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Documents

The Regulated Member Handbook integrates information from the Health Professions Act, the Registered Dietitians and Registered Nutritionists Profession Regulation and the College of Dietitians of Alberta Bylaws. All documents can be accessed on the College of Dietitians of Alberta’s website under About Us – Regulatory Documents.

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

Alberta Queen’s Printer
Phone: 780-427-2711
Toll free: 310-0000 (in Alberta)
http://www.qp.alberta.ca/

Government Website – Alberta Health
http://www.health.alberta.ca/click on About Us – Health Legislation

Drug Schedule Information

Alberta College of Pharmacy
https://abpharmacy.ca/

National Association of Pharmacy Regulatory Authorities
http://www.napra.ca

Continuing Education Opportunities and Resources

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

The handbook is a resource for regulated members that integrates information from the Health Professions 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 regulated 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 regulatory environment for the dietetic profession in Alberta as it is currently understood.

Any additions to the chapters within the handbook will be noted with the updated year along the bottom of the page.
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 regulated 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 regulated 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.”

In Alberta, 29 Colleges regulate 31 different health professions.

The regulated health professions in Alberta are:\(^2\)

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

\(^2\) 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 regulated 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 regulated members of regulatory 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 regulated member of a college.

The protected titles of the College are:
- Registered Dietitian
- Registered Nutritionist
- RD
- Dietitian
- Nutritionist
- Dietetic Intern
- Provisional 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 regulated 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 regulated members are required to participate to ensure that they maintain their competence to practice. Colleges are responsible for monitoring the competence of their regulated 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. The Government gives colleges the authority in regulation to authorize their regulated 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 and medical nutrition therapy may perform a range of six restricted activities.

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

Public Access to Regulated Member Information

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

- whether an individual is a regulated member
- the regulated member’s full name
- the regulated member’s registration number
- any practice permit conditions
- the status of a regulated member’s practice permit: active, suspended or cancelled
- the regulated 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 regulated member for a period of five years following the action.

Government Access to Regulated 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 regulated member.

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 Health Professions Act creates a detailed, structured process that colleges must follow to address public complaints about practitioners. Complaints against a regulated 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, facilities where the regulated 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 regulated 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 regulated 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 Act Amendments

In 2018, the Alberta government introduced Bill 21: An Act to Protect Patients to amend the Health Professions Act (HPA). Bill 21 speaks specifically to sexual abuse and sexual misconduct by regulated health professionals and introduced a number of new requirements for regulatory health colleges and its regulated members. The new rules ensure consistent penalties are applied to all health professionals regulated under the Health Professions Act for findings of sexual abuse or sexual misconduct. Bill 21 received Royal Assent on November 19, 2018 with some portions of the Bill coming into force on April 1, 2019.

The changes to the HPA occasioned by Bill 21 required colleges to create a new patient relations program, new standards of practice and to review current procedures respecting registration and the complaint/discipline process (including processing complaints, investigations, hearings, appeals and disclosure of information). Colleges may also have been required to amend their bylaws in relation to their websites and update those websites to bring themselves into compliance with the new requirements.

Standards of Practice

The amendments to the HPA included a requirement for health colleges to develop Standards of Practice to address sexual abuse and sexual misconduct. The Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention, developed in consultation with regulated members, were adopted by Council and approved by the Alberta Government.

The Standards of Practice can be found on the College website under About Us – Regulatory Documents. All regulated members are encouraged to review the Standards of Practice carefully.

Patient Relations Program

Within Bill 21 amendments to the HPA, all colleges must increase transparency by posting health professionals’ discipline history on their public website.

As well, the College was required to establish a patient relations program to “include measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members.” These measures must include, but are not limited to:

- Educational requirements for regulated members;
- Educational guidelines for the conduct of regulated members towards patients;
- Training for trauma informed practices for College staff, councils and hearing tribunals;
- Information for persons respecting the College’s complaints processes; and
- Assistance in directing persons to appropriate resources, persons or organizations that may be able to assist them.

The College must also provide funding for patients who have alleged unprofessional conduct in the forms of sexual abuse and/or sexual misconduct against a regulated member.
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 Dietitians of Canada, Alberta and Territories region (member service responsibilities).
Mission, Vision, Values, Organizational Structure

Using 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

Protecting Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.

Vision

Excellence in evidence-based food and nutrition practices through innovative leadership, regulation, and collaboration for the health of Albertans.

Values

As the College’s governing body, each Council member upholds these values:

- Integrity – Supporting the highest standards of excellence, honesty, and ethics in carrying out duties.
- Supportive – Dedicated to teamwork among Council, committees, and staff and being respectful, civil, and courteous even in the face of conflict or disagreement.
- Diversity of Thought – Open to new ideas, new models, and new people.
- Innovative – Proactive, creative, and productive in seeking solutions within available resources.
- Dedicated – Working steadily, effectively, and efficiently to advance the mission and strategic plan in order to serve the College’s mandate.
- Impartial – Objective, reasoned, and fair in decision making.
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.

[Diagram of organizational structure]

- Government of Alberta
  - Council
    - Registrar / Complaints Director
      - Executive Assistant / Hearings Director
      - Director of Professional Practice
      - Administrative Assistant / Continuing Competence Coordinator
        - Statutory Committees
          - Registration Committee
          - Competence Committee
          - Hearing Tribunal
          - Complaint Review Committee
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 regulated 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 regulated 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 referred by the Registrar and applications for 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 regulated 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 of Professional Practice**

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

**Administrative Assistant / Continuing Competence Coordinator**

The Administrative Assistant provides general administrative support to College staff. The Continuing Competence Coordinator provides support and coordination of the annual Continuing Competence Program review and audit process.
Regulated 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 regulated 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 regulated 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 regulated 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. Regulated members on the General Register may nominate candidates for election to Council.

Nomination forms are to be signed by two regulated 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 regulated members. Ballots and brief autobiographical sketches of the candidates will be forwarded to regulated 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.

Regulated members will be notified of the results of an election through a newsletter. A regulated 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, regulated 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 a request in writing to the Registrar, stating the issue that has given rise to the call. The request must be signed by ten percent of the regulated 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 non-confidence is passed by two-thirds of the voting regulated 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 regulated members. If a regulated member wishes to attend a Council meeting, they are requested to contact the College office to ensure seating is available.

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.

The Preceptor Recognition Award was created to recognize excellence and dedication in precepting and mentoring in Alberta.

The Citizenship Award was created to recognize a College regulated member who embodies the College’s Values and Vision, and has demonstrated exemplary professionalism, leadership and citizenship in the areas of cultural humility and citizen and/or social engagement.

To request information on any of the Awards or to obtain an application or nomination form, the College encourages regulated members to contact the College office or access the forms on the For Dietitians section of the College website under the Awards page, prior to the July 1 deadline for nominations. Awards are presented to recipients at an Award Luncheon in September 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 Bachelor of Science degree in food and nutrition and graduation from a dietetic internship, or completion of a Master of Science 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 practical 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, as part of the Alliance of Canadian Dietetic Regulatory Bodies, approves the examination blueprint as well as policies and procedures for the administration of the examination, and monitors examination results.

The CDRE is offered over a six-day period 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.

The College policy for current practice states that all regulated members are deemed current if they have practiced dietetics at minimum 600 hours over the previous three consecutive years. During registration renewal, all regulated members will be required to declare whether they meet the current practice policy.

Additional information on Current Practice requirements for regulated members can be found on the College website under For Dietitians – Regulated Member Resources, College Statement on Current Practice.

Good Character and Reputation

The College of Dietitians of Alberta’s 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 regulated 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 regulated members of the College or to students of the profession, or
- supervise regulated members of the College who provide professional services to the public.

If a regulated member is aware of individuals who meet the above criteria and who are not listed on the Public Register of Regulated 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. Regulated members must submit proof of insurance to the College upon request.

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

Additional information on liability insurance or to purchase insurance through the College program, please access the For Dietitians section of the College website under the Liability Insurance page.

**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 regulations and standards of practice that govern practice in Alberta. To ensure every regulated 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 are required to successfully complete the module within one year of the time of registration. Thereafter, every regulated member on the General Register is 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 For Dietitians 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.

Regulated members who are authorized to perform restricted activities are listed on the General Register. The Register will identify the restricted activities each regulated member is authorized to perform.

Regulated members on the General Register have the right to use all 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”. A Registered Dietitian or Registered Nutritionist must supervise the practice of an individual on the temporary register. 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
- Nutritionist
- Dietetic Intern
- Provisional Dietitian

Regulated members on the general and courtesy registers may use the titles Registered Dietitian, Registered Nutritionist, RD and Dietitian; regulated members on the temporary register may only use the title Dietitian.

The *Health Professions Act* also protects use of the words: college, registered, regulated and regulated health professional. Only regulated 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 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 regulated 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 regulated member’s responsibility to protect the integrity of the profession by reporting misuse of title to the College. The Public Register of the College lists regulated members of the College and is available online on the College website. It is updated throughout the year so regulated members and the public 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 regulated member’s name and registration number, the category of register the regulated member is on, any conditions on the regulated member’s practice permit, whether the regulated member provides any restricted activities, and the expiry date.

The Health Professions Act requires that the practice permit be on display where the regulated 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. Regulated 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. Regulated members cannot practice without a current practice permit.

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

The College must receive the complete application for renewal online by the end of March 31.

The Act requires that employers be notified when a practice permit is suspended or issued with conditions, including when a regulated member has missed the registration renewal deadline.

The following suggestions are made in order to prevent any interruption in the ability of a regulated 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 (if March 31 falls on a weekend or holiday, cheques must be received in the College office before the close of the last business day prior to 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 regulated 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

Regulated 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 Resign your Registration form, which includes submission of a Resignation Letter informing that they are resigning from the College. Resignations must be received online by March 31 to be in good standing.

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

Regulated 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 regulated 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 regulated members or employers on regulatory issues.

The Regulation lists the demographic, education, training and practice information that must be provided by a regulated 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 regulated 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 regulated member’s file consists of official documents and verification is required in order to make appropriate changes to records. Notifications of changes may be submitted online by uploading the appropriate documentation in a Profile Update, or may be made in writing and mailed, emailed or faxed to the College. Regulated members may access and edit their own Profile information online within the Login for Regulated Members, to ensure that it is correct.

It is imperative that regulated 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 regulated 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 regulated 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 College has not entered into any current reciprocity agreements with international regulatory bodies. The reciprocity agreement established in 2012 between Dietitians Association of Australia (DAA) and nine of the ten provincial dietetic regulatory bodies of Canada expired in 2014. All dietitians who are registered or credentialed in Australia must now apply through the Substantial Equivalency Route.
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
- Internationally Educated Applicants: $210.00
- 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
- Labour Mobility Practice Permit fee – April 1: $598.50
- Labour Mobility Practice Permit fee – July 1: $448.88
- Labour Mobility Practice Permit fee – October 1: $299.25
- Labour Mobility Practice Permit fee – January 1: $149.63
- Late renewal fee (no GST): $150.00

**Assessment Fees**
- International/Return to Practice Assessment (no GST): $600.00 (due at the time of assessment)

**Administrative Fees**
- NSF Cheques: $26.25
- Restricted Activity Application fee: $26.25
- File copying & transfer: $26.25
- Labour Mobility Verification of Registration for Regulatory Bodies: $26.25

**Examination Fees**
- Canadian Dietetic Registration Examination (CDRE) fee (no GST): $525.00
- CDRE appeal: $78.75

**Reviews and Appeals**
- Registration review: $262.50
- Practice permit review: $262.50
- Review or appeal of decision under the *Health Professions Act*: $262.50

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 have been authorized in regulation by the government for Registered Dietitians and Registered Nutritionists are:

- 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 nasoenteric 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.”
- 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.”
- 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.”
- 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.”

