Regulation* (the Regulation).

The *Standards of Practice and Essential Competencies for Dietetic Practice* supports the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists. Together, the Act, Regulations, *Standards of Practice and Essential Competencies for Dietetic Practice* and the *Code of Ethics* provide the legal framework for dietetic practice and for the provision of competent, safe, ethical professional services.

Purpose

The *Standards of Practice and Essential Competencies for Dietetic Practice* describes the standards and essential competencies that must be met by all dietitians practicing in Alberta. The document plays a central role in how members gain admission to and remain registered with the College, thereby gaining the right to practice and use the protected titles of the profession. As self-regulated, autonomous professionals, each member of the College is accountable for practicing in accordance with the *Standards of Practice and Essential Competencies for Dietetic Practice*, regardless of role, practice area or practice setting.

Development of the *Standards of Practice and Essential Competencies for Dietetic Practice*

The *Health Professions Act* requires colleges to establish, maintain and enforce standards of practice for regulated health professions. To meet this regulated mandate, the College worked with the Alliance of Canadian Dietetic Regulatory Bodies and Howard Research and Management Consulting to develop a new framework for standards and competencies that accurately reflected current dietetic practice. The *Standards of Practice and Essential Competencies for Dietetic Practice* was developed in consultation with dietitians in Alberta and across Canada through a series of provincial focus groups and were validated by a national on-line survey completed by dietitians across Canada.

Regulation and the Standards of Practice and Essential Competencies for Dietetic Practice

Authority to regulate is delegated to the College by the Government of Alberta. Provincial legislation directs the activities of self-regulated health professions including the College of Dietitians of Alberta.

Registration

The *Standards of Practice and Essential Competencies for Dietetic Practice* will be used in the assessment of applicants to the College including as a foundation for the Canadian Dietetic Registration Examination (CDRE).



Competence Program

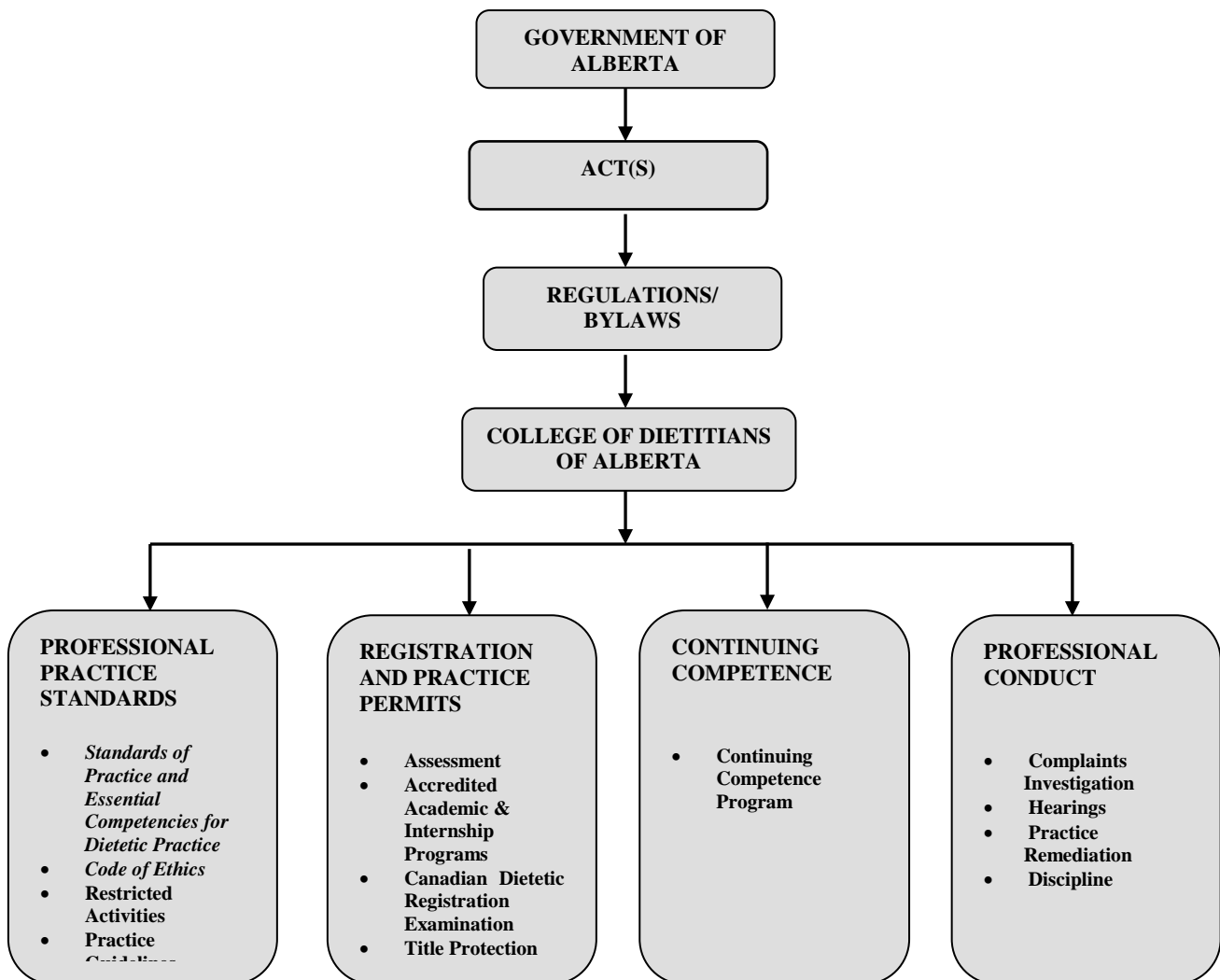
The *Standards of Practice and Essential Competencies for Dietetic Practice* is a key document developed by the College to guide the practice of its members and will facilitate dietitians in evaluating their practice and identifying competency areas requiring further development within the Continuing Competence Program.

Professional Conduct

The College's *Standards of Practice and Essential Competencies for Dietetic Practice* and the *Code of Ethics* are documents which dietitians must adhere to in their professional practice. Breaches of the provisions contained in either of these documents may constitute "unprofessional conduct" as that term is defined in the *Health Professions Act*.

