

**JURISPRUDENCE GUIDE
FOR DIETITIANS IN
BRITISH COLUMBIA**

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Introduction

The College of Dietitians of BC (CDBC; the College) exists to protect British Columbians by regulating the practice of dietetics. The “Jurisprudence Guide for Dietitians in British Columbia” (the guide, the Jurisprudence Guide) serves as the College’s reference tool for dietitians applying for registration with the College and for CDBC Registered Dietitians. The Jurisprudence Guide links professional dietetic practice with government approved laws that have been created to safeguard and protect the health, well-being and interest of the BC public.

Together, this guide and the legislated enactments (i.e., *Health Professions Act*, Dietitians Regulation, CDBC Bylaws, and other documents the College may develop), outline the principles for competent, safe, and ethical dietetic practice in BC.

Why Jurisprudence?

The goal of the Jurisprudence Guide is to ensure that all dietitians know what BC dietetic practice is - legally, ethically, and professionally by helping them prepare for the online Jurisprudence Examination (the examination). It also serves to provide the public with insight into the nature and content of the College’s regulatory processes.

The online Jurisprudence Examination has been developed to test the knowledge in the Guide. New applicants to the CDBC must pass the examination before registering with CDBC for the first time.

In addition, all Registered Dietitians must pass the Jurisprudence Examination every five years.



The guide presents concepts that form the legal foundation of the professional practice of Registered Dietitians in BC. This information will be of interest to:

- the public,
- students beginning their dietetic practicum,
- CDBC applicants - including new Canadian graduates and internationally educated dietitians,
- Registered Dietitians,
- faculty members/ instructors in dietetic academic programs,
- practicum Practice Leaders, Coordinators and Preceptors,
- employers,
- government agencies, and
- others who may be associated with or interested in the practice of dietitians.

- ① Chapter 1, Regulation of Dietetic Practice in BC, focuses on the legislation that defines how the CDBC regulates dietetic practice in BC in the public interest.
- ② Chapter 2, Registration, describes the legal requirements for the registration of dietitians in British Columbia. The chapter also explains the registration process and the different classes of registration available to CDBC applicants.
- ③ Chapter 3, Quality Assurance, examines the core mandate of the College - protection of the public - through the assurance of quality practice. This chapter describes the performance and behavioural expectations of dietitians, based on the College's Code of Ethics, Standards of Practice and other documents published by the CDBC. It also describes the College's Continuing Competence Program - a key requirement of the *Health Professions Act*.
- ④ Chapter 4, Professional Conduct, outlines the College's requirement under the *Health Professions Act* to oversee the professional conduct of its registrants. This chapter reviews the College's Patient Relations Program and the Complaint Resolution Process.

The questions in the online examination are based on the guide's contents. Successful completion of the Jurisprudence Examination is one of the requirements for initial registration and renewal of registration, on a five-year cycle. The College also hopes the guide will contribute to registrant self-reflection and provide a basis for collegial discussion. Both the guide and the examination are foundational to the maintenance and enhancement of professional competence, in the interest of the public.

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1 Chapter 1: Regulation

1. Dietetics: A Legislated Profession

The title 'Dietitian' has a distinct legal meaning and the law imposes strict obligations and duties on Registered Dietitians, one of several regulated health professionals in BC. The key piece of legislation that outlines the governance of health professions and their registrants in BC is the [Health Professions Act \(Act; HPA\)](#). The primary mandate of this Act is "public protection" and the competent, safe, and ethical delivery of services to the public.

Legislation that relates to the College of Registered Dietitians of BC (CDBC) and Registered Dietitians (RDs) is overseen by the BC government's [Ministry of Health](#).

2. Regulation of Health Care Professionals

Dietitians are regulated health professionals in all Canadian provinces. Health regulation is a privilege granted by provincial governments that legally allows the public and the profession to govern and manage itself. Provincial governments grant regulatory status to a health profession when the profession's practice involves risk of harm, has demonstrated that it is a recognized and organized entity, and that it has the financial and human resources required to regulate the practice of its registrants to protect the citizens in that province.

Health regulation at-large is a privilege. Provincial governments have the authority to take back this privilege if a regulatory organization fails to meet legislated responsibilities.

The responsibilities stated in the BC HPA are outlined in the sections ahead. This guide also details how the CDBC meets these responsibilities.