These restricted activities relate to dietetic practice and are described in detail later 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
- drawing venous blood.
- using medical nutrition therapy, various supportive behaviour modification techniques, strategies and psychosocial interventions when working with clients/patients with disordered eating patterns and/or eating disorder diagnoses

Update on the Psychosocial Intervention Restricted Activity

10(1)(f) “to perform psychosocial intervention if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns.”

Following a review of the Restricted Activity of Psychosocial Intervention, the College of Dietitians of Alberta concluded that Dietitians do not perform restricted psychosocial interventions (i.e. psychotherapy) when working with clients/patients with disordered eating or eating disorder diagnoses.

Dietitians do not perform psychotherapy or other therapies with the intention to treat an eating disorder client’s underlying psychopathology, in particular with acute or grossly impaired clients/patients. When working with clients/patients with
disordered eating behaviours or eating disorder diagnoses, Dietitians use medical nutrition therapy, various supportive behaviour modification techniques, strategies and psychosocial interventions that are not considered restricted psychosocial interventions according to the government’s definitions, Dietitians with the competence to work with disordered eating behaviours and eating disorder patients/clients may do so without authorization from the College. Performing psychotherapy, however, is not within the scope of Registered Dietitians.

Effective December 1, 2017, Dietitians will no longer be required to seek authorization from the College to work with eating disorder clients/patients.
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 regulated 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 validate the ways that these competencies are developed and would be demonstrated to the College for regulated 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 regulated members.

Regulated Members

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

Regulated 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 regulated member decides to provide a restricted activity, it is the regulated member’s responsibility to obtain authorization from the College to perform the activity as part of their practice.

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

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

Supervision Requirements

A regulated 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 on the General Register 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 regulated 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 on the General Register 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 regulated member demonstrating that they are competent to perform the restricted activity, and that the competent performance of the restricted activity has been verified. Regulated 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 an authorized health professional, the regulated member must submit the completed competency checklist and verification forms and the required restricted activity application fee, at which time the regulated member will be issued a practice permit that authorizes them to practice the restricted activity.

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

Ongoing Competence

Regulated 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 regulated 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 regulated 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 regulated member who performs restricted activities must complete the self-assessment process and develop one learning plan for each restricted activity that they are authorized to perform. It should be noted that development of learning 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.

Regulated 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, Standards of Practice and the Integrated Competencies for Dietetic Education and Practice require regulated 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 regulated member’s level of competence or expertise, or whose care reaches a boundary defined by a restricted activity that the regulated member is not authorized to perform, the regulated 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 regulated 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 the 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 nasoenteric 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 nasoenteric 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 regulated members of the College must be aware that providing drugs including samples as part of practice may be a restricted activity. It is a regulated 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
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 regulated 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 (2018).

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 regulated members in a way that enhances their career and personal goals. It was created to be adaptable to each regulated 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 regulated 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 regulated members are already involved in a number of learning activities as part of their personal ongoing professional development. The Continuing Competence Program enables regulated members to formalize, reflect on, and report these learning 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 Reflection**

The Practice Profile Reflection allows regulated members to define their current practice focus / areas of expertise and identify the trends, challenges and developments affecting their practice. Completion of the practice profile reflection prior to the self-assessment enables regulated members to focus their learning on activities that relate to their practice and interests.

**Part 2 – Self-Assessment**

The Self-Assessment is designed to help regulated members identify learning needs by reflecting on their practice and competence in relation to each standard and indicator in the Standards of Practice. Completion of the self-assessment tool will assist regulated members in identifying their priority learning needs relative to specific indicators.

**Part 3 - Learning Plans**

The Learning Plan Worksheets require regulated members to formulate learning goals specific to the indicators chosen as priorities, to identify why each is important to their practice, to anticipate the benefit to their practice, to log and date completed learning activities, and location of verification materials, and reflect on learning and benefit to practice/competence enhancement. This information is entered online during Registration Renewal and accessed throughout the year on the regulated 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. Regulated members will be required to declare and demonstrate that they have participated in the program during the previous year.

Regulated members have electronic access to the Continuing Competence Program (CCP) Workbook on the Continuing Competence pages of the For Dietitians section of the College website. In March, regulated members have access to online registration renewal where CCP submissions are to be made. In order to obtain their practice permit, regulated members must meet the following requirements of the Continuing Competence Program annually:

- Completion of the Practice Profile Reflection and Self-Assessment within the CCP Workbook
- Completion of two (2) Continuing Competence Learning Plans, each including a learning goal, competence activities and reflection on learning and competence enhancement within the CCP Workbook and online
- Completion of one (1) Continuing Competence Learning Plan for each Restricted Activity (if applicable) within the CCP Workbook and online
- Online submission of the Continuing Competence Learning Plans to the College during registration renewal by March 31
- Identify online the required Continuing Competence Program learning goals for the upcoming registration year

Special Requirements

In addition to the program requirements for two Competence Learning Plans each year, dietitians who are authorized to perform restricted activities must also develop one Competence Learning Plan for each restricted activity that they are authorized to perform.

Regulated 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.

Regulated 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 regulated member and the Continuing Competence Program is designed to assist regulated members in maintaining their competence. The College has a responsibility to monitor the effectiveness of the program and each regulated member’s participation in the program.

To meet this responsibility, in addition to annual registration renewal requirements, the College will review each regulated 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 indicator, activities and evaluation, looking for demonstration in the reflection of:

- Identification of a learning goal, relative to the indicator selected and
- Summary of learning activities undertaken and
- What the regulated member learned from the activities and
- How the regulated member is more competent in their practice as a result of learning or how their practice as a professional has been enhanced and
- Is written in the past tense (rather than expected future impact or use)

Further, 10% of regulated 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 practice profile reflection, self-assessment and completed learning plan worksheets), in addition to documentation / verification of completed learning 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 learning goals, activities and reflection. Excellent record keeping is essential.

If a regulated member is selected for audit, the regulated 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 including:
  - Practice Profile Reflection
  - Self-Assessment
  - Learning Plan Worksheets for each plan:
    - Section A: Learning Goals
    - Section B: Learning Activities
    - Section C: Reflection on learning and competence enhancement
  - Self-Assessment of Restricted Activities, as appropriate
  - Restricted Activity Learning Plans as appropriate

- Consistency between workbook activities/materials and online submission

- Verification of Activities:
  The selected regulated member must submit dated evidence of each documented activity, demonstrating that they have 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
Non-Compliance with the Continuing Competence Program

The College will provide direction to regulated members when competence programs do not meet established evaluation criteria. Regulated 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 guidance on the Continuing Competence Program process as should be occurring throughout the year.

March  During Registration Renewal, after submitting the previous year’s CCP learning plans, regulated members will be prompted to identify the standard and indicator to base each of their learning goals around, identify one or more learning activities which may be completed to meet that learning goal, and identify the anticipated benefit to practice for the upcoming registration year. Regulated members should be completing the Practice Profile, the Self-Assessment and developing their Learning Plans from the CCP Workbook when submitting online.

April – January  Throughout the year, regulated members will undertake and document planned learning activities. Please note, learning goals may change throughout the year; online CCP profile should be updated to reflect changes to learning goals. Regulated members are encouraged to use the CCP Workbook to track progress throughout the year.

February  Regulated members should have completed the documentation of their Learning Plans and evaluated the outcome that learning activities have had on their practice. Regulated members are encouraged to complete the learning plan worksheets in the CCP Workbook; the information from these Worksheets is compiled as one online entry entered as your “Reflection” during registration renewal in March (see online submission tips for help on reflection writing).

The CCP Workbook is posted on the For Dietitians section of the College website. Regulated members should download a copy of the Workbook to complete the Practice Profile, the Self-Assessment and to develop their Learning Plans.

The College provides regulated members access to CCP online throughout the year. Regulated members will set their learning goals for the upcoming year at the time of registration renewal and will be able to update their learning goals and activities throughout the year. Regulated members will be required to complete their online Continuing Competence Program learning goals, learning 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 regulated members. The most important concepts to keep in mind as activities are selected are that they should be focused on the Standards of Practice, the regulated member’s unique practice and should contribute to maintaining competence.

In addition to the options listed in the CCP 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 Learning Plan:

- College sessions
- On-line courses (eg., Dietitians of Canada- Nutrition Care Process in Dysphagia 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/inservices
- Certification programs (eg., Certified Diabetes Educator, Certified Nutrition Support Dietitian)
- 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
- Completing a detailed literature review of evidence
- Writing Articles
- Media review

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

As noted earlier, regulated 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 regulated 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 Program Workbook. Please visit the Continuing Competence pages on the For Dietitians section 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 Reflection assists the regulated member in defining their practice. 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 learning goals are focused on the indicators within the Standards of 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 two Learning Plans, dietitians who are authorized to perform restricted activities must also develop one Learning Plan for each restricted activity that they are authorized to perform.

**HINT:** If you are in 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?

**HINT:** Participation in the Continuing Competence Program is required annually for all regulated members regardless of employment status. All regulated 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 working on, ask yourself – What will enable me to remain current and step back into my practice when I return to work? Focus your learning goals and activities on preparing for a return to the practice you have described.
VI. Public Register & Communications
Public Register

The Public Register of the College provides a searchable list of 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 Public Register for public access. Interested regulated members are requested to email the College office to provide consent to publish contact information on the Public Register.

Notice of Change

The College reminds regulated members that as regulated professionals, Registered Dietitians have a duty to update their profile within 30 days of any change in the information required for the College’s Register. If you have had a change of contact information, employment or practice information, please update your information by accessing the Login for Regulated Members and submit a Profile Update.

Your practice permit is your license to practice dietetics in Alberta. Therefore, the name on your practice permit must match your legal name (including middle names). If you have had a change of name, please change your name within the Profile Update online.

Regulated Member Communications

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

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

Regulated members are able to unsubscribe from College non-regulatory emails at any time by accessing the Login for Regulated Members and updating consent or by emailing the College office directly.
VII. Codes, Standards, Competencies & Guidelines
Legislative Requirements

The Health Professions Act requires 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 regulated members, the Minister of Health and other stakeholders. The Standards of Practice (2018) were developed through a collaborative effort by the College of Dietitians of Alberta (CDA) and the Saskatchewan Dietitians Association (SDA). The Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention (2019) were developed as required under Bill 21: An Act to Protect Patients. The Integrated Competencies for Dietetic Education and Practice (2013) were developed by the Partnership for Dietetic Education and Practice, a joint venture of the Alliance of Canadian Regulatory Bodies, Dietitians of Canada and Canadian academic and practicum dietetic education programs.

These documents were created under the authority of the Health Professions Act and the Registered Dietitians and Registered Nutritionists Profession Regulation and support 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, Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention, Integrated Competencies for Dietetic Education and Practice and the Code of Ethics provide the legal framework for dietetic practice and for the provision of competent, safe, professional services.

The Code of Ethics, Standards of Practice, Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention and the Integrated Competencies for Dietetic Education and Practice must be made available to regulated 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 any time.

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.
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 practice statement, 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
The complete Standards of Practice (2018) document can be found on the College website under About Us – Regulatory Documents. A summary of the standards can be found below.