The regulatory framework for dietetic practice in Alberta is depicted below.

Regulatory Framework for Dietetic Practice





Framework for *Standards of Practice and Essential Competencies for Dietetic Practice*

The *Standards of Practice and Essential Competencies for Dietetic Practice* is based on seven standards of practice, each of which includes foundational knowledge statements, competency statements and related performance indicator statements. The first three standards are applicable to all practicing dietitians. One or more of the remaining four standards are applicable to each dietitian depending on their particular practice. The standards are summarized below.

Standards of practice that apply to and must be maintained by all dietitians:

Standard 1: Professional Practice

Assumes responsibility and accountability in the provision of competent, safe, ethical, professional practice.

Standard 2: Communication

Communicates and interacts effectively with individuals and groups in the provision of professional services.

Standard 3: Competence

Maintains competence in dietetic practice and the provision of professional services.

Standards of practice that apply to and must be maintained by each dietitian depending on their particular practice area(s):

Standard 4: Client Care

Provides professional services to achieve the nutrition care goals of clients.

Standard 5: Community and Population Health

Provides professional services to promote health and prevent disease in communities and populations.

Standard 6: Management of Organizations

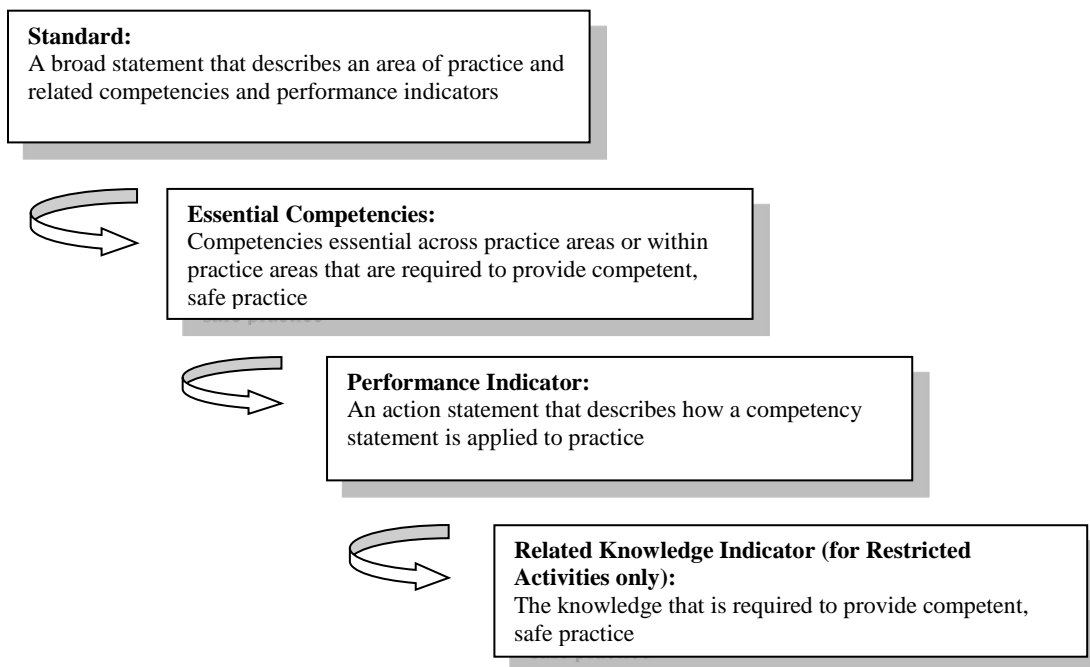
Applies organization management principles in the provision of professional services.

Standard 7: Management of Foodservice Systems

Applies principles of foodservice systems management in the provision of safe, nutritious food.



The framework integrates standards of practice, related knowledge indicator, essential competencies and performance indicators as outlined below.



STANDARDS OF PRACTICE AND ESSENTIAL COMPETENCIES FOR DIETETIC PRACTICE

Definitions

“Client” means an individual, family, substitute decision-maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient of the dietitian’s expertise.

“Dietitian” means a person who is registered under the *Registered Dietitians and Registered Nutritionists Profession Regulation*. The term “dietitian” has been used throughout this document and reflects all regulated members of the College.

“Professional Practice Standards” means the set of documents that specify the legal and ethical requirements for professional practice; these documents include the *Standards of Practice and Essential Competencies for Dietetic Practice*, *Code of Ethics*, practice guidelines, Regulations and Bylaws.

“Professional Services” means all actions and activities of a dietitian in the context of their professional practice.



***STANDARDS OF PRACTICE
AND
ESSENTIAL COMPETENCIES FOR DIETETIC PRACTICE***

STANDARD 1: PROFESSIONAL PRACTICE

Assumes responsibility and accountability in the provision of competent, safe, ethical, professional practice. This standard applies to all dietitians.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

1.0 Practices with professional integrity.

- 1.1 Practices in compliance with professional legislation and regulations.
May include: health profession acts, protection for person in care acts, personal directive acts, health information protection acts, freedom of information and protection of privacy acts
- 1.2 Practices in compliance with professional standards, practice guidelines and codes.
May include: practice standards, codes of ethics, continuing competence programs
- 1.3 Provides services within scope of practice and personal competence.
- 1.4 Refers individuals for consultation when issues are beyond scope of practice and competence.
- 1.5 Accepts personal responsibility and accountability for actions and decisions.

2.0 Respects the individuality and autonomy of others.

- 2.1 Respects individuals and their rights regardless of race, religious beliefs, color, gender, physical and/or mental disability, marital status, family status, economic status, education level, age, ancestry or sexual orientation.
- 2.2 Respects the dignity and privacy of individuals.
- 2.3 Obtains informed consent as required prior to providing services.
- 2.4 Provides services considering the best interests of the individual and their needs.

3.0 Applies legal and ethical principles in managing information.

- 3.1 Complies with legislation and established policies in managing information.
May include: freedom of information and protection of privacy acts, personal information protection acts, health information acts
- 3.2 Protects the confidentiality and security of information throughout collection, storage, use, dissemination and destruction processes.
- 3.3 Protects integrity, reliability and authenticity of records.