3. The College of Dietitians of British Columbia

⊕ History

Prior to November 2002, dietitians in BC were registered with the British Columbia Dietitians and Nutritionists Association (BCDNA) which had a combined regulatory and professional association role. The need for separate organizations slowly became apparent to provincial governments across Canada when it was realized that organizations cannot effectively protect the public and promote the interests of the profession at the same time.

A group of dedicated BCDNA dietitians worked for several years to meet the *Health Professions Act's* requirements for a new regulatory health profession organization and on November 2, 2002 the College of Dietitians of British Columbia was established through enactment of the Health Professions Act's [Dietitians Regulation](#).

The Health Professions Act and the Dietitians Regulation are the laws that specify Dietitians' role and obligations. Only registrants of the College can use the title Dietitian in BC.

[Bylaws](#) for the College were approved by the provincial government on December 11, 2003 and on April 1, 2004 the College became the legal authority for the regulation of dietitians in British Columbia.

⊕ **Mission Statement**

As stated on the Home Page of the [CDBC website](#), the CDBC mission is “Ensuring safe, competent and ethical provision of nutrition services to British Columbians by establishing, monitoring and enforcing standards, and regulating Dietitians, in accordance with the BC Health Professions Act.”

4. Regulatory Framework for Dietetic Practice in BC

The CDBC exists to regulate dietitians in the public’s best interest by meeting legislative requirements stated in the [Health Professions Act](#) and the [Dietitians Regulation](#) and supported by the [CDBC Bylaws](#), including the bylaw Schedules.

The College also publishes policies that further refine how the CDBC enacts the legislation as well as guidelines that inform and guide registrants’ practice. Position statements are also published to clarify the College’s stance on specific aspects of practice.

⊕ **Health Professions Act (HPA)**

The HPA is an overarching “umbrella” legislation that sets out the terms that all health regulatory colleges in BC must fulfill. Each province has its own version of BC’s HPA although the name of the Act varies from province to province.

In defining the role of a college, section 16 of the HPA states:

- “(1) It is the duty of a college at all times
 - (a) to serve and protect the public, and
 - (b) to exercise its powers and discharge its responsibilities under all enactments in the public interest.

- (2) A college has the following objects:
 - (a) to superintend the practice of the profession;
 - (b) to govern its registrants according to this Act, the regulations and the bylaws of the college;
 - (c) to establish the conditions or requirements for registration of a person as a member of the college;
 - (d) to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants;
 - (e) to establish and maintain a continuing competency program to promote high practice standards amongst registrants;
 - (f) to establish, for a college designated under section 12 (2) (h), a patient relations program to seek to prevent professional misconduct of a sexual nature;
 - (g) to establish, monitor and enforce standards of professional ethics amongst registrants;

- (h) to require registrants to provide to an individual access to the individual's health care records in appropriate circumstances;
- (i) to inform individuals of their rights under this Act and the [Freedom of Information and Protection of Privacy Act](#);
- (j) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair;
- (k) to administer the affairs of the college and perform its duties and exercise its powers under this Act or other enactments;
- (l) in the course of performing its duties and exercising its powers under this Act or other enactments, to promote and enhance the following:
 - (i) collaborative relations with other colleges established under this Act, regional health boards designated under the [Health Authorities Act](#) and other entities in the Provincial health system, post-secondary education institutions and the government;
 - (ii) inter-professional collaborative practice between its registrants and persons practicing another health profession;
 - (iii) the ability of its registrants to respond and adapt to changes in practice environments, advances in technology and other emerging issues”.

Dietitians Regulation

Each health regulatory college legislated under the HPA has a “profession specific” regulation. The [Dietitians Regulation](#) describes how the HPA is applied to the dietetics profession.

In developing the Dietitians Regulation, dietitians worked with the provincial government to reconcile the unique requirements of the profession with the legislative requirements of the government. The government must approve a regulation before a college can be proclaimed under the HPA and must approve amendments to the regulation. The Dietitians Regulation specifies the college’s name, reserved title of “Dietitian”, a broad scope of practice statement, restricted activities, limits or conditions on services, and the requirement for a Patient Relations Program.

Reserved Title

Under the HPA, specific titles are designated exclusively to registrants of their colleges and only practitioners registered with a college can use the reserved title. Consequently, only health professionals who have met the knowledge and skills required for registration with the College, and maintain an established level of competent, safe and ethical practice, are granted the right to use the reserved title of that profession; e.g., nurse, dentist, dietitian, etc.