Introduction

Background

The College of Dietitians of Alberta (CDA) is a not-for-profit self-governing public body created under the Health Professions Act to regulate the practice of dietetics in the public interest by establishing education standards and ensuring the competency of its members. The College currently regulates the practice of Registered Dietitians and Registered Nutritionists* in Alberta who work in various roles such as clinical care, chronic disease management, primary care, long term care, population and public health, administration and research, and in various settings, which include but are not limited to hospitals, public or private clinics, primary care networks, long-term care facilities, community health centres, health organizations, community agencies and industry.

As a regulatory body acting in the public’s interest, CDA is required to establish, maintain, and enforce Standards of Practice for the profession and ensure that registered members meet those Standards. With the implementation of the Partnership for Dietetic Education and Practice (PDEP) Integrated Competencies for Dietetic Education and Practice (2013), CDA recognized the need to update the existing Standards of Practice. The process used to develop these present Standards of Practice is outlined in Appendix A.

Purpose of the Standards of Practice

Standards of Practice fulfil a variety of purposes to different groups:

- Registered members – Standards outline the minimal practice requirements that they must adhere to.
- Prospective registered members – Standards inform prospective CDA members of the performance expectations of dietetic practice in Alberta.
- Regulatory college (CDA) – Standards can be used as a legal reference for registered members’ performance with regards to complaints and disciplinary actions.
- Public – Standards serve as a guide to public expectations from services provided by registered members.
- Other health providers – Standards inform other health providers of the roles and responsibilities of registered members, supporting interprofessional collaborative practice.
- Educators – Standards can contribute to and inform curriculum planning and development.
- Employers – Standards can assist in the development of job profiles and contribute to performance reviews.

Assumptions

The Standards of Practice are based on the assumptions that they:

- Support CDA’s primary professional obligation to protect and serve the public interest according to legislative requirements.
- Apply to the diverse professional roles of Registered Dietitians including but not limited to: assessment of nutritional requirements of individuals/groups; management of nutrition goals for population health, disease management and prevention; management of food
nutrition services/programs; education of clients and others; development of nutrition related tools/communications; employment in industry and business; and contribution to research. The Standards are applicable to all registered members regardless of their roles, responsibilities, and practice context.

- Represent the minimum practice performance of registered members in delivering safe, competent, ethical services.
- Outline the mandatory performance expectations which must be adhered to by registered members.
- Represent one element of a continuum of documents such as legislation, Codes of Ethics, Practice Guidelines, and Competency Profiles that shape and guide the practice of the profession.
- Are to be considered as a comprehensive unit that registered members are expected to be knowledgeable of and conform to at all times.
- Exist within the context of legislative, regulatory, and organization/employer requirements. In the case of inconsistencies, registered members must comply with the most restrictive or least permissive policies (e.g., if employer policies are more lenient than that of the regulatory college, registered members are expected to comply with the regulatory college requirements).
- Refer to ‘client’ in its broadest perspective. In this document, ‘client’ can refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian’s expertise.

Format of the Standards of Practice

The Standards of Practice are organized under the following headings:

- Standard Statement – outlines the expected performance of registered members.
- Indicators – describe the specific activities demonstrated by registered members complying with the Standard. The Indicators are not listed in order of priority nor are they all inclusive.
- Practice Outcome – defines what clients and team members can expect from the professional services of registered members.
- Related Standards – includes a list of additional Standards providing more information.
- Glossary – includes definitions of specific terms used in each Standard. Words are bolded the first time they appear in the Standard.
- Resources – provide a list of references with background information related to the Standard.

* Note that the titles “Registered Dietitian” and “Registered Nutritionist” are used interchangeably with Dietitian, all protected titles of the College of Dietitians of Alberta.

1 Adapted from Partnership for Dietetic Education and Practice. (2013). The Integrated Competencies for Dietetic Education and Practice (ICDEP). Available at: http://www.pdep.ca/files/PDEP_Integrated_Competencies_for_Dietetic_Education_and_Practice_%5bICDEP%5d_%5b2013-April%5d.pdf

Standard 1. Assessment and Interventions

Standard
Registered Dietitians competently select and interpret assessment data, develop and/or implement goals/plans/tools, and implement appropriate interventions in the provision of client-centred, professional services.

Indicators
To demonstrate this standard, Registered Dietitians will
  a) Obtain client consent for professional services.
  b) Obtain, review, and interpret relevant assessment data.
  c) Collaborate and communicate with client to determine goals/plans and interventions.
  d) Implement, coordinate, and document the provision of client-centred interventions.
  e) Monitor, evaluate, and document the impact of interventions in achieving identified outcomes, proposing alternative interventions if goals have not been achieved.
  f) Continue to offer professional services until either the client is transferred, discharged, self-managing, declines care, another provider has assumed responsibility, or the Registered Dietitian deems further services are not required.

Practice Outcome
Clients can expect that Registered Dietitians assess relevant data, develop goals/plans, implement, and evaluate client-centred interventions.

Standard 2. Boundaries

Standard
Registered Dietitians maintain clear and appropriate professional boundaries with clients and team members.

Indicators
To demonstrate this standard, Registered Dietitians will:
  a) Be sensitive to their position of relative power or influence in professional relationships and not use this status to take physical, emotional, sexual, financial, or other types of advantage of clients and team members.
  b) Establish and maintain appropriate professional boundaries in relationships with clients and team members.
  c) Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, virtual dietetic practice, social media).
  d) Obtain consent prior to touching a client.
  e) Refrain from entering professional relationships when current or previous personal, financial, employment, and/or legal affiliations would compromise professional services or integrity.
  f) Minimize the risk of boundary violations when boundary crossings cannot be avoided (e.g., treatment of family/friend in specialized or rural practice), by reporting the boundary crossing to the appropriate authority (e.g., manager, team leader) and by documenting management strategies (e.g., in the client file, record).
g) When professional boundaries cannot be maintained, take necessary action as required (e.g., end professional relationships with clients, transfer care), and document how the situation was managed.

Practice Outcome
Clients can expect Registered Dietitians to maintain clear and appropriate professional boundaries at all times.

Standard 3. Client-Centred Services

Standard
Registered Dietitians provide professional services that recognize and respect the unique needs, goals, values, and circumstances of clients.

Indicators
To demonstrate this standard, Registered Dietitians will:
   a) Acknowledge and respect the rights, dignity, and uniqueness of each client (e.g., ethnic/cultural background, religion, age, gender, social status, marital status, sexual orientation, political beliefs, physical/mental ability, corporate mission, and values).
   b) Collaborate with clients to identify and develop goals, plans, and interventions to meet their unique needs.
   c) Acknowledge and respect clients’ rights to autonomy and decision making over their own health.
   d) Advocate for and guide changes on behalf of clients to support their health and well-being when required.

Practice Outcome
Clients can expect that their goals and values will be incorporated into the Registered Dietitian’s provision of client-centred services.

Standard 4. Collaborative Practice

Standard
Registered Dietitians partner with clients and team members in the collaborative and coordinated provision of professional services.

Indicators
To demonstrate this standard, Registered Dietitians will:
   a. Contribute professional knowledge to discussions and interactions with clients and team members.
   b. Clarify and explain their professional roles and responsibilities in discussions with clients and team members.
   c. Respect clients’ and team members’ perspectives and responsibilities, while acknowledging overlapping roles and scopes of practice.
   d. Consult with and/or refer as required, when the needs of clients may be more appropriately met by another Registered Dietitian or team member.
   e. Effectively manage conflict with clients and team members.
f. Communicate clearly and respectfully with clients and team members, at all times to facilitate collaboration.

**Practice Outcome**
Clients can expect Registered Dietitians to provide collaborative, professional, client-centred services.

**Standard 5. Communication**

**Standard**
Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing professional services.

**Indicators**
To demonstrate this standard, Registered Dietitians will:

a) Be clear and respectful in all verbal, nonverbal, and written communication.

b) Maintain clients’ privacy and confidentiality in all forms of communication.

c) Use strategies to promote effective communication (e.g., active listening, empathy).

d) Adapt communication to the needs of clients and minimize barriers by incorporating relevant supports as available (e.g., interpreters, visual aids, technology, appropriate language, culturally appropriate resources).

e) Use strategies to facilitate clients’ comprehension and learning (e.g., opportunity for questions, teach back, appropriate literacy levels).

f) Communicate with professional integrity and maintain appropriate boundaries in all communication formats at all times.

g) Document professional communications accurately and in a timely manner as required.

**Practice Outcome**
Clients can expect Registered Dietitians to communicate respectfully and effectively.

**Standard 6. Competence**

**Standard**
Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, professional services.

**Indicators**
To demonstrate this standard, Registered Dietitians will:

a) Provide professional services within the limits of their qualifications and personal level of competence.

b) Evaluate their own practice and participate in continuing professional development to identify and address learning needs.

c) Identify practice situations beyond their personal level of competence and consult, refer, and/or obtain further knowledge and skills to provide professional services.

d) Maintain competence in present area(s) of practice, incorporating evidence into professional services.

e) Acquire the knowledge and skills to practice competently in emerging practice areas as required.
f) Comply with the CDA continuing competence program, adhering to all applicable legislative and regulatory requirements.
g) Voluntarily withdraw from practice if they self-identify that they are no longer able to provide safe, competent, ethical services (e.g., illness, substance abuse).
h) Comply with practice hour requirements as set out by CDA.
i) Adhere to CDA requirements for practicing restricted activities.

Practice Outcome
Clients can expect Registered Dietitians to be competent to provide safe, ethical, professional services.

Standard 7. Conflict of Interest

Standard
Registered Dietitians will avoid real or perceived conflicts of interest in which professional integrity, professional independence or the provision of professional services could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

Indicators
To demonstrate this standard, Registered Dietitians will:

a) Recognize any situations in which a conflict of interest could have an impact on their professional judgment.
b) Avoid any conflict of interest in which professional services could be compromised.
c) When a conflict of interest cannot be avoided, disclose to the appropriate authority (e.g., manager, team leader), manage the situation, and/or discontinue professional services.
d) Document any conflict of interest, the efforts to manage it, and the outcome(s).
e) Provide options for the provision of services and/or products when a conflict of interest exists.
f) Refrain from accepting personal from service and/or product sponsors when the Registered Dietitian stands to profit personally and/or financially.
g) Refrain from offering incentives to clients that places the Registered Dietitian’s personal gain above their professional responsibilities.

Practice Outcome
Clients can expect Registered Dietitians to provide professional services that are in the client’s best interests and to disclose and manage any conflicts of interest.

Standard 8. Consent

Standard
Registered Dietitians obtain appropriate client consent in the provision of professional services.

Indicators
To demonstrate this standard, Registered Dietitians will:

a) Provide clients with complete and objective information regarding the options for treatment and/or professional services and their respective risks and benefits as appropriate.
b) Obtain client consent prior to the provision of services and document as required.
c) Take all reasonable steps to ensure that consent is given freely, without evidence of coercion.
d) Inform clients in a timely manner of proposed changes to the agreed-upon intervention plan and/or provide new information relevant to consent.

e) Respect clients’ rights to: make choices, consult, and request additional information; refuse proposed interventions; and withdraw previously provided consent at any time.

f) Obtain approval from the appropriate research ethics board and consent from clients participating in research studies.

Practice Outcome
Clients can expect Registered Dietitians to obtain consent in the provision of professional services.

