

Chapter 7

Restricted Activities

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Defining Restricted Activities

In Alberta, the Government has defined “restricted activities” as “procedures or services that require specific professional competence to be performed safely.”²⁸ By law, restricted activities are regulated health services that can only be performed by individuals who are authorized by their College to perform them. “The activities are considered to represent the

KEY PRACTICE POINT

By law, restricted activities may only be performed by individuals who are authorized by their College to perform them.

²⁸ Alberta Health. *Health Professions Act – A new law for regulated health care professionals*. 2002, p. 16.

most significant, invasive, and if not carried out by a qualified, competent service provider, potentially harmful healthcare services.”²⁹ Other provinces, such as Ontario, use the term “controlled acts”. Restricted activities are a key public protection mechanism of the legislation.

The *Health Professions Act (HPA)* 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 (1).

The Government gives Colleges the authority in regulation to authorize regulated members to perform restricted activities that are a part of current professional practice, to establish the competencies, standards, and guidelines for the performance of restricted activities and to determine how competence will be demonstrated and maintained. The Regulation for each college lists the restricted activities that its regulated members may be authorized to provide.

The 18 restricted activities identified by the Alberta 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 (GOA)* (please refer to <http://www.qp.gov.ab.ca/>).

In addition to outlining which health services are restricted activities, the legislation also states very clearly which activities are not restricted. Section 7.1 2 (2) of the *GOA* states those activities that are **not** restricted activities; they are as follows:

- “(a) activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf,
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support, or promoting spiritual growth of individuals, couples, families and groups, and
- (c) drawing venous blood.”³⁰

Subject to certain exceptions, restricted activities can only be performed by regulated members who are authorized to do so by their profession specific *HPA* Regulation. Not all of the professions regulated under the *HPA* in Alberta have specified restricted activities that their regulated members may be authorized to perform. Some professions have stipulated that only regulated members with specific advanced education and experience are able to perform a particular restricted activity. As with all health care services, it is each professional’s responsibility to ensure that before performing any activity, whether it is specified as a restricted activity or not, that they

KEY PRACTICE POINT

Each professional has a responsibility to ensure that before performing any activity, whether specified as restricted or not, that they are competent to perform the activity and that it is in the best interests of the client that the activity be performed.

²⁹ Maxston, B. *Understanding the Health Professions Act, A Practical Guide for Colleges, their Members and Healthcare Stakeholders*. Alberta; 2003, p.14.

³⁰ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

are competent to perform the activity and that it is in the best interests of the client that the activity be performed.

Restricted Activities in Dietetic Practice

Schedule 7.1 of the *GOA* provides a broad description of each restricted activity; some restricted activities include a number or range of discrete activities within the description. The Regulation of the College of Dietitians of Alberta (the College) describes the restricted activities and the specific components of each particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. These restricted activities are described in detail in the following pages.

Insertion and Removal of Tubes

In relation to the insertion and removal of tubes, Schedule 7.1 of the *GOA* states the following:

“2(1) The following carried out in relation to or as part of providing a health service, are restricted activities:

- (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”³¹

This restricted activity as stated in the *GOA* is applicable to dietetic practice as described in Section 10(1) of the *Registered Dietitian and Registered Nutritionist Profession Regulation* (3) which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activities.

“(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;

(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 clients and inserts or removes gastrostomy or jejunostomy tubes;”³²

³¹ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

³² Province of Alberta. *Registered Dietitian and Registered Nutritionist Regulation*; 2002.

Relevant Definitions

Nutrition Support: The provision of appropriate nutrition 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.³³

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. Registered Dietitians and Registered Nutritionists who perform these restricted activities typically work in acute and chronic care, inpatient, outpatient, and homecare settings.