The Dietitians Regulation protects the right to use the title “Dietitian”. Other titles such as “Registered Dietitian”, “RD”, “Registered Dietitian – Temporary” and “RD(T)” are specified in the [CDBC Bylaws](#). Reserved titles help the public more easily identify qualified health professionals. By using the title Registered Dietitian or RD the public, colleagues, and employers are assured that an individual is a regulated health professional. A list of [Registered Dietitians in BC](#) is available on the CDBC website. The list is continuously updated by the College,



KEY PRACTICE POINT

In BC, “Dietitian” is a protected title that may only be used by those registered with the College of Dietitians of BC.

providing a current listing of registrants who are legally authorized to practice and use the reserved title “Dietitian”.

Not all reserved titles are portable from province to province. Dietitians must be registered in the province where they provide in-person professional dietetic services. In all provinces, dietitians providing in-person dietetic services must be licensed in the province where the client resides.

Dietitians practicing across provincial borders must be aware of and abide by the registration requirements in the province where the client resides (e.g., [virtual dietetic practice and scope of dietetic practice](#)). Dietitians are responsible to verify registration and practice requirements with the provincial regulatory body that they are licensed with as well as the regulatory body in the province where the client resides.



KEY PRACTICE POINT

Dietitians must be registered with the CDBC prior to practicing dietetics.



Scope of Practice

The professional services that may legally be provided by dietitians in BC are specified in the “scope of practice” statement: “A registrant may practice dietetics”.

This statement requires reference to Section 1 of the [Dietitians Regulation](#) where “dietetics” is defined as: “the assessment of nutritional needs, design, implementation and evaluation of nutritional care plans and therapeutic diets, the science of food and human nutrition, and dissemination of information about food and human nutrition to attain, maintain and promote the health of individuals, groups and the community”.

The definition of dietetics is very broad. It gives the College flexibility to further define RDs’ scope of practice, but may also cause confusion over the exact legal scope of dietetic practice. The College publishes policies, guidelines, and statements to clarify dietetic practice in BC for registrants, other health professionals and the public.



KEY PRACTICE POINT

In their practice, dietitians must perform professional services that fall within their provincially legislated scope of practice.

Parts of dietitians’ scope of practice overlaps with other health professionals. When this occurs, the particular practice area is also stated in the other health professions’ regulation.



Restricted Activities

[Restricted activities](#) are considered services within a profession’s scope of practice that carry a higher risk of harm than the profession’s general scope of practice. The BC government has listed these practices and in general, they are invasive procedures or processes that include inserting hands, fingers, instruments or substances beneath the skin (such as doing an endoscopic examination and injecting vaccines) or into body orifices (such as the ear, nose and mouth) or the manipulation of body parts (such as setting a broken bone).

In BC, restricted activities for RDs are designing, compounding, dispensing, and administering enteral nutrition, and designing and administering parenteral nutrition. Restricted activities will be discussed later in further detail.

⊕ **Limits or Conditions on Services**

The Dietitians Regulation establishes limits or conditions on dietetic services that serve to set parameters (or limits) around a particular practice. The Dietitians Regulation states:

“No registrant may insert a feeding tube. This subsection does not apply to a registrant who
 (a) is acting under delegated authority of a medical practitioner, and
 (b) is acting in accordance with standards developed for the purposes of paragraph (a) and approved by the board and approved by the College of Physicians and Surgeons of British Columbia.”

Registrants learn to insert feeding tubes by meeting specific requirements set out in a supervised [program of study](#) and must be signed off as competent and safe with this practice to be eligible to perform the service. Annual recertification requirements must be met in order to maintain practice eligibility.

- **Patient Relations Program**

The HPA requires that a college “establish...a patient relations program to seek to prevent professional misconduct of a sexual nature.” This program is discussed in Chapter 4, Professional Conduct.

- **CDBC Bylaws and Schedules**

The framework and scope for the [College bylaws](#) are specified in legislation. They expand on the HPA and Dietitians Regulation, referring specifically to the CDBC organization and how it conducts its business. Bylaws are established by the Board and approved by the government. They specify procedural matters such as election of the Board, the appointment of committee members, quorum, rules of order, fees, notices, and the day-to-day functions of the CDBC as well as requirements for specific public protection programs.

Amendments to the CDBC bylaws must also be approved by government after a consultation period during which other professions, the public and registrants may comment.

Several “Schedules” are appended to the CDBC bylaws. They are referenced in the bylaws and provide government-approved details on various matters such as fees and dietetic education programs approved by the Board. Forms and standardized documents may also be included as Schedules to the bylaws.