**Standard 9. Evidence-Informed Practice**

**Standard**
Registered Dietitians provide professional services using an evidence-informed approach.

**Indicators**
To demonstrate this standard, Registered Dietitians will:

a) Access and critically appraise current and applicable evidence.

b) Incorporate evidence, using critical thinking and professional judgment, when providing client-centred, professional services.

c) Initiate and/or participate in evaluation and continuous quality improvement activities (e.g., client questionnaires, chart audits, population health data review) to assess new and/or ongoing professional services, products, and programs.

d) Use the feedback obtained from continuous quality improvement activities to improve professional services.

e) Contribute to new knowledge, by participating in data collection and practice-based research as feasible, conforming to applicable research ethics guidelines and processes.

**Practice Outcome**
Clients can expect Registered Dietitians to use an evidence-informed approach in the provision of professional services.

**Standard 10. Fees and Billing**

**Standard**
Registered Dietitians ensure that fees and billing for professional services and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

**Indicators**
To demonstrate this standard, Registered Dietitians will:

a) Be responsible and accountable for all billing under their registration number.

b) Ensure that fees charged for professional services and/or products are fair, reasonable, and justifiable.

c) Disclose fee schedules for all applicable professional services and/or products including accepted methods of payment, potential additional fees (e.g., cancellation fees, photocopying, mailing), and the process for fee dispute resolution, prior to provision of professional services.
d) Maintain comprehensive records regarding the provision of professional services and/or sale of products.

Practice Outcome
Clients can expect that the fee and billing practices of Registered Dietitians are fair and transparent.

Standard 11. Privacy/Confidentiality

Standard
Registered Dietitians uphold and protect clients’ rights to privacy and confidentiality of information collected during the provision of professional services by complying with applicable legislative and regulatory requirements.

Indicators
To demonstrate this standard, Registered Dietitians will:
  a) Ensure client consent is obtained prior to collecting or disclosing personal, organizational, and/or business information, unless duty to report obligations is required.
  b) Access and collect only the client information that is essential to carry out the provision of safe, competent, ethical services.
  c) Use physical, technical, and administrative safeguards (e.g., locked filing cabinets, passwords, encrypting documents, laptops and PCs) to protect paper-based, audio, video, electronic or other client information.
  d) Avoid conversations about clients and/or professional services provided that can be overheard and/or breach privacy and confidentiality.

Practice Outcome
Clients can expect Registered Dietitians to keep their information private and secure.

Standard 12. Professional Practice Obligations

Standard
Registered Dietitians protect the public by providing professional services in compliance with applicable legislative and regulatory requirements.

Indicators
To demonstrate this standard, Registered Dietitians will:
  a) Accept as their primary professional obligation, to protect and serve the public interest according to CDA Code of Ethics.
  b) Hold a valid practice permit/license and practice in compliance with applicable legislative and regulatory requirements.
  c) Maintain a level of personal and professional conduct that upholds the integrity and dignity of the profession and sustains public confidence.
  d) Comply with duty to report requirements in accordance with applicable legislation, regulations, and/or organization/employer policies.
  e) Report abuse, incapacity, incompetence or unprofessional conduct to the appropriate authority, in accordance with applicable legislation, regulations, and/or organization/employer policies.
f) Take responsibility and be accountable to practice within their personal level of competence.
g) Provide supervision, mentoring, and direction to those under their supervision (e.g., students, dietetic interns/nutrition practicum students, staff, volunteers).
h) Accurately represent their professional qualifications, experience, knowledge, and skills.
i) Voluntarily withdraw themselves from professional practice when circumstances exist that impair their professional judgment, impact competence, or that may cause harm to clients.
j) Ensure they have the appropriate practice permit/license to deliver services by virtual dietetic practice.
k) Use provincially protected titles.
l) Hold professional liability insurance prior to providing professional services.
m) Perform restricted activities that are regulated by CDA, only when authorized to do so and in compliance with legislative and regulatory requirements.
n) Comply with continuing competence program requirements, and where applicable, minimum practice hours.

**Practice Outcome**
Clients can expect Registered Dietitians to provide professional services in compliance with legislative and regulatory requirements.

**Standard 13. Promotions/Advertising**

**Standard**
Registered Dietitians provide information and advertise their professional services and/or products in compliance with applicable legislative and regulatory requirements.

**Indicators**
To demonstrate this standard, Registered Dietitians will:

a) Engage in advertising that is truthful, objective, and accurate.

b) Adhere to the CDA Code of Ethics and refrain from using advertising that directly or indirectly:

i. creates unjustified expectations about the results;

ii. may mislead or misinform the public (e.g., use of testimonials);

iii. compares the ability, quality, and/or cost of professional services with that of other Registered Dietitians;

iv. takes advantage physically, emotionally or financially of clients; and

v. endorses, promotes or recommends exclusive use of a product/brand used/sold as a component of professional services, unless supported by evidence.

**Practice Outcome**
Clients can expect Registered Dietitians to advertise professional services and/or products in an accurate and ethical manner.

**Standard 14. Record Keeping**

**Standard**
Registered Dietitians document and manage client records and/or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.
Indicators
To demonstrate this standard, Registered Dietitians will:

a) Document, sign, and date complete, accurate, timely records related to professional services.

b) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.

c) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.

d) Maintain complete and accurate financial records for all relevant professional services.

e) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.

f) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.

Practice Outcome
Clients can expect Registered Dietitians to document professional services clearly, accurately, and in a timely manner, while maintaining privacy and confidentiality.

Standard 15. Safety and Risk Management

Standard
Registered Dietitians adhere to occupational health and safety legislation, and infection prevention and control practices to provide safe, competent, ethical professional services.

Indicators
To demonstrate this standard, Registered Dietitians will:

a) Comply with occupational health and safety legislation, best practices in infection prevention and control, and organization/employer policies and procedures.

b) Maintain certification(s) related to infection prevention and control, and occupational health/workplace safety, as applicable.

c) Contribute to and comply with risk management activities/requirements to promote a safe environment (e.g., working alone, environmental hazards, threats to personal safety).

d) Comply with reporting and follow up procedures related to adverse events, emergency situations, and/or incidents involving workplace safety.

e) Comply with food safety standards in the provision of professional services.

f) Participate, as required, in continuous quality improvement activities to promote and support safe, competent, ethical professional services (e.g., questionnaires, chart audits).

Practice Outcome
Clients can expect Registered Dietitians to provide professional services in a healthy and safe environment.

Definitions

Advertise/advertising also includes the marketing of professional services and products.
Assessment data refers to the information collected during the client evaluation such as, but not limited to: history, food/nutrition data, anthropometric data, biochemical data, medical tests, procedures; community needs assessment; financial data; environmental scans; surveillance data; stakeholder feedback; and quantitative/qualitative information.

Boundary crossings occur when the behaviour of a Registered Dietitian deviates from the established boundaries of a professional – client relationship. Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards meeting the established goals of the relationship, acting in accordance with the best interests of the client, and not promoting their own interests.3

Boundary violations are deliberate behaviours that are inappropriate and violate the professional – client relationship. Such behaviours are always unacceptable: they are abusive and are not in the best interest of the client.4

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.5

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian’s expertise.6

Collaboration refers to interprofessional team process skills that synergistically influence the achievement of common client-centred professional goals.7, 8

Communication refers to “a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour.”9 Communication includes, but is not limited to, face to face interactions, email, social media, use of virtual communication technologies, and formats for written communication/documentation.

Conflicts of interest refer to the “real or perceived situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties as a professional. In other words, a conflict of interest occurs when a professional has an obligation to promote one interest, but promotes a competing interest instead. Most conflicts of interest arise when a person (or their friends, relatives or business associates) stands to profit personally/financially by promoting a competing interest.”\(^{10}\)

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be "implied" (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented.\(^{11}\)

Duty to report refers to the Registered Dietitian’s legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).\(^{12, 13}\)

Evidence-informed dietetics practice refers to “asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian’s expertise and judgment and the client’s or community’s unique values and circumstances to guide decision-making in dietetics.”\(^{14}\)

Incentives refer to gifts, donations, funding, fees for recruitment or referrals, or other benefits that may place the Registered Dietitian’s interests above that of the client.

Professional boundaries “set limits and clearly define the therapeutic behavior of Registered Dietitians from any other behaviors, well intended or not, that could lessen the benefits of client care... They also ensure the safe interaction of professionals and clients within the professional – client care relationship. Boundaries give each person in a relationship a sense of legitimate control and function to empower clients.”\(^{15}\)


**Professional services** refer to “all actions and activities of a dietitian in the context of their professional practice.”  

**Quality** of health care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety” of the services provided.

**Risk management** refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”

**Team members** refer to members of the interprofessional health care team (regulated and unregulated) which has the client at the centre of care; can also refer to other dietitians, dietetic interns, students, and/or relevant others or members of the professional service team.

**Testimonials** refer to “a published endorsement by an individual patient about the skills and qualities of a regulated member. While typically positive, a testimonial can also be negative. Testimonials are a problem for several reasons, most notably because patient privacy is compromised and selection bias may lead to misconceptions by the public. While publication by an independent party of all feedback (good and bad) collected in a transparent and fair manner may be acceptable, publication of selected testimonials might not fairly reflect most patients’ experience.”

**Virtual dietetic practice** is defined as the provision of dietetic services (e.g., counseling, consultation, monitoring, teaching, etc.) which involve any type of intervention with a client who is remotely located from the dietitian providing the service. It can include videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within jurisdiction but also across borders within Canada. Refer to other Canadian regulatory bodies’ registration requirements outside of Alberta.

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17 Health Quality Council of Alberta. (2005). *Alberta Quality Matrix for Health*. Available at: [https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf](https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf)


APPENDIX A

Development of the Standards of Practice

This Standards of Practice (Standards) document is a collaborative effort of the College of Dietitians of Alberta (CDA) and the Saskatchewan Dietitians Association (SDA). Over a one-year period the Standards development included the following steps:

1. Development of Draft 1 based on review of key foundational documents and selected comparator organizations.
2. Establishment of a Standards of Practice Advisory Group (SPAG) with representation from diverse sectors of the profession from both CDA and SDA. The SPAG provided input into the Standards throughout all phases of development; SPAG members’ efforts are acknowledged for this contribution.
3. Distribution of a stakeholder survey to CDA and SDA registered members to validate the Standards.
5. External stakeholder consultation completed.
6. Creation of the final Standards document.
STANDARDS OF PRACTICE: Sexual Abuse and Sexual Misconduct Prevention
Introduction
This Standard of Practice addresses Sexual Abuse and Sexual Misconduct. This Standard of Practice establishes who is considered to be a “patient” for the purposes of a complaint of unprofessional conduct in relation to Sexual Abuse or Sexual Misconduct under the Health Professions Act (HPA).

Related CDA Standards of Practice
• Boundaries
• Consent
• Professional Practice Obligations

Standard 1.
Registered Dietitians abstain from conduct, behaviour, or remarks towards patients21 that constitutes sexual abuse or sexual misconduct as defined in the Health Professions Act.

Indicators
To demonstrate this standard, Registered Dietitians will:
  a) Not engage in a sexual relationship with a patient (or their immediate family member) (constitutes sexual abuse) where:
     i. An individual is a patient of the Registered Dietitian if there is a direct interaction between the Registered Dietitian and the individual and:
        a. the Registered Dietitian has, in respect of health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
        b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
        c. the individual has consented to the service or receiving the service recommended by the Registered Dietitian.
     ii. An individual is not a patient if:
        a. there is an ongoing, pre-existing sexual relationship between the individual and the Registered Dietitian, or the individual is the Registered Dietitian’s spouse; and/or
        b. the Registered Dietitian provides the health care/professional service to the individual in emergency circumstances; and/or
        c. the Registered Dietitian has taken reasonable steps to transfer the care of the individual to another Registered Dietitian or alternate service provider, or there is no reasonable opportunity to transfer care to another Registered Dietitian/service provider.
  b) Not engage in any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature toward a patient (constitutes sexual misconduct).