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

Prescribing Parenteral Nutrition

In relation to prescribing parenteral nutrition, Schedule 7.1 of the *GOA* states the following:

“2(1) The following carried out in relation to or as part of providing a health service, are restricted activities:

- (f) to prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*”³⁴

This restricted activity as stated in the *GOA* is applicable to dietetic practice as described in Section 10(1) of the *Registered Dietitian and Registered Nutritionist Profession Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activities:

“(c) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act* for the purposes of providing nutrition support;

(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*”³⁵

³³ American Society for Parenteral and Enteral Nutrition. Retrieved January 15, 2014 from: http://www.nutritioncare.org/Professional_Resources/Guidelines_and_Standards/Guidelines/2012_Definitions_of_Terms_Style_and_Conventions_Used_in_A_S_P_E_N_Board_of_Directors-Approved_Documents/

³⁴ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

Note that the *Pharmaceutical Profession Act* was replaced by the *Health Professions Act* and *Pharmacy and Drug Act* in April 2007.

Relevant Definitions

Nutrition Support: The provision of appropriate nutrition 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: A complex prescription involving macronutrients, micronutrients and pharmacological agents that are administered intravenously either by means of a large central vein (usually the superior vena cava) or a peripheral vein (usually in the hand or forearm).³⁶

Prescribe: The description of “prescribing activity” that is widely accepted across professions is: determining the right dose, the right drug, the right route and the right time for the right person. In the *Pharmacy and Drug Act*, prescription means “a direction by a person who is authorized by an Act of the Legislature of Alberta or an Act of the Parliament of Canada to prescribe drugs, directing that a drug be dispensed to or for the patient named in the direction”³⁷.

Drug Schedules: The drug schedules are created by the provincial and federal governments and pharmacy regulators and reflect an assessment of risk to the public from the drug and the level of professional control required for a client’s safe and effective drug use (see the National Association of Pharmacy Regulatory Authorities [NAPRA]) (4). Drugs may 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 (i.e. vitamin and mineral supplements). Drug schedule information may be found on NAPRA website (<https://napra.ca/>). A brief description of the drug schedules is as follows:

Schedule 1 Drugs

Schedule I drugs require a prescription for sale

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists who are authorized to perform restricted activities related to prescribing, recommending, or providing drugs are responsible to understand the drug schedules and to know which schedule drugs that they are working with fall under.

³⁵ Province of Alberta. *Registered Dietitian and Registered Nutritionist Regulation*; 2002.

³⁶ Adapted from American Society for Parenteral and Enteral Nutrition. Retrieved January 15, 2014 from http://www.nutritioncare.org/Professional_Resources/Guidelines_and_Standards/Guidelines/2012_Definitions_of_Terms_Style_and_Conventions_Used_in_A_S_P_E_N_Board_of_Directors-Approved_Documents/

³⁷ Province of Alberta. *Pharmacy and Drug Act*, R.S.A. 2000, c. P-13.

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. Schedule 2 drugs require professional intervention from the pharmacist (e.g. patient assessment and patient consultation) prior to sale. They are considered “behind the counter” and are located in pharmacies and institutions in an area where there is no public access and no opportunity for self-selection.

Schedule 3 Drugs

Schedule 3 drugs must be sold in a licensed pharmacy but can be sold from the self-selection area of the pharmacy.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing these restricted activities when they prescribe parenteral nutrition and Schedule 1 drugs when providing nutrition support. While these two activities are separate restricted activities in legislation, in dietetic practice they are integrated. Registered Dietitians and Registered Nutritionists must be competent to prescribe Schedule 1 drugs in order to receive authorization to prescribe parenteral nutrition. Registered Dietitians and Registered Nutritionists may prescribe Schedule 1 drugs required in the provision of parenteral nutrition only; 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. Registered Dietitians and Registered Nutritionists who perform these restricted activities typically work in acute and chronic care, in-patient, out-patient, home care and rehabilitation settings.