- **Policies, Guidelines and Statements**

Policies and guidelines are developed and approved as needed. They refer to specific legislated requirements under the HPA and the Dietitians Regulation (including scope of practice areas) and are intended to provide information and guidance to enhance the provision of dietetic care.

[Position statements](#), joint statements and communiqués are established as needed to explain the College’s stance on a particular practice matter and to provide standardized information to registrants.

Although not legal in the sense that they must be approved by the government, policies, guidelines, and statements outline accepted and approved standards for practicing dietetics in BC. Statements developed in conjunction with other colleges require the agreement of all signatories before they can be changed.

All policies, guidelines and statements are posted on the [College website](#).

5. Meeting the HPA Mandate

Section 16 of the HPA was included at the beginning of part 4 of this chapter. Sub-sections (1) and (2) define the mandate, duties and objectives of a regulatory college governed under the HPA. You may have noticed that sub-section (2) focuses on three main areas of “duty”, all with the over-riding mandate “to serve and protect the public”.

The duties and objectives have three main focuses:

- the college itself,
- registrants, and
- colleagues.

The ways the mandated duties and objectives are met are described in the next sections.

⊕ CDBC Processes and Programs

Looking more closely at the wording in section 16, a college regulated under the HPA must “establish”, “employ”, “administer”, “monitor” and “enforce”, etc. to ensure registrants are practicing competently, safely, and ethically for the public’s protection. These requirements are met through a variety of processes and programs.

- **Registration**

The registration section of the CDBC bylaws includes details about registering with the CDBC for the first time in one of the various registration classes. The bylaws specify required documentation, examinations, and fees as well as requirements for annual registration renewal, resigning from the College and processes and requirements for being reinstated to the register. The registration bylaws also address registering with restricted activities and the requirement for liability insurance. By meeting these requirements, the public is assured that RDs are competent. See Chapter 2. Registration, for details.

- **Quality Assurance**

The CDBC ensures the public receives quality dietetic services in a variety of ways. Of key importance are the CDBC’s Quality Assurance and Continuing Competence programs that are linked to the [CDBC bylaws](#): The Code of Ethics and Standards of Practice. Quality assurance program initiatives ensure registrants maintain a minimal level of safe, competent, and ethical practice by self-assessing their practice and enhancing practice where needed for the continuous provision of quality professional services. The College

is required to monitor the quality of registrants' practice and intervene when practice is below standard. These initiatives are discussed further in Chapter 3. Quality Assurance.

- **Professional Conduct and Complaints**

The CDBC is empowered to establish standards of professional conduct and to oversee the practice of its registrants. Under section 16(2)(f) of the HPA and the Dietitians Regulation the College is required to establish a Patient Relations Program “to seek to prevent professional misconduct of a sexual nature.” [“Where’s the Line? Professional Boundaries in a Therapeutic Relationship”](#) meets this requirement and is a valuable resource for registrants.

If the CDBC receives notice that a registrant is accused of contravening the HPA, Dietitians Regulation (including the Patient Relations Program) or CDBC Bylaws (including the Code of Ethics and Standards of Practice), the registrant becomes the subject of a complaint. In accordance with the HPA, the College ensures public protection through:

- standardized complaint investigation processes,
- remedial undertakings and/or consent agreements,
- discipline hearings, and
- potential suspension of registration.

More information on the College’s Patient Relations Program and a detailed explanation of the complaint resolution process may be found in Chapter 4, Professional Conduct.

- **Information and Privacy Legislation**

The College has a responsibility to keep registrants informed of changes to regulation or other issues that impact practice. To meet these responsibilities, it is imperative that CDBC maintain accurate, current information about each registrant listed in the Register.

According to section 56 of the [CDBC bylaws](#), registrants must advise the College of any changes to any information they give the College, including any change to their name, home or work address, email address, employer or practice information. Name changes must be accompanied by appropriate supporting documentation that may be mailed or faxed to the College.

Most updates can be completed electronically within the registrant’s CDBC online account on the CDBC website and through direct contact with CDBC staff. The majority of communication from the CDBC to registrants is via email, so maintaining a current email address with the College is essential.

The College also has a responsibility to keep registrant information and College registrant files secure in accordance with federal legislation - the *Freedom of Information and Protection of Privacy Act* ([FIPPA](#)). The FIPPA is public sector privacy legislation and, in addition to regulatory bodies, affects hospitals and health authorities.