Standard 2.
The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship22 with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

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21 Words in the Glossary are bolded the first time they appear in each Standard.
22 Words in the Glossary are bolded the first time they appear in each Standard.
Indicators
To demonstrate this standard, current or former Registered Dietitians will:

a) Not engage in a sexual relationship with a former patient (or their immediate family member) for a minimum of one year from the date the professional relationship was terminated unless:
   i. Professional service was provided as part of episodic care only, in which case, the professional relationship ended when the episode of care was concluded.

b) Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.

c) Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:
   • The number of times that the Registered Dietitian and the patient had a professional interaction;
   • The duration of the professional relationship;
   • The nature of the professional interactions;
   • Whether sufficient time has passed since the last professional interaction occurred (one year or more);
   • Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
   • Whether the patient was emotionally dependent on the Registered Dietitian; and
   • Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.

Resources

Glossary

**Consent** refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented. 23

**Emergency circumstances** related to nutrition care are limited to glucagon injection for acute, life threatening hypoglycemia.

**Episodic care** is a single interaction with a patient in which professional services are provided, however past this interaction, neither the Registered Dietitian nor the patient have the expectation of an ongoing professional relationship. 24

**Immediate family** refers to a spouse/adult interdependent partner (as defined by Government of Alberta), child, parent, guardian, sibling, grandchild or grandparent, foster child, foster parent, dependent relative, and/or any person who lives with the patient as a family member. 25 For example, having a sexual relationship with a pediatric patient’s parent may constitute sexual abuse.

**Minimum of one year**: Although one year is the minimum time frame, greater than one-year may be required based on how long the professional relationship existed and the degree of vulnerability of the former patient. Registered Dietitians should consider the factors noted in Standard 2. A Registered Dietitian might resolve that it would never be appropriate to engage in a sexual relationship with a former patient.

**Patient**: An individual is a patient of the Registered Dietitian if there is direct interaction between the Registered Dietitian and the individual and:

- a. the Registered Dietitian has, in respect of a health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
- b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
- c. the individual has consented to the health care/professional service recommended by the Registered Dietitian.

An individual is not considered a patient of the Registered Dietitian if professional services were provided once, and there is no expectation of an ongoing professional relationship on the part of the Registered Dietitian or patient. This is considered episodic care.

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Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”

Sexual Abuse refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member’s patient; encouraging a regulated member’s patient to masturbate; touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member.

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being but does not include sexual abuse.

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided; if inappropriate to services provided, it is considered sexual abuse.

Sexual relationship means a relationship involving sexual intimacy, including communications of a sexual nature, and engaging in conduct of a sexual nature.

Spouse refers to someone the Registered Dietitian is legally married to, in a common-law relationship with (as defined by Government of Canada), or is otherwise considered the Registered Dietitian’s adult interdependent partner.
INTEGRATED COMPETENCIES FOR DIETETIC EDUCATION AND PRACTICE
The complete Integrated Competencies for Dietetic Education and Practice (2013) document can be found on the College website under About Us – Regulatory Documents. A summary of the Integrated Competencies can be found below.

**Purpose**

The primary purpose of the Integrated Competencies for Dietetic Education and Practice (ICDEP) is to delineate the entry-to-practice standard for registered dietitians in Canada. The standard is implemented through education programs and the Canadian Dietetic Registration Examination (CDRE).

The standard expressed by the Integrated Competencies is a minimum requirement, designed to ensure safe, effective and ethical entry-level practice. Education programs are encouraged to exceed the content required by ICDEP. Dietitians, even at entry-to-practice, are encouraged to higher-level achievement.

Once a dietitian achieves registration and enters the workplace, their competencies will evolve, based upon experience and further education.

**Definitions and Structure**

The Integrated Competencies consist of an interrelated set of practice competencies, performance indicators and foundational knowledge specifications.

*A Practice Competency* is a task that is performed in practice that can be carried out to a specified level of proficiency. The performance of a practice competency requires application of a combination of knowledge, skills, attitudes and judgments.

At entry-to-practice, *Entry-Level Proficiency* in all practice competencies is expected. This means that:

- When presented with routine situations, the entry-level dietitian performs relevant competencies in a manner consistent with generally accepted standards in the profession, without supervision or direction, and within a reasonable timeframe. The entry-level dietitian selects and performs competencies in an informed manner. The entry-level dietitian anticipates the outcomes to expect in a given situation, and responds appropriately.
- The entry-level dietitian recognizes unusual, difficult to resolve and complex situations which may be beyond their capacity. The entry-level dietitian takes appropriate and ethical steps to address these situations, which may include seeking consultation, supervision or mentorship, reviewing research literature, or making a referral.

For convenience and ease of use, the practice competencies are organized within a framework consisting of five broad areas of practice:

1. Professional Practice
2. Communication and Collaboration
3. Nutrition Care
4. Population and Public Health
5. Management

(2019)
Despite their organization as discrete statements, the practice competencies are interdependent, each competency informing and qualifying the other competencies. Competencies are not intended to be applied in isolation, nor do they represent protocols for practice activity. The competencies are best considered as an array of abilities that the dietitian brings to the workplace, and applies according to the situation at hand utilizing professional judgment.

In order to assess the practice competencies of registration candidates, dietetics regulators rely primarily upon the demonstration of performance indicators in two Assessment Vehicles:

1. an accredited education program (comprising academic and internship/practicum components), and,
2. the CDRE.

A Performance Indicator is a task that can be carried out within an assessment vehicle, successful completion of which provides an indication of the candidate’s ability to perform a practice competency.

The Foundational Knowledge specifications provide a summary of the broad knowledge base that is necessary to prepare candidates to achieve the practice competencies. This is intended to guide curriculum development for academic education.\(^1\) Three cognitive levels for foundational knowledge are distinguished, using a scale based upon Bloom’s Taxonomy:

<table>
<thead>
<tr>
<th>ICDEP Cognitive Complexity Level</th>
<th>Corresponds to Bloom’s Cognitive Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Demonstrate broad knowledge</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>Demonstrate comprehension</td>
</tr>
<tr>
<td>3</td>
<td>3-4</td>
<td>Analyze, interpret and apply knowledge</td>
</tr>
</tbody>
</table>

**Framework**

The practice competencies and performance indicators are laid out in a competency—indicator grid with four main columns (practice competencies; performance indicators; assessment vehicle; related foundational knowledge content areas). Performance indicators are designated for assessment using an “x” in one or more of assessment vehicle (CDRE; academic education; internship/practicum education). The “foundational knowledge content areas” column contains principal cross—references between the foundational knowledge specifications and the practice competencies.

The complete foundational knowledge specifications are contained in a separate table that follows the competency—indicator grid.

**Implementation**

Implementation of the Integrated Competencies will take place through modifications to the CDRE and to the requirements for education program accreditation. The CDRE blueprint will be based on the designated performance indicators as of November 2014.\(^3\) New accreditation requirements will become effective in 2014.\(^4\)

\(^1\) Although the foundational knowledge specifications provide a guide to program content they do not prescribe a particular course structure; education institutions are free to design their programs in any manner that meets the accreditation requirements and program-specific goals.
Performance indicators denoted as applicable to the CDRE are reflected in the CDRE blueprint; they will not necessarily be assessed in every iteration of the examination. Performance indicators applicable to education programs must be incorporated within the curriculum as learning outcomes in order for the program to meet accreditation requirements.

CDRE testing of certain performance indicators may be delayed, as noted in the competency--indicator grid.

Accreditation decisions may allow later implementation of certain performance indicators, where appropriate.

### The Integrated Competencies for Dietetic Education and Practice

**The Competency -- Indicator Grid**

<table>
<thead>
<tr>
<th>Competency #</th>
<th>Practice Competencies</th>
<th>Indicator #</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional Practice</td>
<td>Demonstrates professionalism.</td>
<td>1.01 Comply with federal and provincial / territorial requirements relevant to dietetic practice.</td>
<td>a</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>b</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>c</td>
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<tr>
<td></td>
<td>1.02 Comply with regulatory requirements relevant to dietetic practice.</td>
<td></td>
<td>a</td>
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<td>b</td>
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### The Integrated Competencies for Dietetic Education and Practice

#### The Competency - Indicator Grid

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<tbody>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Recognize non-compliance with regulatory scope of practice, standards of practice and code of ethics.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Identify regulatory requirements relevant to practice setting.</td>
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<td>f</td>
<td>Comply with applicable regulatory requirements.</td>
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<td></td>
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<td>g</td>
<td>Demonstrate knowledge of principles of confidentiality and privacy.</td>
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<td></td>
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<td>h</td>
<td>Demonstrate knowledge of scenarios on non-compliance with confidentiality and privacy requirements.</td>
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<td></td>
<td></td>
<td>i</td>
<td>Maintain client confidentiality and privacy.</td>
</tr>
<tr>
<td></td>
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<td>j</td>
<td>Demonstrate knowledge of principles of informed consent.</td>
</tr>
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<td></td>
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<td>k</td>
<td>Demonstrate knowledge of methods to obtain informed consent.</td>
</tr>
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<td></td>
<td>l</td>
<td>Ensure informed consent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>m</td>
<td>Demonstrate knowledge of the elements of professional boundaries.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>n</td>
<td>Recognize non-compliance with professional boundaries.</td>
</tr>
<tr>
<td>1.03</td>
<td>Practice according to organizational requirements.</td>
<td>a</td>
<td>Demonstrate knowledge of the role and features of job descriptions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Provide services in compliance with designated role within practice setting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of policies and directives specific to practice setting.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Comply with applicable policies and directives.</td>
</tr>
<tr>
<td>1.04</td>
<td>Practice within limits of individual level of professional knowledge and skills.</td>
<td>a</td>
<td>Demonstrate knowledge of principles of reflective practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Reflect upon and articulate individual level of professional knowledge and skills.</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Recognize situations which are beyond personal capacity.</td>
</tr>
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<td></td>
<td></td>
<td>d</td>
<td>Address situations beyond personal capacity by consultation, referral, or further learning.</td>
</tr>
<tr>
<td>1.05</td>
<td>Address professional development needs.</td>
<td>a</td>
<td>Demonstrate knowledge of principles of self-assessment and learning plan development.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Self-assess to identify learning needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Develop and pursue a learning plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Integrate learning into practice.</td>
</tr>
<tr>
<td>1.06</td>
<td>Use a systematic approach to decision making.</td>
<td>a</td>
<td>Demonstrate knowledge of the role of ethics, evidence, contextual factors and client perspectives in decision making.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Demonstrate knowledge of ethical principles for decision making.</td>
</tr>
<tr>
<td></td>
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<td>c</td>
<td>Demonstrate knowledge of approaches to obtain and interpret evidence to inform decision making.</td>
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<td>d</td>
<td>Demonstrate knowledge of contextual factors that may influence decision making.</td>
</tr>
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<td></td>
<td></td>
<td>e</td>
<td>Obtain and interpret evidence.</td>
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<td></td>
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<td>f</td>
<td>Apply ethical principles.</td>
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<td></td>
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<td>g</td>
<td>Demonstrate knowledge of the rationale for and methods of including the client in decision making.</td>
</tr>
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<td></td>
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<td>h</td>
<td>Make and justify decisions in consideration of ethics, evidence, contextual factors and client perspectives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i</td>
<td>Take responsibility for decisions and actions.</td>
</tr>
<tr>
<td>1.07</td>
<td>Maintain a client-centred focus.</td>
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<tbody>
<tr>
<td>1.08</td>
<td>Manage time and workload effectively</td>
<td>a</td>
<td>Demonstrate knowledge of the legal and moral basis for respecting individual rights, dignity and uniqueness.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Respect client rights, dignity and uniqueness.</td>
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<tr>
<td></td>
<td></td>
<td>c</td>
<td>Determine client perspectives and needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Integrate client perspectives and needs into practice activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Identify services and resources relevant to client needs.</td>
</tr>
<tr>
<td>1.09</td>
<td>Use technologies to support practice.</td>
<td>a</td>
<td>Demonstrate knowledge of communication technologies relevant to practice, and their appropriate uses.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Use technology to communicate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of technologies to seek and manage information relevant to practice, and their appropriate uses.</td>
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<tr>
<td></td>
<td></td>
<td>d</td>
<td>Use technology to seek and manage information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Demonstrate knowledge of technological applications used in practice settings.</td>
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<tr>
<td></td>
<td></td>
<td>f</td>
<td>Use technological applications in practice.</td>
</tr>
<tr>
<td>1.10</td>
<td>Ensure appropriate and secure documentation.</td>
<td>a</td>
<td>Demonstrate knowledge of documentation principles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Document relevant information accurately and completely, in a timely manner.</td>
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<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of principles of security and access.</td>
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<td></td>
<td></td>
<td>d</td>
<td>Maintain security and confidentiality of records.</td>
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## The Integrated Competencies for Dietetic Education and Practice