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

For information on recommending vs prescribing see the related College document on the College website (5)

Prescribing or Administering Diagnostic Imaging Contrast Agents

In relation to prescribing or administering diagnostic imaging contrast agents, Schedule 7.1 of the *GOA* states the following:

“2(1) The following carried out in relation to or as part of providing a health service, are restricted activities:

- (j) to prescribe or administer diagnostic imaging contrast agents;”³⁸

³⁸ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

This restricted activity as stated in the *GOA* is applicable to dietetic practice as described in Section 10(1) of the *Registered Dietitian and Registered Nutritionist Profession Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activity:

“(e) to prescribe and administer oral diagnostic imaging contrast agents if in the provision of medical nutrition therapy a regulated member performs a videofluoroscopic swallowing study or assists with the study;”³⁹

Relevant Definitions

Medical Nutrition Therapy: The use of specific nutrition services to treat an illness, injury, or condition, involving (a) assessment of the client’s nutritional status and (b) treatment, which includes nutrition therapy, counseling or use of specialized nutrition supplements.⁴⁰

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they determine the amount of barium contrast agent a client receives and / or administer the contrast agent, by way of mouth, during a videofluoroscopic swallowing study while providing medical nutrition therapy. Registered Dietitians and Registered Nutritionists who perform this restricted activity typically work in acute and chronic care, in-patient, out-patient and rehabilitation settings.

The required competence indicators for performance of this restricted activity are summarized in Appendix 6.

Provision of Drugs, Including Samples

In relation to the provision of drugs, including samples, Schedule 7.1 of the *GOA* states the following:

“2(1) The following carried out in relation to or as part of providing a health service, are restricted activities:

(g) 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*;⁴¹

This restricted activity as stated in the *GOA* is applicable to dietetic practice as described in Section 10(1) of the *Registered Dietitian and Registered Nutritionist Profession Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activity:

³⁹ Province of Alberta. *Registered Dietitian and Registered Nutritionist Regulation*; 2002.

⁴⁰ American Dietetic Association: ADA’s definition for nutrition screening and nutrition assessment. *J Am Diet Assoc* **94** (8):838–839, 1994

⁴¹ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

“(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*;⁴²”

Again, note that the *Pharmaceutical Profession Act* was replaced by the *Health Professions Act* and *Pharmacy and Drug Act* in April 2007.

Relevant Definitions

Sell (distributing and giving away): The *GOA* defines the term “sell” as follows:

“ ‘sell’ includes

- (i) distribute, trade or barter for money or other valuable consideration,
- (ii) distributing and giving away without expectation or hope of compensation or reward,
- (iii) keeping for sale, and
- (iv) offering for sale;⁴³

The provision of drugs to clients, free of charge, becomes a restricted activity because of the definition of “sell” in the Legislation.

Medical Nutrition Therapy: The use of specific nutrition services to treat an illness, injury, or condition, involving (a) assessment of the client’s nutritional status and (b) treatment, which includes nutrition therapy, counseling or use of specialized nutrition supplements.⁴⁴

Drug Schedules: Please refer to information included above under Prescribing Parenteral Nutrition.

Link to Dietetic Practice

This restricted activity is ***not*** related to prescribing drugs, but rather is related to the distribution of 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 drugs such as insulin to their clients as samples 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 their practice may be a restricted activity. It is a regulated member’s responsibility to determine whether the drugs they are providing are controlled by a drug schedule. If so,

⁴² Province of Alberta. *Registered Dietitian and Registered Nutritionist Regulation*; 2002.

⁴³ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

⁴⁴ American Dietetic Association: ADA’s definition for nutrition screening and nutrition assessment. *J Am Diet Assoc* **94** (8):838–839, 1994

authorization from the College to perform this restricted activity is required. If the drugs or samples being provided are not found on a drug schedule, then authorization is not required as this is not a restricted activity. Registered Dietitians and Registered Nutritionists who perform this restricted activity typically work in acute and chronic care, inpatient, outpatient, and community settings.

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

Activities NOT considered Restricted Activities

Nutritional supplements, vitamin/mineral preparations, enteral products

Registered Dietitians make recommendations for nutritional supplements, enteral nutrition, vitamins, minerals, and drugs relevant to nutrition care planning, in addition to performing the above restricted activities.

Many vitamin and mineral products are not classified as drugs. Some vitamins and minerals are only considered scheduled drugs above a certain dose. For example, iron is considered a Schedule II drug in per-pill doses over 30mg; vitamin D is a Schedule I drug in per-pill doses over 1000IU (5).