4.0 Applies information management principles and current technology in practice.



- 4.1 Documents and maintains information in compliance with established guidelines.
- 4.2 Maintains accurate, clear, concise and timely documentation of professional services.
- 4.3 Uses current technology in practice.
May include: software, multimedia, web casts, e-mail, instant messaging, listservs, file transfers, videoconferencing, electronic charting



STANDARD 2: COMMUNICATION

Communicates and interacts effectively with individuals and groups in the provision of professional services. This standard applies to all dietitians.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

5.0 Communicates clearly and effectively.

- 5.1 Selects appropriate methods for communications.
May include: face-to-face, telephone, group meeting, letter / memo, e-mail
- 5.2 Identifies and addresses barriers to communication.
May include: literacy issues, cultural issues, lack of understanding, interruptions, physical distractions, fear
- 5.3 Adapts communication style to meet needs and level of understanding of individuals and groups.
- 5.4 Uses effective verbal communication skills.
- 5.5 Writes clearly, concisely and professionally.
- 5.6 Facilitates two way communications.
- 5.7 Uses active listening techniques.
May include: encouraging, clarifying, restating / paraphrasing, reflecting, summarizing, validating
- 5.8 Interprets and responds to non-verbal communications.

6.0 Uses effective information gathering skills.

- 6.1 Determines the purpose and objectives of information gathering activities.
- 6.2 Develops plans and gathers accurate, comprehensive, relevant information.
May include: client interviews, focus groups, meetings
- 6.3 Builds trust and rapport with others to facilitate the information gathering process
- 6.4 Establishes plans based on outcome of information gathering activities.

7.0 Provides education to meet the learning needs of individuals and groups.

- 7.1 Assesses the learning needs of individuals and groups.
May include: clients, care givers, students, dietetic interns, other professionals, staff
- 7.2 Develops learning plans and supporting education resource materials to meet the learning needs of individuals and groups.
- 7.3 Adapts content and instruction style in the delivery of education to meet the needs of individuals and groups.



7.4 Evaluates effectiveness of education provided in achieving planned outcomes.

8.0 Facilitates team work.

8.1 Applies principles of collaboration and negotiation in team work.

Teams may include: clients, care givers, agencies, other professionals, staff

8.2 Incorporates team members' knowledge, expertise and personal skills in team processes.

8.3 Collaborates with team members to determine goals.

8.4 Adapts personal approach to team members and situations.

8.5 Works with team members to identify and resolve conflicts.

8.6 Contributes to team decision making.

8.7 Assumes responsibility for completion of assigned tasks.

9.0 Uses effective counseling / coaching skills.

9.1 Determines goals of counseling / coaching sessions in collaboration with individuals.

May include: clients, care givers, students, dietetic interns, other professionals, staff

9.2 Identifies and resolves barriers to achieving goals of counseling / coaching.

9.3 Engages individuals in anticipating and discussing issues relevant to their situation during counseling / coaching sessions.

9.4 Collaborates with individuals to develop plans to achieve goals of counseling / coaching.

9.5 Provides follow up to counseling / coaching sessions to determine if further action is required.



STANDARD 3: COMPETENCE

Maintains competence in dietetic practice and the provision of professional services. This standard applies to all dietitians.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

10.0 Maintains professional competence.

- 10.1 Reflects on and evaluates own current practice.
- 10.2 Assesses quality of services provided and identifies opportunities for improvement.
- 10.3 Recognizes limitations in practice qualifications and own level of competence.
- 10.4 Identifies professional competence goals.
- 10.5 Develops plans for meeting professional competence goals.
- 10.6 Engages in activities to gain new knowledge, skills and behaviors to meet professional competence goals.
- 10.7 Applies new knowledge, skills and behaviors to practice.

11.0 Acts as a reliable source for current food and nutrition information.

- 11.1 Applies food and nutrition related legislation, regulations, standards and guidelines to practice.
May include: Food & Drugs Act, Food & Drug Regulations, Nutrition Labeling Regulations, Canada's Food Guide, Dietary Reference Intakes, Public Health Act, Food & Food Establishment Regulations, Occupational Health & Safety Regulations, Workplace Hazardous Materials Information System (WHMIS), Workers' Compensation Board (WCB)
- 11.2 Promotes healthy food choices and healthy eating behaviors.
- 11.3 Applies knowledge of nutrition requirements throughout the life cycle in practice.
- 11.4 Demonstrates knowledge of foods, cultural / religious foods, eating patterns and food trends in Canadian populations.
- 11.5 Plans menus and meal plans that conform to consumer needs, nutrition requirements and esthetic characteristics of foods.
- 11.6 Applies knowledge of food science and basic food preparation techniques in practice.
- 11.7 Completes accurate calculations related to practice.
May include: imperial / metric conversions, nutrient requirements for clients, nutrient composition of foods, recipes, dietary intakes, food costs / selling prices, budget preparation
- 11.8 Applies knowledge of quality food standards and food safety in practice.
- 11.9 Communicates the role, scope of practice and areas of expertise of the Registered Dietitian to others.



12.0 Applies current research and evidence based practice findings into services provided.

- 12.1 Evaluates current research / evidence based practice findings to determine the reliability and credibility of information.
- 12.2 Determines applicability of current research / evidence based practice findings to practice setting.
- 12.3 Applies research / evidence based practice findings to improve practice.

13.0 Applies critical thinking skills in problem solving and decision making.

- 13.1 Collects and analyzes relevant information related to an identified issue.
- 13.2 Develops and analyzes potential solutions to resolve the identified issue.
- 13.3 Implements the best solution to resolve the identified issue.
- 13.4 Evaluates the success of the solution and implements further action if required.

14.0 Manages change in practice.

- 14.1 Identifies the need for change and desired outcomes.
May include change in: role, practice, work environment, organization
- 14.2 Assesses readiness, implications and relevant issues related to change.
- 14.3 Develops and implements plans to achieve desired outcomes.
- 14.4 Evaluates and revises plans to achieve desired outcomes.