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<tbody>
<tr>
<td>e</td>
<td>Identify organizational requirements for record keeping.</td>
<td></td>
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<tr>
<td>f</td>
<td>Demonstrate knowledge of legal requirements for record keeping.</td>
<td></td>
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<tr>
<td>g</td>
<td>Document in accordance with legal and organizational requirements.</td>
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<tr>
<td>1.11</td>
<td>Assess and enhance approaches to dietetic practice.</td>
<td></td>
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<tr>
<td>a</td>
<td>Demonstrate knowledge of the role of evidence, self-reflection, and consultation in assessing effectiveness of approaches to practice.</td>
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<tr>
<td>b</td>
<td>Demonstrate knowledge of sources of evidence to assess effectiveness of approaches to practice.</td>
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<tr>
<td>c</td>
<td>Assess effectiveness of practice activities.</td>
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<td>d</td>
<td>Recognize the importance of new knowledge to support or enhance practice.</td>
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<tr>
<td>e</td>
<td>Seek new knowledge that may support or enhance practice activities.</td>
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<td>f</td>
<td>Propose modifications to increase the effectiveness of practice activities.</td>
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<tr>
<td>1.12</td>
<td>Contribute to advocacy efforts related to nutrition and health.</td>
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<tr>
<td>a</td>
<td>Demonstrate knowledge of principles of advocacy.</td>
<td></td>
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<tr>
<td>b</td>
<td>Identify advocacy opportunities and activities in dietetic practice.</td>
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<tr>
<td>c</td>
<td>Identify opportunities for advocacy relevant to practice setting.</td>
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</tr>
<tr>
<td>1.13</td>
<td>Participate in practice-based research</td>
<td></td>
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</tr>
<tr>
<td>a</td>
<td>Demonstrate knowledge of research and evaluation principles.</td>
<td></td>
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<tr>
<td>b</td>
<td>Identify research questions, methods, and ethical procedures related to dietetic practice.</td>
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<tr>
<td>c</td>
<td>Source, critically appraise and interpret literature relevant to a research question.</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Summarize and communicate research information.</td>
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</table>

2. Communication and Collaboration
*Communicate effectively and practice collaboratively.*

2.01 Select appropriate communication approaches.

a Demonstrate knowledge of opportunities for and barriers to communication.
b Identify opportunities for and barriers to communication relevant to practice setting.
c Demonstrate knowledge of communication techniques, and their appropriate uses.
d Use appropriate communication technique(s).
e Demonstrate knowledge of medical and dietetics-related terminology.
f Demonstrate knowledge of practice-setting-related terminology.
g Use appropriate terminology.

2.02 Use effective written communication skills.

a Demonstrate knowledge of ways to determine written communication needs of the reader.
b Demonstrate knowledge of the elements of effective written material.
c Edit written material for style, spelling and grammar.
d Write clearly and concisely, in a manner responsive to the needs of the reader(s).
e Write in an organized and logical fashion.
f Provide accurate and relevant information in written material.
g Ensure that written material facilitates communication.

2.03 Use effective oral communication skills.
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<tbody>
<tr>
<td></td>
<td></td>
<td>a</td>
<td>Demonstrate knowledge of elements of effective oral communication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Speak clearly and concisely, in a manner responsive to the needs of the listener(s).</td>
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<tr>
<td></td>
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<td>c</td>
<td>Demonstrate knowledge of the impact of tone of voice and body language on the communication process.</td>
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<td></td>
<td></td>
<td>d</td>
<td>Use appropriate tone of voice and body language.</td>
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<tr>
<td></td>
<td></td>
<td>e</td>
<td>Recognize and respond appropriately to non-verbal communication.</td>
</tr>
<tr>
<td>2.04</td>
<td>Use effective interpersonal skills.</td>
<td>a</td>
<td>Demonstrate knowledge of principles of active listening.</td>
</tr>
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<td></td>
<td></td>
<td>b</td>
<td>Utilize active listening.</td>
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<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of ways to engage in respectful communication.</td>
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<td>d</td>
<td>Communicate in a respectful manner.</td>
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<td></td>
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<td>e</td>
<td>Demonstrate knowledge of ways to communicate empathically.</td>
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<td></td>
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<td>f</td>
<td>Demonstrate empathy.</td>
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<td></td>
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<td>g</td>
<td>Demonstrate knowledge of ways to establish rapport in communication.</td>
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<td>h</td>
<td>Establish rapport.</td>
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<td></td>
<td></td>
<td>i</td>
<td>Demonstrate knowledge of counselling principles</td>
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<td></td>
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<td>j</td>
<td>Apply counselling principles.</td>
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<td></td>
<td></td>
<td>k</td>
<td>Demonstrate knowledge of principles of negotiation and conflict management.</td>
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<td>l</td>
<td>Apply principles of negotiation and conflict management.</td>
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<td>m</td>
<td>Demonstrate knowledge of effective ways to give and receive feedback.</td>
</tr>
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<td></td>
<td></td>
<td>n</td>
<td>Seek, respond to and provide feedback.</td>
</tr>
<tr>
<td>2.05</td>
<td>Contribute to the learning of others.</td>
<td>a</td>
<td>Recognize opportunities to contribute to the learning of others.</td>
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<tr>
<td></td>
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<td>b</td>
<td>Demonstrate knowledge of ways to assess the prior knowledge and learning needs of others.</td>
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<td></td>
<td>c</td>
<td>Assess the prior knowledge and learning needs of others.</td>
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<td>d</td>
<td>Demonstrate knowledge of educational strategies relevant to practice, and their appropriate uses.</td>
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<td></td>
<td></td>
<td>e</td>
<td>Select and implement appropriate educational strategies.</td>
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<td>f</td>
<td>Demonstrate knowledge of learning resources, and their appropriate use in practice.</td>
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<td></td>
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<td>g</td>
<td>Select learning resources.</td>
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<td>h</td>
<td>Demonstrate knowledge of ways to develop learning resources.</td>
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<td></td>
<td></td>
<td>i</td>
<td>Develop learning resources.</td>
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<td>j</td>
<td>Demonstrate knowledge of ways to establish and assess learning outcomes.</td>
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<td>k</td>
<td>Establish and assess learning outcomes.</td>
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<td>l</td>
<td>Demonstrate knowledge of ways to develop and deliver effective group educational sessions.</td>
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<td>m</td>
<td>Deliver group educational sessions.</td>
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<td></td>
<td>2.06</td>
<td>Contribute productively to teamwork and collaborative processes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a</td>
<td>Demonstrate knowledge of scenarios where dietetics knowledge is a key element in health care delivery.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Demonstrate knowledge of ways to effectively contribute dietetics knowledge in collaborative practice.</td>
</tr>
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<td></td>
<td></td>
<td>c</td>
<td>Contribute dietetics knowledge in collaborative practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Demonstrate knowledge of scenarios where the expertise of other health care providers is a key element in dietetic practice.</td>
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<tbody>
<tr>
<td>e</td>
<td>Identify ways to draw upon the expertise of others.</td>
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<tr>
<td>f</td>
<td>Draw upon the expertise of others.</td>
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<tr>
<td>g</td>
<td>Contribute to shared decision making.</td>
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<tr>
<td>h</td>
<td>Demonstrate knowledge of principles of teamwork and collaboration.</td>
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<tr>
<td>i</td>
<td>Facilitate interactions and discussions among team members.</td>
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</table>

#### 3. Nutrition Care

*Provide services to meet the nutrition-care needs of individuals.*

| 3.01 | Assess nutrition-related risks and needs. | a | Demonstrate knowledge of principles for selection and use of nutrition risk screening strategies. |
|      |                                          | b | Use appropriate nutrition risk screening strategies. |
|      |                                          | c | Demonstrate knowledge of ways to identify relevant data to perform a nutrition assessment. |
|      |                                          | d | Identify relevant assessment data to collect. |
|      |                                          | e | Demonstrate knowledge of methods to obtain perspective of client, family and / or relevant others. |
|      |                                          | f | Obtain perspective of client, family or relevant others. |
|      |                                          | g | Demonstrate knowledge of principles for obtaining and interpreting a medical history. |
|      |                                          | h | Identify principles for selection of relevant medical information. |
|      |                                          | i | Obtain and interpret medical history. |
|      |                                          | j | Demonstrate knowledge of ways to obtain and interpret demographic, psycho-social and health behaviour history. |
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<td>k</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of principles for selection of relevant demographic, psycho-social and health behaviour data.</td>
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<td>l</td>
<td></td>
<td></td>
<td>Obtain and interpret demographic, psycho-social and health behaviour history.</td>
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<td></td>
<td></td>
<td>Demonstrate knowledge of principles for obtaining and interpreting food and nutrient intake data.</td>
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<td>n</td>
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<td></td>
<td>Obtain and interpret food and nutrient intake data.</td>
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<td>o</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of principles to identify food and nutrition related learning needs of clients.</td>
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<tr>
<td>p</td>
<td></td>
<td></td>
<td>Identify client learning needs related to food and nutrition.</td>
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<td>q</td>
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<td></td>
<td>Demonstrate knowledge of principles for obtaining and interpreting anthropometric data.</td>
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<td></td>
<td>Obtain and interpret anthropometric data.</td>
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<tr>
<td>s</td>
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<td></td>
<td>Demonstrate knowledge of ways to obtain and interpret biochemical and medical test / procedure data.</td>
</tr>
<tr>
<td>t</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of principles to identify relevant biochemical and medical test / procedure data.</td>
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<tr>
<td>u</td>
<td></td>
<td></td>
<td>Obtain and interpret biochemical data and results from medical tests and procedures.</td>
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<tr>
<td>v</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of ways to obtain and interpret information from mealtime / feeding observations.</td>
</tr>
<tr>
<td>w</td>
<td></td>
<td></td>
<td>Obtain and interpret information from mealtime / feeding observations.</td>
</tr>
<tr>
<td>x</td>
<td></td>
<td></td>
<td>Identify signs and symptoms of nutrient deficiencies or excesses.</td>
</tr>
<tr>
<td>y</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of ways to obtain and interpret nutrition-focused physical observation data.</td>
</tr>
<tr>
<td>z</td>
<td></td>
<td></td>
<td>Obtain and interpret nutrition-focused physical observation data.</td>
</tr>
</tbody>
</table>
# The Integrated Competencies for Dietetic Education and Practice