Registered Dietitians must be familiar with the NAPRA drug schedules, and familiar with which products they recommend in practice that may be drugs or become drugs on a schedule under certain dosing circumstances. Schedule 1 drugs require a prescription from a regulated health professional with prescribing authority in order to implement. This does not preclude a Dietitian from recommending a Schedule 1 drug relevant to their practice, including discussing with the interprofessional team or making a written recommendation in the health record. The Dietitian cannot write a prescription to give directly to the patient, however.

Nutritional supplements and enteral nutrition formulas are not drugs, and therefore recommending or ordering these products as part of nutrition care planning, is only limited by an individual Dietitian's competence, or policy limitations within the individual health care setting. The term "prescribing" is not relevant to oral or enteral nutritional products.

For more information on this topic, please refer to the College's document *Prescribing and Recommending in RD Practice*, found on the College website (5).

Psychosocial Interventions

Effective December 1, 2017, Registered Dietitians are no longer required to seek authorization from the College to work with eating disorder clients/patients.⁴⁵

⁴⁵ MHB, December 2019

Previously, the Restricted Activity read:

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 Registered Dietitians do not perform restricted psychosocial interventions (i.e. psychotherapy with severely ill patients) when working with clients/patients with disordered eating or eating disorder diagnoses.

Despite the fact that providing psychosocial interventions as part of eating disorder treatment no longer requires authorization from the College to perform, competence to work with these high-risk clients/patients requires specialized education and mentorship. Given that nutrition care of eating disorders is a complex area of practice, it is important for Registered Dietitians to be aware that there are situations that may place a patient (and the Dietitian) at risk (See Table 1 for more information):

- The RD is intentionally working *outside* of their own personal or the generally recognized scope of practice related to eating disorder practice, and attempting to treat topics that lie within the expertise and scope³ of Mental Health practitioners (e.g. depression, self-harm, PTSD)
- The RD is using psychotherapy to treat the underlying mental health characteristics of the above patient
- The above patient is grossly impaired (e.g. psychosis, inability to function in everyday life)
- The RD is working in isolation, without support from interprofessional team members

Eating disorders and other serious mental illnesses frequently have co-morbidities such as depression and suicidality. Mortality rates are high (6).

For this reason, Dietitians are urged to work within their individual scope of practice and make every effort to avoid working in isolation from a physician and mental health therapist.

Dietitians do not perform psychotherapy or other therapies with the intention to treat an eating disorder client’s underlying psychopathology, in particular when working 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 (2).

According to Nutrition Services, Alberta Health Services (2020) (7), although there is often overlap between nutrition and psychological interventions, there are distinct roles and responsibilities that Registered Dietitians have. RDs can be faced with situations that

challenge interprofessional boundaries when providing nutrition care for patients with eating disorders. Effective nutrition care interventions can be enhanced by understanding the role of the mental health therapist (8, 9, 10) and the differences between the two disciplines (see Table 1) (11).

Table 1. Contrasting the Role of Mental Health Provider and Dietitian

Mental Health Provider	Registered Dietitian
<ul style="list-style-type: none"> Focuses on conditions found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) 	<ul style="list-style-type: none"> Focuses on nutrition diagnosis
<ul style="list-style-type: none"> Behavioural background 	<ul style="list-style-type: none"> Health background
<ul style="list-style-type: none"> Specific training in counselling and psychotherapy to meet mental health goals 	<ul style="list-style-type: none"> Uses counselling techniques that are psychology-based; uses components of psychotherapies such as cognitive behavioural therapy to support nutrition goals
<ul style="list-style-type: none"> An in-depth examination of psychosocial issues 	<ul style="list-style-type: none"> Stays on the surface of psychosocial issues
<ul style="list-style-type: none"> Works on mood, personality, belief systems, coping skills and past and present issues affecting mental health e.g. trauma, relationships 	<ul style="list-style-type: none"> Explores eating history, belief systems and factors affecting eating patterns and nutrition
<ul style="list-style-type: none"> Helps patient learn to regulate emotions 	<ul style="list-style-type: none"> Can offer strategies for emotional regulation related to eating behaviours, and reinforce more in-depth strategies outlined by MH practitioners
<ul style="list-style-type: none"> Treats those who are seriously impaired due to mental illness e.g. psychosis 	<ul style="list-style-type: none"> Collaborates with MH to help inform nutrition interventions for those who are seriously impaired due to mental illness.