STANDARD 4: CLIENT CARE

Provides professional services to achieve the nutrition care goals of clients. This standard applies to all dietitians practicing in the area of client care.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

15.0 Uses a client centered approach to care.

- 15.1 Uses a variety of assessment strategies, individualized to client needs.
Clients may include: patients, residents, care givers
- 15.2 Interviews clients to conduct needs assessments.
- 15.3 Considers the ability and resources of clients to execute the nutrition care plan.
- 15.4 Collaborates with clients / care givers in determining realistic nutrition goals and managing nutrition care.

16.0 Contributes to client care through collaboration with inter-professional team.

- 16.1 Advocates on behalf of clients with the inter-professional team.
- 16.2 Coordinates and integrates care to ensure quality and continuity of care.
- 16.3 Refers clients to other members of the inter-professional team.

17.0 Conducts comprehensive nutrition assessments.

- 17.1 Uses a structured system to identify clients at nutrition risk.
- 17.2 Determines psycho-social factors that may influence nutrition intake / status.
- 17.3 Conducts and analyzes client diet history.
- 17.4 Completes accurate analysis of food records.
- 17.5 Analyzes and compares food intake with nutrition requirements.
- 17.6 Assesses client nutrition status through physical observation and anthropometric measures.
- 17.7 Reviews and assesses relevant laboratory data.
- 17.8 Determines potential nutrient drug interactions.
- 17.9 Interprets findings of comprehensive nutrition assessment to identify normal, abnormal and deviant states of health.
- 17.10 Draws relevant conclusions from nutrition assessment data.
- 17.11 Prioritizes identified health needs in consultation with clients / care givers and



inter-professional team.

18.0 Develops, implements and evaluates nutrition care plans.

- 18.1 Integrates assessment data in development of the nutrition care plan.
- 18.2 Considers co-morbidities in development of the nutrition care plan.
- 18.3 Consults with the inter-professional team in development of the nutrition care plan.
- 18.4 Identifies nutrition goals and develops nutrition care plan to achieve planned outcomes in collaboration with clients.
- 18.5 Formulates meal plans to achieve planned outcomes.
- 18.6 Determines appropriate formula and feeding route for clients.
May include: oral, enteral, parenteral
- 18.7 Provides nutrition education to clients / care givers.
- 18.8 Coordinates implementation of nutrition care plan.
- 18.9 Implements strategies and supports for those unable to manage their own care.
- 18.10 Assesses client progress in achieving planned outcomes.
- 18.11 Evaluates effectiveness of nutrition care plan in achieving planned outcomes.



STANDARD 5: COMMUNITY AND POPULATION HEALTH

Provides professional services to promote health and prevent disease in communities and populations. This standard applies to all dietitians practicing in the area of community and population health.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

19.0 Demonstrates understanding of public health system operation.

- 19.1 Applies understanding of public health and health care systems to the provision of community and population health services.
- 19.2 Identifies individual, public / private organizational and government roles and responsibilities within public health and health care systems.
- 19.3 Applies knowledge of food security / food insecurity in the provision of community and population health services.
May include: sustainability, social justice elements
- 19.4 Applies principles of behavioral sciences, social sciences, biostatistics, epidemiology and environmental public health in the development of community and population health services.

20.0 Promotes nutrition health and disease prevention in the community.

- 20.1 Advocates for nutrition programs and resources.
- 20.2 Participates in food and nutrition policy development and evaluation based on community and population health needs.
- 20.3 Participates in processes and policy development that affect food, food security and nutrition in communities and populations.
- 20.4 Collaborates with community partners and stakeholders in promoting community and population health.
- 20.5 Develops and implements strategies to promote healthy food choices and healthy eating behaviors.
- 20.6 Develops and implements strategies for disease prevention and management.
- 20.7 Consults with and provides nutrition information within the community.
May include: individuals, groups, schools, agencies, outreach workers

21.0 Conducts assessments to determine needs for community based food and nutrition programs / services.

- 21.1 Identifies determinants of health and their influence on community and population health status.
- 21.2 Assesses the nutrition health and functional status of communities and populations.

22.0 Plans and develops community based food and nutrition programs / services.



22.1 Determines goals for community based food and nutrition programs / services in collaboration with community partners.

May include: individuals, groups, schools, agencies, outreach workers

22.2 Identifies available resources for development of community based food and nutrition programs / services.

22.3 Selects strategies for addressing needs for community based food and nutrition programs / services.

23.0 Implements and evaluates community based food and nutrition programs / services.

23.1 Delivers nutrition programs / services to meet identified needs of communities and populations.

23.2 Develops and delivers professional communications.

May include: presentations, articles for print media, press releases, public relations programs, communications plans, media interviews

23.3 Identifies and implements strategies for reaching individuals and populations that do not access available community services.

23.4 Evaluates effectiveness and recommends improvements for community based food and nutrition programs / services.



STANDARD 6: MANAGEMENT OF ORGANIZATIONS

Applies organization management principles in the provision of professional services. This standard applies to all dietitians practicing in the area of organization management.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

24.0 Applies principles of organization management into practice.

- 24.1 Participates in the development and implementation of program / service planning.
- 24.2 Develops and delivers programs / services in compliance within organizational goals and objectives.
- 24.3 Allocates human and financial resources to achieve organizational goals and objectives.

25.0 Develops and implements organizational policies / procedures.

- 25.1 Consults with stakeholders and gathers information relevant to identified policy / procedure development needs.
- 25.2 Develops clear and concise policies / procedures.
- 25.3 Implements policies / procedures into organizational plans, programs and services.

26.0 Performs activities related to human resource management.

- 26.1 Complies with government regulations, human resource policies and collective agreement in managing employees.
May include: employment standards codes
- 26.2 Determines staffing requirements and coordinates scheduling of staff to meet human resource needs.
- 26.3 Develops job descriptions and performance standards.
- 26.4 Develops and implements recruitment, selection and staff retention strategies to meet human resource needs.
- 26.5 Develops and implements programs to meet human resource needs.
May include: orientation, training, employee assistance programs

27.0 Leads and directs others.

- 27.1 Promotes an organizational learning culture.
- 27.2 Creates a culture of ethical behavior in the organization.
- 27.3 Directs and supervises personnel involved in the delivery of services.
- 27.4 Adapts leadership style to individuals and situations.
- 27.5 Identifies and facilitates resolution of conflict situations.