## The Competency -- Indicator Grid

<table>
<thead>
<tr>
<th>Competency #</th>
<th>Practice Competencies</th>
<th>Indicator #</th>
<th>Performance Indicators</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>aa</td>
<td>Identify signs and symptoms of dysphagia.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bb</td>
<td>Demonstrate knowledge of principles for swallowing assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>cc</td>
<td>Identify chewing, swallowing and feeding problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>dd</td>
<td>Demonstrate knowledge of selection and use of methods used to determine energy, protein, fluid, macronutrient, micronutrient, electrolyte and trace element requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ee</td>
<td>Perform calculations to determine nutritional requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ff</td>
<td>Determine client nutritional requirements.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>gg</td>
<td>Identify methods to integrate assessment findings and identify nutrition problems.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hh</td>
<td>Integrate assessment findings to identify nutrition problem(s).</td>
</tr>
<tr>
<td>3.02</td>
<td>Develop nutrition care plans.</td>
<td>a</td>
<td>Demonstrate knowledge of principles for prioritization of nutrition care goals based on risk and available resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Prioritize nutrition care goals based upon risk and available resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of ways to identify and select appropriate nutrition interventions.</td>
</tr>
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<td></td>
<td></td>
<td>d</td>
<td>Select appropriate nutrition interventions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Demonstrate knowledge of ways to identify and select appropriate textural and therapeutic diet modifications.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>Select appropriate textural and therapeutic diet modifications.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g</td>
<td>Demonstrate knowledge of principles for development and modification of meal plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>h</td>
<td>Develop or modify meal plans.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i</td>
<td>Demonstrate knowledge of principles for supplement selection and use.</td>
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The Integrated Competencies for Dietetic Education and Practice

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<tbody>
<tr>
<td>j</td>
<td>Determine supplementation needs.</td>
<td></td>
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<tr>
<td>k</td>
<td>Demonstrate knowledge of principles of enteral nutrition.</td>
<td></td>
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<tr>
<td>l</td>
<td>Demonstrate knowledge of methods for designing enteral feeding regimens.</td>
<td></td>
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<tr>
<td>m</td>
<td>Calculate enteral nutrition regimen requirements.</td>
<td></td>
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</tr>
<tr>
<td>n</td>
<td>Design enteral feeding regimens.</td>
<td></td>
<td></td>
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<tr>
<td>o</td>
<td>Demonstrate knowledge of principles of parenteral nutrition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td>Demonstrate knowledge of methods for designing parenteral feeding regimens.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q</td>
<td>Calculate parenteral nutrition regimen requirements.</td>
<td></td>
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</tr>
<tr>
<td>r</td>
<td>Design parenteral feeding regimens.</td>
<td></td>
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<tr>
<td>s</td>
<td>Demonstrate knowledge of principles for development of a client support plan.</td>
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<tr>
<td>t</td>
<td>Develop client support plan.</td>
<td></td>
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<tr>
<td>u</td>
<td>Demonstrate knowledge of principles for development of a client education plan.</td>
<td></td>
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</tr>
<tr>
<td>v</td>
<td>Develop client education plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w</td>
<td>Demonstrate knowledge of strategies for monitoring and assessment of nutrition care plan outcomes.</td>
<td></td>
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</tr>
<tr>
<td>x</td>
<td>Select strategies to monitor and assess nutrition care plan outcomes.</td>
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</table>

3.03 Manage implementation of nutrition care plans.

<table>
<thead>
<tr>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Identify ways to implement nutrition interventions.</td>
</tr>
<tr>
<td>b Implement nutrition interventions.</td>
</tr>
<tr>
<td>c Identify the roles of team members in supporting the implementation of a care plan.</td>
</tr>
<tr>
<td>d Identify strategies to communicate nutrition care plan with client, interprofessional team and relevant others.</td>
</tr>
</tbody>
</table>
### The Integrated Competencies for Dietetic Education and Practice

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<th>Performance Indicators</th>
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</thead>
<tbody>
<tr>
<td>3.04</td>
<td>Evaluate and modify nutrition care plan as appropriate.</td>
<td>e</td>
<td>Coordinate implementation of care plan with client, interprofessional team and relevant others.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>Provide nutrition education and counselling.</td>
</tr>
<tr>
<td>4.01</td>
<td>Assess food and nutrition related issues of groups, communities and populations.</td>
<td>a</td>
<td>Evaluate client progress in achieving plan outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Identify factors impacting the achievement of outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Identify necessary changes to nutrition care plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Implement changes to nutrition care plan.</td>
</tr>
</tbody>
</table>

#### 4. Population and Public Health

*Promote the nutrition health of groups, communities and populations.*

<table>
<thead>
<tr>
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<th>Indicator #</th>
<th>Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.01</td>
<td></td>
<td>a</td>
<td>Demonstrate knowledge of types and sources of information to assess food and nutrition-related issues of groups, communities and populations.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Identify information needed to assess food and nutrition-related issues of a group, community or population.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Obtain and interpret stakeholder perspective.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Demonstrate knowledge of sources of and methods to obtain food and nutrition surveillance, monitoring and intake data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>f</td>
<td>Obtain and interpret food and nutrition surveillance, monitoring and intake data.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>g</td>
<td>Demonstrate knowledge of sources of and methods to obtain health status data.</td>
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<tbody>
<tr>
<td></td>
<td>h</td>
<td>Obtain and interpret health status data.</td>
<td></td>
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<tr>
<td></td>
<td>i</td>
<td>Demonstrate knowledge of sources of and methods to obtain information relating to the determinants of health.</td>
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</tr>
<tr>
<td></td>
<td>j</td>
<td>Obtain and interpret information relating to the determinants of health.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>k</td>
<td>Demonstrate knowledge of sources of and methods to obtain information related to food systems and food practices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>l</td>
<td>Obtain and interpret information related to food systems and food practices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>m</td>
<td>Demonstrate knowledge of group, community and population assets and resources.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>Identify relevant group, community or population assets and resources.</td>
<td></td>
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<tr>
<td></td>
<td>o</td>
<td>Demonstrate knowledge of methods to integrate assessment data to establish priorities for population health approaches related to food and nutrition.</td>
<td></td>
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<tr>
<td></td>
<td>p</td>
<td>Integrate assessment findings to identify priorities for population health approaches related to food and nutrition.</td>
<td></td>
</tr>
<tr>
<td>4.02</td>
<td>Develop population health plan.</td>
<td>a</td>
<td>Demonstrate knowledge of ways to establish appropriate goals and objectives for population health related to food and nutrition.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Identify goals and objectives for population health related to food and nutrition.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of principles to establish strategies and action plans to meet population health goals and objectives.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Identify appropriate strategies to meet goals and objectives for population health.</td>
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<td></td>
<td></td>
<td>e</td>
<td>Develop action plan for population health.</td>
</tr>
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<td></td>
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<td>f</td>
<td>Demonstrate knowledge of monitoring approaches related to population health.</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>4.03</td>
<td>Implement population health plan.</td>
<td>g</td>
<td>Identify strategies and timelines to monitor and evaluate effectiveness of action plan.</td>
</tr>
<tr>
<td>4.04</td>
<td>Evaluate and modify population health plan as appropriate.</td>
<td>a</td>
<td>Demonstrate knowledge of ways to coordinate and deliver population health activities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Contribute to the coordination and delivery of population health activities related to food and nutrition.</td>
</tr>
<tr>
<td></td>
<td>c</td>
<td>Propose modifications to population health activities to increase effectiveness.</td>
<td></td>
</tr>
<tr>
<td>5.01</td>
<td>Assess strengths and needs of programs and services related to dietetics.</td>
<td>a</td>
<td>Demonstrate knowledge of strategic and operational planning principles.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Utilize strategic and operational planning principles to analyze goals, objectives and activities of programs or services related to dietetics.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c</td>
<td>Demonstrate knowledge of assessment strategies and information sources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Identify relevant assessment information.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e</td>
<td>Demonstrate knowledge of ways to identify and obtain relevant information from key stakeholders.</td>
</tr>
</tbody>
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<tbody>
<tr>
<td>f</td>
<td></td>
<td></td>
<td>Obtain and interpret stakeholder perspective.</td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of ways to report budgetary and financial management information.</td>
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<td>h</td>
<td></td>
<td></td>
<td>Obtain and interpret financial information.</td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of sources of standards and compliance data.</td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
<td>Obtain and interpret relevant standards and compliance information.</td>
</tr>
<tr>
<td>k</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of sources of nutritional, cultural, physical and other demographic client information.</td>
</tr>
<tr>
<td>l</td>
<td></td>
<td></td>
<td>Obtain and interpret nutritional, cultural, physical and other demographic client information.</td>
</tr>
<tr>
<td>m</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of sources of stakeholder satisfaction information.</td>
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<td>n</td>
<td></td>
<td></td>
<td>Obtain and interpret stakeholder satisfaction information.</td>
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<tr>
<td>o</td>
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<td></td>
<td>Demonstrate knowledge of ways to report human resource management information.</td>
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<td></td>
<td>Obtain and interpret human resource information.</td>
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<tr>
<td>q</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of sources of technical / equipment resource information.</td>
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<tr>
<td>r</td>
<td></td>
<td></td>
<td>Obtain and interpret technical / equipment information.</td>
</tr>
<tr>
<td>s</td>
<td></td>
<td></td>
<td>Demonstrate knowledge of principles to evaluate effectiveness in achieving goals and objectives.</td>
</tr>
<tr>
<td>t</td>
<td></td>
<td></td>
<td>Analyze or integrate information to develop goals and objectives for food and nutrition services and programs.</td>
</tr>
<tr>
<td>5.02</td>
<td>Manage programs and projects.</td>
<td>a</td>
<td>Demonstrate knowledge of ways to define goals and objectives for programs and projects.</td>
</tr>
</tbody>
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<tr>
<td></td>
<td></td>
<td>b</td>
<td>Identify appropriate goals and objectives for a program or project.</td>
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<td>c</td>
<td>Identify strategies to meet goals and objectives for a program or project.</td>
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<td>d</td>
<td>Demonstrate knowledge of typical components of an action plan for a program or project.</td>
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<tr>
<td></td>
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<td>e</td>
<td>Develop an action plan for a program or project.</td>
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<td>f</td>
<td>Demonstrate knowledge of ways to establish a program or project budget.</td>
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<td>g</td>
<td>Develop a budget for a program or project.</td>
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<td>h</td>
<td>Demonstrate knowledge of responsibilities of a program or project manager.</td>
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<td></td>
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<td>i</td>
<td>Contribute to a marketing plan for a program, event, or product.</td>
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<td>j</td>
<td>Coordinate implementation of an action plan for a program or project.</td>
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<td>k</td>
<td>Demonstrate knowledge of information needs and orientation strategies for staff and volunteers.</td>
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<td></td>
<td>l</td>
<td>Provide orientation and direction to staff or volunteers.</td>
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<td>m</td>
<td>Demonstrate knowledge of training and education needs of staff and volunteers.</td>
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<td></td>
<td></td>
<td>n</td>
<td>Provide training or education to staff or volunteers.</td>
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<td>o</td>
<td>Demonstrate knowledge of staff recruitment activities.</td>
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<td>p</td>
<td>Contribute to staff or volunteer recruitment activities.</td>
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<td></td>
<td></td>
<td>q</td>
<td>Demonstrate knowledge of staff development and performance management activities.</td>
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<td></td>
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<td>r</td>
<td>Contribute to staff or volunteer development or performance management activities.</td>
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<td></td>
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<td>s</td>
<td>Demonstrate knowledge of organizational planning and development activities.</td>
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<tr>
<td>t</td>
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<td>t</td>
<td>Contribute to organizational planning or development activities.</td>
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<tr>
<td>u</td>
<td></td>
<td>u</td>
<td>Demonstrate knowledge of methods used to monitor expenditures and equipment and material usage.</td>
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<tr>
<td>v</td>
<td></td>
<td>v</td>
<td>Develop a plan to monitor expenditures, equipment and materials usage relative to budget and activity plan.</td>
</tr>
<tr>
<td>5.03</td>
<td>Manage food services.</td>
<td>a</td>
<td>Demonstrate knowledge of ways to determine food service needs of a client group.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b</td>
<td>Identify the food service needs of a client group based upon their nutritional, cultural and physical characteristics.</td>
</tr>
<tr>
<td></td>
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<td>c</td>
<td>Demonstrate knowledge of the range of human resource, financial, technical and equipment needs that must be addressed in the provision of food services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d</td>
<td>Identify human, financial, technical and equipment resources required for the provision of food services.</td>
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<td></td>
<td></td>
<td>e</td>
<td>Demonstrate knowledge of menu development and modification principles.</td>
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<td>f</td>
<td>Create and modify menus using menu planning principles.</td>
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<td></td>
<td>g</td>
<td>Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services.</td>
</tr>
<tr>
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<td>h</td>
<td>Contribute to purchasing, receiving, storage, inventory control, and disposal activities for food products.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>i</td>
<td>Demonstrate knowledge of food production and distribution procedures in food services.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>j</td>
<td>Contribute to food production and distribution activities.</td>
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</tbody>
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<tr>
<td></td>
<td>k</td>
<td></td>
<td>Contribute to improvement initiatives related to food services.</td>
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<td></td>
<td>l</td>
<td></td>
<td>Contribute to activities related to compliance with health and safety requirements.</td>
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<td></td>
<td>m</td>
<td></td>
<td>Demonstrate knowledge of approaches to marketing food services.</td>
</tr>
</tbody>
</table>