The College acknowledges that there are overlapping scopes across professions, and that roles and responsibilities should be negotiated within the team environment. The College also suggests that working in isolation in a high-risk patient area such as eating disorder diagnoses is not appropriate, and that a team environment offers the best chances for patient/client success.

In summary, Dietitians with the training and competence to work with disordered eating behaviours and eating disorder diagnoses may do so without authorization from the College. Performing psychotherapy, however, is not within the scope of Registered Dietitians.

For more information on previous legislation please contact the College office.

Swallowing Assessments (tableside/bedside)

Although dosing and/or administering barium as part of a videofluoroscopic swallowing evaluation is a restricted activity, tableside/bedside dysphagia assessment and management is not.

Like working with eating disorder clients, performing dysphagia assessments are considered high risk due to the risk of aspiration pneumonia. Conducting dysphagia assessments and management requires training, experience, and competence to perform safely.

Dietitians working in settings where swallowing assessment and management is a requirement of their position are encouraged to use the *Competencies for Dysphagia Assessment and Management in Dietetic Practice*, found on the College website, for knowledge and skill development and competence maintenance (12).

Performance of Restricted Activities

Under the *HPA*, the Government gives colleges the authority to regulate the restricted activities that are a part of current professional practice. Schedule 7.1 of the *GOA* 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 (2). In this context, “authorized” means that the person meets at least one of the following criteria:

- The individual is a regulated member of a college under the *HPA* and is authorized by the regulation of a college to perform restricted activities.
- The individual is authorized by regulations made by the Minister of Health under the *HPA* to perform restricted activities.
- The individual is authorized to perform the restricted activity by another enactment. *

* Note: in late 2020, during the COVID-19 pandemic, the Health Minister issued a Ministerial Order authorizing Registered Dietitians to perform nasopharyngeal swabs, an activity not previously authorized by the College for regulated members to perform. This order authorized dietitians during these unprecedented circumstances only, when trained by the employer, to perform the activity to facilitate testing opportunities for the public. The usual process for authorization was not required in this special circumstance only.

The terms “supervised” means the following:

- The individual is authorized by a regulation of a college under the *HPA* to perform the restricted activity under supervision; the regulation of the college states how supervision is to be provided.
- The individual has the consent of and is supervised by a regulated member of that college who is authorized to perform the restricted activity.

It should be noted that only a person authorized to perform a restricted activity may consent to supervise and provide supervision of another person performing the restricted activity or a portion of the restricted activity. As previously indicated, 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 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.

With respect to restricted activities, the College, regulated members and employers have specific roles and responsibilities. These are summarized as follows:

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 activities are restricted 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 for those restricted activities that they are authorized to perform.

Employers

Employers are responsible for the provision of health services / health programs and for the distribution and appropriate mix of skills in the health workforce. Employers are accountable as health service providers to ensure that employees and students are

KEY PRACTICE POINT

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

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists are responsible to know which activities are restricted by the College and to identify when restricted activities are being performed.

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.

The Authorization Process

Registered Dietitians and Registered Nutritionists who wish to become authorized to perform a restricted activity must notify the College to begin the authorization process. After completing the required forms, the Registered Dietitian or Registered Nutritionist may begin the process which involves development of competence during a supervised training period. Once all of the competencies have been met, the appropriate documentation is forwarded to the College and authorization is granted. Once authorized to perform a restricted activity, the Registered Dietitian or Registered Nutritionist will be required to demonstrate ongoing competence to perform the restricted activity. Important information related to the authorization process is outlined below.