- 27.6 Delegates to others within their employment scope and level of competence.
- 27.7 Plans and conducts meetings to achieve desired outcomes.
- 28.0 Develops and implements performance management and evaluation programs.**
 - 28.1 Complies with human resource policies / procedures and collective agreements in managing the performance of others.
May include: employees, dietetic interns, students, volunteers, teams
 - 28.2 Conducts employee performance evaluations.
 - 28.3 Manages the progressive disciplinary process according to established procedures.
- 29.0 Integrates principles of financial management into practice.**
 - 29.1 Develops reports based on collection of accurate financial / operational data.
 - 29.2 Interprets operational data and financial statements to manage programs and services within budget.
 - 29.3 Conducts cost-effectiveness, cost-benefit and cost-utility analysis to identify budget priorities.
 - 29.4 Prepares budgets based on identified priorities.
 - 29.5 Provides services within budget allocations.
 - 29.6 Interprets and implements strategies to correct budget variances.
- 30.0 Incorporates quality improvement cycle into services provided.**
 - 30.1 Assesses quality of services provided and identifies opportunities for improvement.
May include: quality improvement audits, client / customer satisfaction surveys
 - 30.2 Establishes goals for improving quality of services provided.
 - 30.3 Develops and implements quality improvement plans.
 - 30.4 Evaluates quality improvement data and implements continuous quality improvement planning.
- 31.0 Incorporates risk management strategies into practice.**
 - 31.1 Identifies and assesses potential risks that may impact the delivery of safe, effective service.
May include: disaster, pandemic, contingency, strike / lock out, threat, supply / service disruptions
 - 31.2 Develops and implements plans for managing identified risks.
 - 31.3 Evaluates and recommends improvements to risk management plans.



STANDARD 7: MANAGEMENT OF FOODSERVICE SYSTEMS

Applies principles of foodservice systems management in the provision of safe, nutritious food. This standard applies to all dietitians practicing in the area of foodservice management.

ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS

32.0 Applies principles of menu planning.

- 32.1 Plans and implements master menus that conform to consumer needs, nutrition requirements, esthetic characteristics of foods, available equipment, staff skill level and budget restrictions.
- 32.2 Evaluates menus based on established criteria.

33.0 Applies principles of managing the purchasing process.

- 33.1 Evaluates products based on established criteria for customer acceptance, nutrition content, cost and quality.
- 33.2 Coordinates the purchasing, receiving, storage and issuing of food, beverages, small wares and equipment.

34.0 Manages the production and distribution / service of quantity and quality food products.

- 34.1 Manages the production of products that meet established quality standards.
May include: standardized recipes, formulas, special diet products
- 34.2 Manages food distribution and service ensuring accuracy, quality and portion control.

35.0 Coordinates facility design and workflow.

- 35.1 Analyzes and implements strategies for efficient workflow in facility layout and design.
- 35.2 Applies principles of ergonomics to work station design.
- 35.3 Develops and implements work simplification and productivity strategies.

36.0 Applies principles of managing workplace safety and sanitation.

- 36.1 Develops and implements food safety and sanitation programs in compliance with government regulations.
- 36.2 Develops and implements employee safety / accident prevention programs in compliance with government regulations.



VII. Professional Conduct



The Top Ten Causes of Unprofessional Conduct

By James T. Casey, Q.C. of Field LLP¹

Based on my experience over the years with hundreds of unprofessional conduct cases in a broad range of professions, the following is my unscientific list of the top ten causes of unprofessional conduct. In no particular order:

1. Failure to maintain currency of professional knowledge and competence:

- Professions and the health care system evolve. Professionals must keep pace with the change.
- There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence.
- “That’s how we did it when I was trained 20 years ago”, is not a valid defence.
- **What you can do:**
 - Maintaining competence on an ongoing basis is a central tenet of professionalism.
 - Maintain a current knowledge base.
 - Continuing Competence Programs are ideal tools. Use them.
 - Take advantage of continuing education opportunities.
 - Be familiar with your employer’s policies and procedures.
 - Understand the standards of practice for your profession.
 - Be active in professional organizations; read professional publications.

2. Failure to seek assistance or make appropriate referrals.

- Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.
- **What you can do:**
 - Recognize that we all have limitations.
 - Realize that seeking assistance is not a form of weakness; it is a sign of professional strength.
 - Where necessary seek assistance from trusted colleagues or from your supervisor. Don’t be afraid to ask a colleague for a second opinion. Where appropriate, refer the patient to someone with the necessary skills.

3. Difficulties in a professional’s personal life affect their work-life.

- We rarely have “water-tight compartments” in our lives. Our work can affect our personal and home-life and difficulties in our personal and home-life can negatively affect our work.
- Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression.

¹ This paper is based on a workshop presented by James T. Casey, Q.C. to the College of Dietitians of Alberta and is reproduced with the permission of James T. Casey, Q.C. and the College of Dietitians of Alberta.



- It is common for serious personal difficulties being experienced by a professional to “spill-over” into the workplace giving rise to a risk of unprofessional conduct.
- **What you can do:**
 - If you are experiencing serious difficulties in your personal or home-life, then realize the potential for the “spill-over effect.”
 - Also realize that you might not be the most objective person with respect to whether your work is being adversely affected.
 - If you are having difficulties coping with problems in your personal life and there begins to be a “spill-over” to work, then get help. Seek out family, friends, trusted colleagues. Consider taking some time off work. Consider counselling through Employee Assistance Programs.
- 4. **Alcohol and drug addictions**
- Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.
- **What you can do:**
 - Keep yourself well.
 - Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
 - Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
 - Get help. Seek counselling. Contact Employee Assistance programs.
 - There are addiction recovery programs in Alberta specially designed for health care professionals.
- 5. **Poor communication**
- Many unprofessional conduct complaints are caused by poor communication between the professional and the patient or between a professional and their colleagues.
- **What you can do:**
 - Appreciate that part of being a true professional is being a good communicator.
 - Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
 - Realize that effective communication is at the heart of the “informed consent” process.
 - Consider how your remarks are perceived by others. Avoid cavalier or “smart-aleck” comments in the presence of patients. These types of comments tend to startle and alarm patients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the presence of patients. “Don’t wash your dirty laundry in public.”
 - You care about your patients. Do your patients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanour but demonstrate to your patients that you do care. How would you want to be treated if the situation was reversed and you were the patient? What would you expect if the patient was one of your family members? Very few patients file unprofessional conduct complaints about health professionals who they perceived to be caring. Patients who leave a health care facility feeling, “No one cared about me”, are more likely to file complaints.
- 6. **Failure to appropriately address patient concerns.**
- A patient or a family member with a concern about a patient’s care or a professional’s conduct will typically first approach the professional or a manager about their concerns. Many unprofessional



conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.