The Integrated Competencies for Dietetic Education and Practice

The Foundational Knowledge Specifications

1.  Anatomy and Physiology
   a)  Structure of the human body at the macro and cellular level
   b)  Role, function and regulation of the integumentary, musculo-skeletal, nervous, endocrine, cardio-respiratory, urinary, lymphatic and digestive systems in health and disease
   c)  Homeostasis including fluid-electrolyte and acid-base balance
   d)  Genetics and nutrigenomics

2.  Biochemistry
   a)  Foundations of chemistry and biochemistry
   b)  Major metabolic pathways
   c)  Foundations of cellular and molecular biology
   d)  Mechanisms of metabolic regulation

3.  Communication
   a)  Opportunities for and barriers to communication
   b)  Communication channels and techniques, and their appropriate usage
   c)  Strategies for effective written communication
   d)  Strategies for effective oral communication
   e)  Strategies for effective interpersonal communication
   f)  Medical and dietetics-related terminology

4.  Counselling
   a)  Counselling theories
   b)  Counselling strategies and techniques
   c)  Counselling processes

5.  Food
   a)  Physical properties and chemical composition of food
# The Integrated Competencies for Dietetic Education and Practice

## The Foundational Knowledge Specifications

- **b)** Food preservation, storage and packaging  
- **c)** The role of ingredients and their interaction in food preparation  
- **d)** Household food preparation  
- **e)** Application of dietary requirements, guidelines, and guidance tools to food planning  
- **f)** Food modification to address therapeutic, textural or other needs  
- **g)** Sensory evaluation of food  
- **h)** Religious and cultural food practices  
- **i)** Food labeling  
- **j)** Food-borne illness

### 6. Food Service Systems

- **a)** Purchasing, receiving, storage, inventory control and disposal activities  
- **b)** Menu planning  
- **c)** Institutional menu modification to address therapeutic, textural, cultural or other needs  
- **d)** Recipe development, standardization and evaluation  
- **e)** Quantity food production and distribution  
- **f)** Cost control  
- **g)** Human resource, financial, technical and equipment needs  
- **h)** Hazard Analysis and Critical Control Points (HACCP)  
- **i)** Food service facility design  
- **j)** Emergency planning

### 7. Health System in Canada

- **a)** Organization and delivery of care  
- **b)** Issues and trends  
- **c)** Political influence.

### 8. Human Nutrition across the Lifespan

- **a)** Ingestion, digestion, absorption, metabolism and excretion of nutrients  
- **b)** Biochemical utilization of nutrients and energy  
- **c)** Nutrient and energy requirements  
- **d)** Physical activity and energy balance  
- **e)** Nutrition recommendations and guidelines  
- **f)** Effect of deficiencies and toxicities of nutrients  
- **g)** Food sources of nutrients and dietary supplements  
- **h)** Role of nutrients and other food components in health  
- **i)** Dietary practices

### 9. Interprofessional Collaboration

- **a)** Interprofessional communication  
- **b)** Patient / client / family /community-centred care  
- **c)** Interprofessional role clarification, including the role of the dietitian  
- **d)** Team functioning  
- **e)** Collaborative leadership  
- **f)** Interprofessional conflict resolution
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The Integrated Competencies for Dietetic Education and Practice

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b) Global and local food systems and factors affecting the supply of food
c) Sustainable food practices
d) Food markets and marketing of food
e) Factors affecting access to food
f) Disaster planning
g) Food consumption patterns and trends

16. Professional Practice in Dietetics

a) Federal, provincial / territorial requirements
b) Practice in a regulated health profession
c) Ethical conduct
d) Reflective practice
e) Professional development
f) Decision making
g) Time and workload management
h) Role of research and new knowledge
i) Technological applications used in practice
j) Appropriate and secure documentation practices
k) Strategies for assessing and enhancing approaches to practice
l) Advocacy

17. Population and Public Health

a) Frameworks for population and public health
b) Strategies for public and population health including health promotion, education, advocacy, community development and partnerships
c) Policies, standards and guidelines for public health nutrition
d) Values and philosophy of public and population health
e) Program planning in public and population health
f) The determinants of health

18. Research and Evaluation

a) Theoretical foundations of research
b) Qualitative, quantitative and mixed methodologies
c) Ethics in research
d) Evidence-informed practice
e) Literature search strategies
f) Systematic review and critical appraisal of literature
g) Use of technology to seek and manage information

19. Social and Psychological Foundations

a) Behavioural theories relevant to eating and food choice
b) Social and psychological aspects of eating and food choice, in health and disease
c) Relationship between mental health and nutrition
d) Social justice, diversity and equity in society
e) Cultural competence
## The Integrated Competencies for Dietetic Education and Practice

### The Foundational Knowledge Specifications

#### 20. Teaching and Learning

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VIII. Professional Conduct
The Top Ten Causes of Unprofessional Conduct

By James T. Casey, Q.C. of Field LLP

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.

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31 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.
• Personal difficulties might be related to problems with marriages, relationships, children, finances, or
depression.

• 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:
  o If you are experiencing serious difficulties in your personal or home-life, then realize the potential for the
“spill-over effect.”
  o Also realize that you might not be the most objective person with respect to whether your work is being
adversely affected.
  o 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:
  o Keep yourself well.
  o Realize that addiction to prescription drugs is a danger for health care professionals because of easy
accessibility.
  o 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.
  o Get help. Seek counselling. Contact Employee Assistance programs.
  o 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:
  o Appreciate that part of being a true professional is being a good communicator.
  o Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful
to take an effective communication course?
  o Realize that effective communication is at the heart of the “informed consent” process.
  o 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.”
  o 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 initialed, 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.”
**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))

Encourage Complainant and investigated person to communicate with each other and resolve the complaint (s. 55(2)(a))

With the consent of the complainant and investigated person, attempt to resolve the complaint (s. 55(2)(a.1))

Make a referral to an alternative complaint resolution process (s. 55(2)(b))

See flow chart for Alternative Complaint Resolution

With the consent of the complainant and investigated person, attempt to resolve the complaint (s. 55(2)(a.1))

Request expert assessment (s. 55(2)(c))

See flow chart for Alternative Complaint Resolution

Conduct investigation or appoint investigator (s. 55(2)(d))

See flow chart for investigation

Dismiss complaint if trivial or vexatious (s. 55(2)(e))

Dismiss complaint if insufficient or no evidence (s. 55(2)(f))

Refer individual for incapacity assessment (s. 55(2)(g))

Complainant may request a review of decision to dismiss complaint (s. 68(1)). See flow chart for Review of Dismissal of Complaint.
(2) Alternative Complaint Resolution

Alternative Complaint Resolution Flow Chart

Referred by Complaints Director to alternative complaint resolution (s. 58(1))

Person conducting alternative complaint resolution process concludes that settlement is not likely (s. 58(6)(a))

Referred to Complaints Director who decides what further action to take (s. 58(8)).

Decides to commence investigation, complete investigation, dismiss the complaint or refer to a hearing (s. 58(8))

Refuses to ratify settlement (s.60(2)(a))

Ratifies settlement (s.60(2)(b))

Amends settlement with consent and then ratifies (s. 60(2)(b))

Matter referred to Complaints Director who determines what further action to take (s.58(6)(b); 58(8))

Complainant and investigated person agree in writing to resolution (s. 60(1))

Person conducting alternative complaint resolution process believes that matter is substantially different than original complaint (s. 58(7))

Referred to Complaints Director who considers what action to take

Decides that alternative dispute complaint resolution process can continue (s. 58(7))


(2008)
(3) **Investigation**

**Investigation Flow Chart**

Investigation Report completed

Complaints Director

Further Investigation required (s. 66(2)(a))

- Complainant may request a review of decision to dismiss complaint (s. 68(1)) [See Flow Chart for review of Dismissal of Complaint]

Request expert report (s. 66(2)(b))

- Complainant may request a review of decision to dismiss complaint (s. 68(1)) [See Flow Chart for review of Dismissal of Complaint]

Refer to a hearing (s. 66(3)(a))

- Complaint trivial or vexatious (s. 66(3)(b)(i))

- Insufficient or no evidence (s. 66(3)(b)(ii))

Dismiss complaint

See Flow Chart for Professional Conduct Hearing

Complainant may request a review of decision to dismiss complaint (s. 68(1)) [See Flow Chart for review of Dismissal of Complaint]

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(4) Review of Dismissal of Complaint

Review of Dismissal of Complaint Flow Chart

Request for review by complainant (s. 68(1))

Complaint Review Committee

- Refers the matter to the Hearings Director for a Hearing (s. 68(5)(a))
- Directs further investigation (s. 68(5)(b))
- Confirms dismissal (s. 68(5)(c))

Complaint Review Committee considers matter after completion of further report(s. 68(5)(b))

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(5) **Professional Conduct Hearings**  

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)

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