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, that a practitioner is performing a restricted activity under supervision during the training process, or that a practitioner should not be performing the restricted activity.

Registered Dietitians and Registered Nutritionists must notify the College prior to training to perform any restricted activity and must complete the required forms. All individuals who are training to perform restricted activities are noted on the College Register.

Development of Competence

The *HPA* defines competence as “the combined knowledge, skills, attitudes and judgment required to provide professional services”⁴⁶. Within their practice, Registered Dietitians and Registered Nutritionists provide the services they are competent to perform; as professionals, they continually identify, develop, and

⁴⁶ Province of Alberta. *Health Professions Act*. R.S.A. 2000, c. H-7. s. 1(1)f.

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 establish a foundation for the performance of these activities, Registered Dietitians and Registered Nutritionists generally develop the specialized expertise to perform restricted activities in the workplace. The method for developing competence will vary from one workplace to another, from one practitioner 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 Registered Dietitians and Registered Nutritionists 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, client involvement and follow up

As Registered Dietitians and Registered Nutritionists plan their competence development activities, they will need to consider the following:

- 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

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 Registered Dietitian or Registered Nutritionist authorized by the College or a regulated health professional with authorization to perform the restricted activity. The supervising regulated member must be available to consult with and assist when the restricted activity is being performed by the regulated member in training. Supervision by an authorized Registered Dietitian or Registered Nutritionist is not required during competence development / training when the restricted activity is not being performed on a person.

Supervision of Students

According to Regulation and criteria established by the College, students must be enrolled in an internship 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 Registered Dietitian or Registered Nutritionist authorized by the College to perform the same restricted activity. The supervising regulated member 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. The College has not set a specific number of times that a procedure must be performed to demonstrate competence as this will vary depending upon the following:

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

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 will be issued a practice permit that authorizes them to practice the restricted activity.

It should be noted that regulated members with a temporary practice permit also may be authorized to perform a restricted activity once competent performance has been demonstrated and verified.

Ongoing Competence

Regulated members must be competent every time they perform a restricted activity. Authorization to perform restricted activities must be renewed annually; each year when a regulated member applies to renew their practice permit, they will be required to sign a declaration stating that the competence requirements for the restricted activities that they are authorized to perform continue to be met.

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 Continuing Competence Program (CCP) of the College. As part of this program, a regulated member who performs restricted activities must complete the self-assessment process and develop one Competence Plan for each restricted activity that they are authorized to perform. It should be noted that development of Competence Plans related to the performance of restricted activities is done in addition to the basic requirements of CCP.

As noted above, during the COVID-19 pandemic, beginning in late 2020, the usual processes for restricted activity authorization related to performing nasopharyngeal swabs was not required as a result of the Ministerial Order to facilitate increased testing.

Chapter Summary

In Alberta, the Government has defined “restricted activities” as “procedures or services that require specific professional competence to be performed safely.”⁴⁷ By law, restricted activities are regulated health services that can only be performed by individuals who are authorized by their College to perform them. The term “restricted” means that only competent healthcare practitioners may perform these activities, not that they are “restricted” to a particular profession. The Government gives Colleges the authority in regulation to authorize regulated members to perform restricted activities that are a part of current professional practice, to establish the competencies, standards, and guidelines for the performance of restricted activities, and to determine how competence will be demonstrated and maintained. The 18 restricted activities identified by the Alberta Government are found in Schedule 7.1 of the *Government Organization Act (GOA)*. The Regulation of the College of Dietitians of Alberta (the College) describes the restricted activities and the specific components of each particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. These include the following:

- To insert or remove nasogastric, gastrostomy and jejunostomy tubes when providing nutrition support.
- To prescribe parenteral nutrition, including schedule 1 drugs, when providing nutrition support.
- To prescribe and / or administer oral diagnostic imaging contrast agents during a videofluoroscopic swallowing study when providing medical nutrition therapy.
- To distribute drugs regulated by a schedule to the *Pharmacy and Drug Act*, according to a prescription when providing nutrition support or medical nutrition therapy.