- **What you can do:**

- Take all concerns and complaints seriously. “Actively listen” to the person making the complaint.
- Be careful of labelling a patient as a “whiner” or a “complainer”. Patients, and their families, can often be difficult and sometimes unreasonable. However we must remember that the patient and their family are often under significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.
- Understand the power of the “15 second apology” acknowledging the feelings of the person complaining. Example: “I am so sorry that all of this has resulted in you being distressed about your daughter’s care. I will advise my manager of your concerns.” You can often effectively address a person’s concerns without getting into a long debate about who was wrong or right.
- Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

7. **Environmental Factors**

- Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.

- **What you can do:**

- Remember that regardless of the environment, it is the professional’s personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defence of “that’s how we all do it at work” is unlikely to be successful.
- If you have concerns about the environment’s effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

8. **Personality conflicts escalate to unprofessional conduct.**

- It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a patient. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.

- **What you can do:**

- Understand that there will always be colleagues, supervisors, and patients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanour and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
- If you are experiencing a personality colleague with a colleague, deal with the issue privately and not in the presence of patients.



- If there is a serious personality conflict with a patient, consider arranging for the patient's care to be provided by a different person. If you have been assigned to provide exclusive care to the patient, then you should obtain the patient's consent to the transfer.

9. Complacency about professional standards

- Some professionals with a great deal of experience become complacent about professional standards and begin to develop "sloppy" practices.
- **What you can do:**
 - Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to a new graduate as a professional with 30 years experience.
 - Regularly work on refreshing your understanding of professional standards.
 - Don't count on your experience and seniority to help you get away with sloppy practices.

10. Professional Documentation

- A failure to adequately chart or document causes significant problems for professionals.
- If you have acted professionally and appropriately, then proper documentation will be your best defence.
- Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If a case comes down to, "He said, she said," then you are at risk. Appropriate documentation can objectively demonstrate what really happened.
- **What you can do:**
 - Follow professional charting and documentation practices..
 - Understand and follow your employer's documentation practices with respect to critical incidents, patient complaints, etc.
 - Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialled, write in ink, use uniform terminology and correct errors in documentation openly and honestly.
 - When you know that concerns are being raised by a patient or family member, ensure that every step you take is adequately documented.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as "true professionals".



E. Professional Conduct²
(1) Initial Disposition of Complaint

Professional Conduct Flow Chart

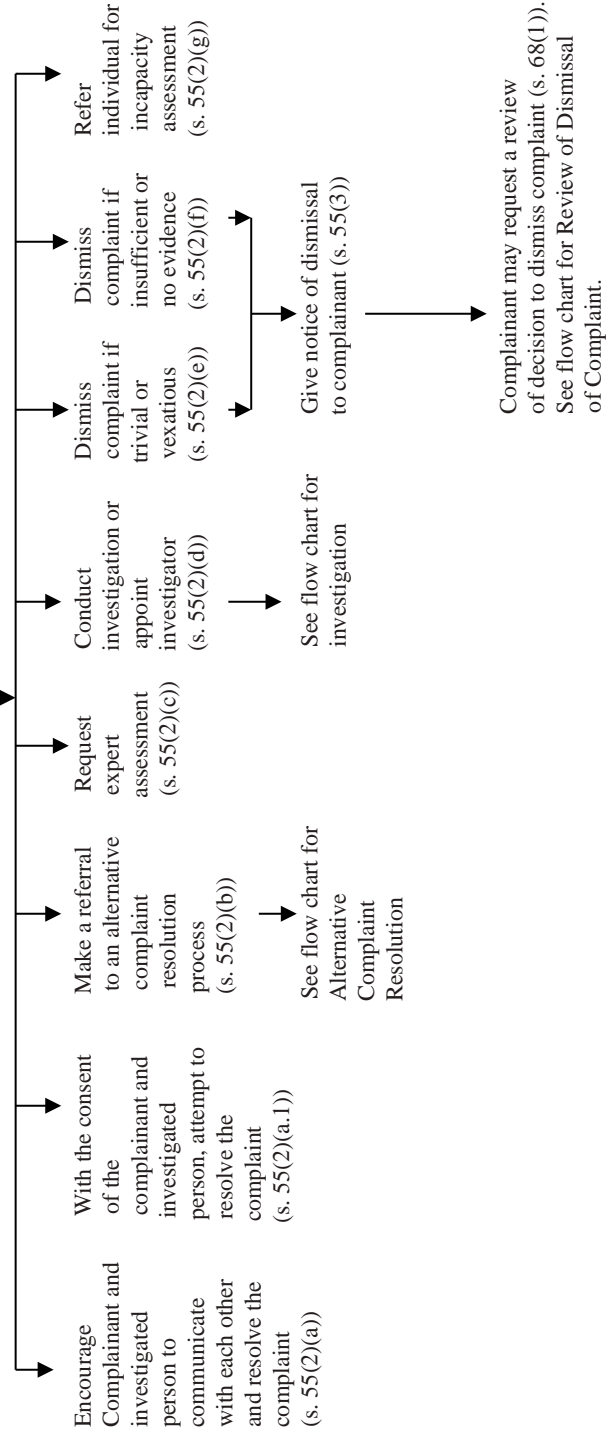
Initial Disposition of a Complaint

Written, signed complaint regarding a regulated member or "former member" (s. 54(1))



Complaints Director

Within 30 days the Complaints Director must advise complainant of the action taken with respect to complaint (s. 55(1))

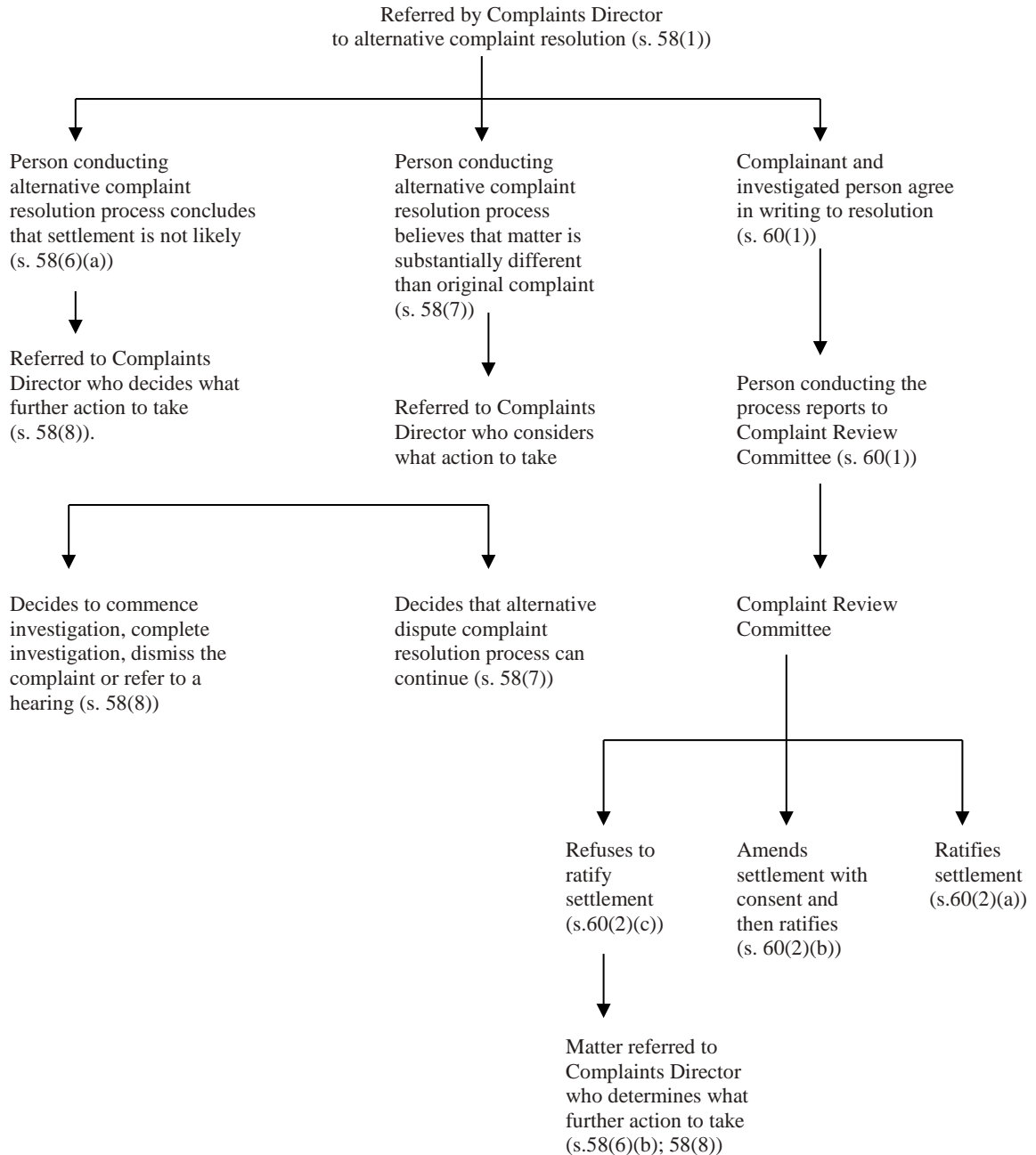


² James T. Casey, *A Guide To The Health Professions Act*. (VII – 12).