The College notes several activities that are *not* restricted activities: recommending or ordering nutritional supplements, most vitamin/mineral preparations, and enteral products; psychosocial interventions when working with eating disorder clients; and tableside/bedside swallowing assessments.

Registered Dietitians and Registered Nutritionists who wish to become authorized to perform a restricted activity must notify the College to begin the authorization process. After completing the required forms, the Registered Dietitian or Registered Nutritionist may begin the process which involves development of competence during a supervised training period. Once all of the competencies have been met, the appropriate documentation is forwarded to the College and authorization is granted. Once authorized to perform a restricted activity, Registered Dietitians and Registered Nutritionists are required to demonstrate ongoing competence to perform the restricted activity. In 2020, during the novel coronavirus pandemic, Registered Dietitians were authorized under the special circumstances of a Ministerial Order to perform nasopharyngeal swabs in an effort to enhance testing opportunities for the public.

⁴⁷ Alberta Health and Wellness. *Health Professions Act – A new law for regulated health care professionals*; 2002, p. 16.

Case Scenario 7.1

AA, a newly graduated Registered Dietitian accepted a position in a hospital in a small city, which provides services to a large rural area. Unable to secure full time employment in a large metropolitan area, AA believed that she would be okay as a new graduate in this setting, with her University degree and internship experiences being sufficient to ensure competency. She received a referral for a videofluoroscopic evaluation of an elderly gentleman who had suffered a head injury and consequently was experiencing difficulty swallowing. AA reviewed her coursework and internship notes on dysphagia and felt prepared to perform her designated role as a Registered Dietitian during the assessment. She was glad that according to the policy of the facility, there would be another professional present during the assessment. Arriving at the assessment room, AA discovered that her co-assessor was a newly graduated speech language pathologist who had never conducted a videofluoroscopic evaluation independently. As the client was fully prepped, the two newly graduated professionals proceeded with the assessment.

Case Scenario 7.1 Questions

1. Is AA practicing within the practice statement for Registered Dietitians and Registered Nutritionists stated in the *Health Professions Act*?
2. Do you think the College of Dietitians of Alberta would have any concerns with AA's decision to proceed with the videofluoroscopic assessment? Explain your answer.
3. What different decisions / actions could AA have taken to safeguard the safety of the client?

Chapter Quiz

1. All of the following statements are true **except** for the following:
 - a) Restricted activities are procedures or services that require specific professional competence to be performed safely.
 - b) Restricted activities may only be performed by individuals who are authorized by their College to perform them.
 - c) The term “restricted activity” means that an activity is restricted to a particular profession.
 - d) It is the responsibility of each Registered Dietitian and Registered Nutritionist to know which activities are restricted by the College of Dietitians of Alberta and to identify when restricted activities are being performed.

2. Prior to performing a restricted activity, each Registered Dietitian and Registered Nutritionist has a responsibility to ensure that:
 - a) they are authorized by the College of Dietitians of Alberta to do so.
 - b) they are competent to perform the activity.
 - c) performing the activity is in the best interests of the client.
 - d) All of the above
 - e) Answers a and b only

3. All of the following are restricted activities in dietetic practice **except** for the following:
 - a) Providing nutrition support, medical nutrition therapy or a diet plan to a client.
 - b) Prescribing parenteral nutrition, including Schedule 1 drugs for a client who requires nutrition support.
 - c) Providing a client with a medication sample that is regulated by a drug schedule to the *Pharmacy and Drug Act*.
 - d) Administering barium (an oral diagnostic imaging contrast agent) during a videofluoroscopic swallowing study.

4. Registered Dietitians and Registered Nutritionists who wish to become authorized to perform a restricted activity must:
 - a) develop, demonstrate, and verify that they have met the competency requirements for the restricted activity.
 - b) be supervised during the competence development / training period by a professional who is authorized to perform the particular restricted activity.
 - c) notify the College of Dietitians of Alberta to initiate the training process.
 - d) All of the above
 - e) Answers a and b only

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