(2) Alternative Complaint Resolution³

Alternative Complaint Resolution Flow Chart

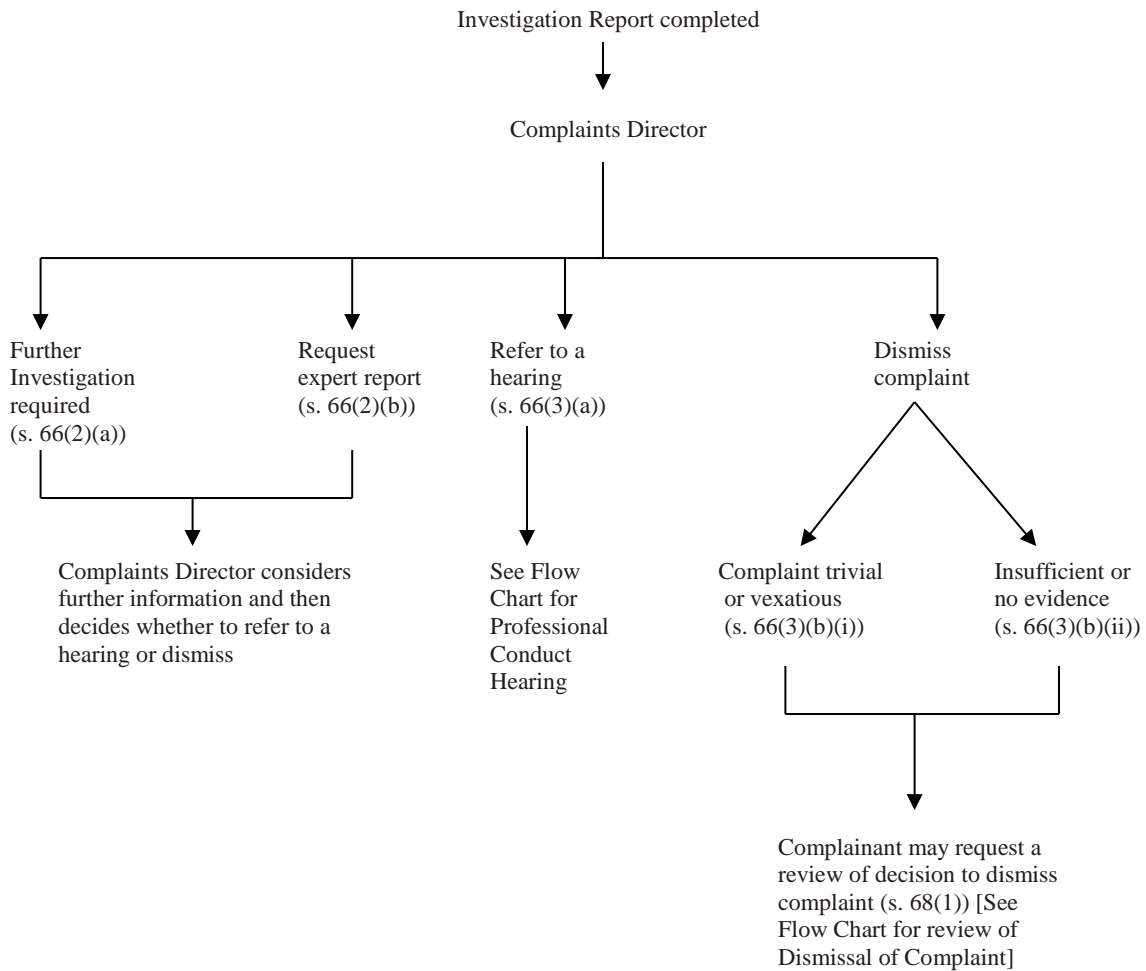


³ James T. Casey, *A Guide To The Health Professions Act*. (VII – 14).



(3) Investigation⁴

Investigation Flow Chart

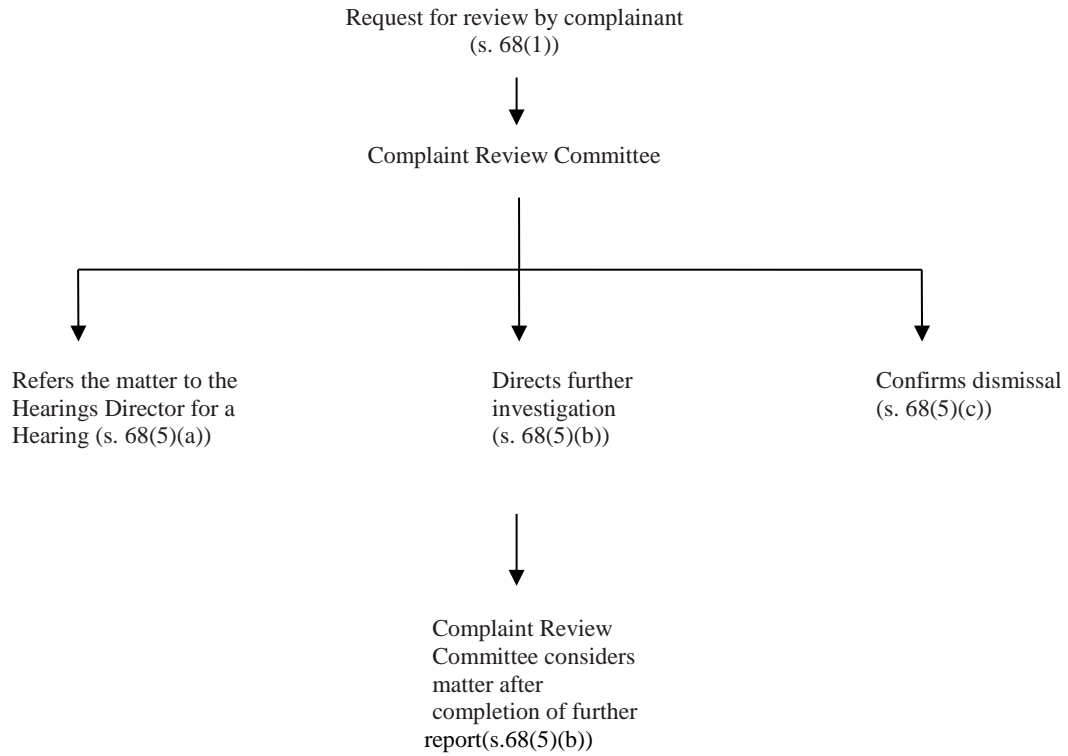


⁴ James T. Casey, *A Guide To The Health Professions Act*. (VII – 16).



(4) **Review of Dismissal of Complaint**⁵

Review of Dismissal of Complaint Flow Chart



⁵ James T. Casey, *A Guide To The Health Professions Act*. (VII – 18).



(5) **Professional Conduct Hearings⁶**

Professional Conduct Flow Chart for Hearing and Appeals

Decision of Hearing Tribunal
Completed and distributed (s. 84(2))



Investigated person or
Complaints Director
on behalf of the College
may appeal to Council
(s. 87(1))



Council hears
Appeal (s. 89)



Investigated person
may appeal decision of
Council to the Court of
Appeal
(s. 90(1))



Court of Appeal hears
Appeal
(s. 90 to 93)

⁶ James T. Casey, *A Guide To The Health Professions Act*. (VII – 20).



VIII. Member Register & Communications



Registrant Directory

The Registrant Directory of the College lists regulated members of the College and is available online on the College website. It is updated throughout the year so members of the public and employers can verify that an individual is registered with the College of Dietitians of Alberta.

The College offers Private Practice Dietitians the option to have their contact information published on the Registrant Directory for public access. Interested members are requested to email the College office to provide consent to publish contact information on the Registrant Directory.

Notice of Change

If you have had a change of contact information, employment or practice information, please update your information by logging on to the **Online Profile** page (<https://cda.alinityapp.com/WebClient/>) and edit your profile.

If you have had a change of name, please contact the College office to inquire into the procedure to change your name.

Member Communications

Canada's Anti-Spam Legislation (CASL) requires the College to obtain member consent to send non-regulatory emails about the College's activities, including news, notices and general information.

Members are requested to indicate their consent on the Online Profile. If consent is provided, members will receive emails related to College membership which include newsletters (College Briefings), notices for College events and award celebrations and videos.

Members are able to unsubscribe from College non-regulatory emails at any time by accessing the Online Profile and updating consent or by emailing the College office directly.