- **Requirements of Registrants**

A College legislated under the HPA must require its registrants to perform certain functions. According to sections 16(2)(f) and (i), this includes requiring registrants “to provide to an individual access to the individual's health care records” and “to inform

individuals of their rights under this Act and the *Freedom of Information and Protection of Privacy Act*”.

To help registrants meet these requirements the College develops and publishes policies and guidelines on specific topics. An example of a policy that the College developed to help registrants meet the requirement to “inform” is based on a statement in the CDBC Code of Ethics: dietitians must obtain consent before providing dietetic services. The Quality Assurance Committee developed a policy entitled “[Consent to Nutrition Care](#)” to establish the College’s standards on what it means to obtain informed consent.

The College also published a [Privacy Guide](#) to help registrants ensure that “*the collection, use, disclosure and disposal of personal information occurs in accordance with the pertinent Acts (Freedom of Information and Protection of Privacy Act in the public sector; Personal Information Protection and Electronic Documents Act (PIPEDA or PIPED Act in the private sector)*” in section 74 of the CDBC bylaws.

Practice guidelines are intended to expand on specific scope of practice areas or Standards of Practice to enhance the delivery of dietetic services to the public. These are discussed further in Chapter 3, Quality Assurance.

- **Collaboration**

The mandate, duties and objectives of a college also include the requirement to “promote and enhance” relationships with others pertinent to the profession. The CDBC has established good relationships and is actively involved with the following groups:

- registrants – the CDBC is often invited to speak with groups of RDs or arranges liaison sessions to share information and enhance communication
- Health Regulatory Organizations of BC (BCHR) – Registrars from other colleges established under the HPA meet every second month to discuss common issues and inter-disciplinary practice matters
- individual health regulatory colleges, to discuss overlapping scopes of practice
- the provincial Ministry of Health and other pertinent ministries
- Program Director and faculty at UBC, the only accredited dietetic education program in BC, a five-year integrated academic/ practical training program
- UBC dietetic students
- the Alliance of Canadian Dietetic Regulatory Bodies is a national corporation composed of ten equal and independent members who represent the provincial dietetic regulatory authorities across Canada. Representatives are the Registrars of each College. The purpose of the Alliance is to:
 - Share information and perspectives
 - Undertake initiatives to advance dietetic regulation in Canada
 - Develop and implement competency-based assessments for registration
 - Maintain and administer the Canadian Dietetic Registration Examination (CDRE)
 - Facilitate labour mobility through the Labour Mobility Framework
 - Act as the contact point for external groups on matters related to the regulation of dietitians in Canada
- [Dietitians of Canada](#) – the professional organization for dietitians in Canada – responsibilities include being the advocate for the dietetic profession and for dietitians,

developing and delivering continuing education programs and resources, providing member services, promoting dietitians as the credible source of nutrition information

- Partnership for Dietetic Education and Practice (PDEP) a partnership of the Canadian dietetic regulators (the Alliance), the national association (Dietitians of Canada – DC) and dietetic education programs. Representatives from each group met regularly to work on projects of mutual interest such as the Integrated Competencies for Dietetic Education and Practice (ICDEP) and dietetic program accreditation (until March 31, 2022).
- Representatives from regional [health boards](#) designated under the Health Authorities Act, unions such as the Health Sciences Association ([HSA](#)) of BC and the Health Employees Association of BC ([HEABC](#)).

Note: this list is not exhaustive

⊕ CDBC Structure and Function

The organizational structure of the College is established by the roles, relationships and responsibilities defined through legislation, regulation, and bylaws. Diagrams 1 and 2 below depict the organizational structure and legislated committees that enable the CDBC to fulfill its mandate.

- **Board of Directors**

The CDBC is governed by a Board of Directors that has the responsibility to ensure the College meets its mandate of public protection. The Board consists of six elected Registered Dietitians and at least three members of the public appointed by the Minister of Health. The Board hires the Registrar to manage the work of the College. The Registrar is responsible for the following College staff: Deputy Registrar, Manager of Registration and Communication, Practice Advisor, and Executive Assistant & Registration Coordinator (Diagram 1). The Registrar obtains additional support as needed for administrative, financial, and legal functions. Consultants are hired for project work.

- **Committees**

The HPA requires that specific legislated committees be in place (Diagram 2). It also requires that one-third of the committees' members be public members. They ensure that CDBC processes are open and transparent, that there is accountability for decision making, and that decisions made are in the public interest. The RD members of the College committees are elected or appointed registrants.

Diagram 1: Board Structure and Supports

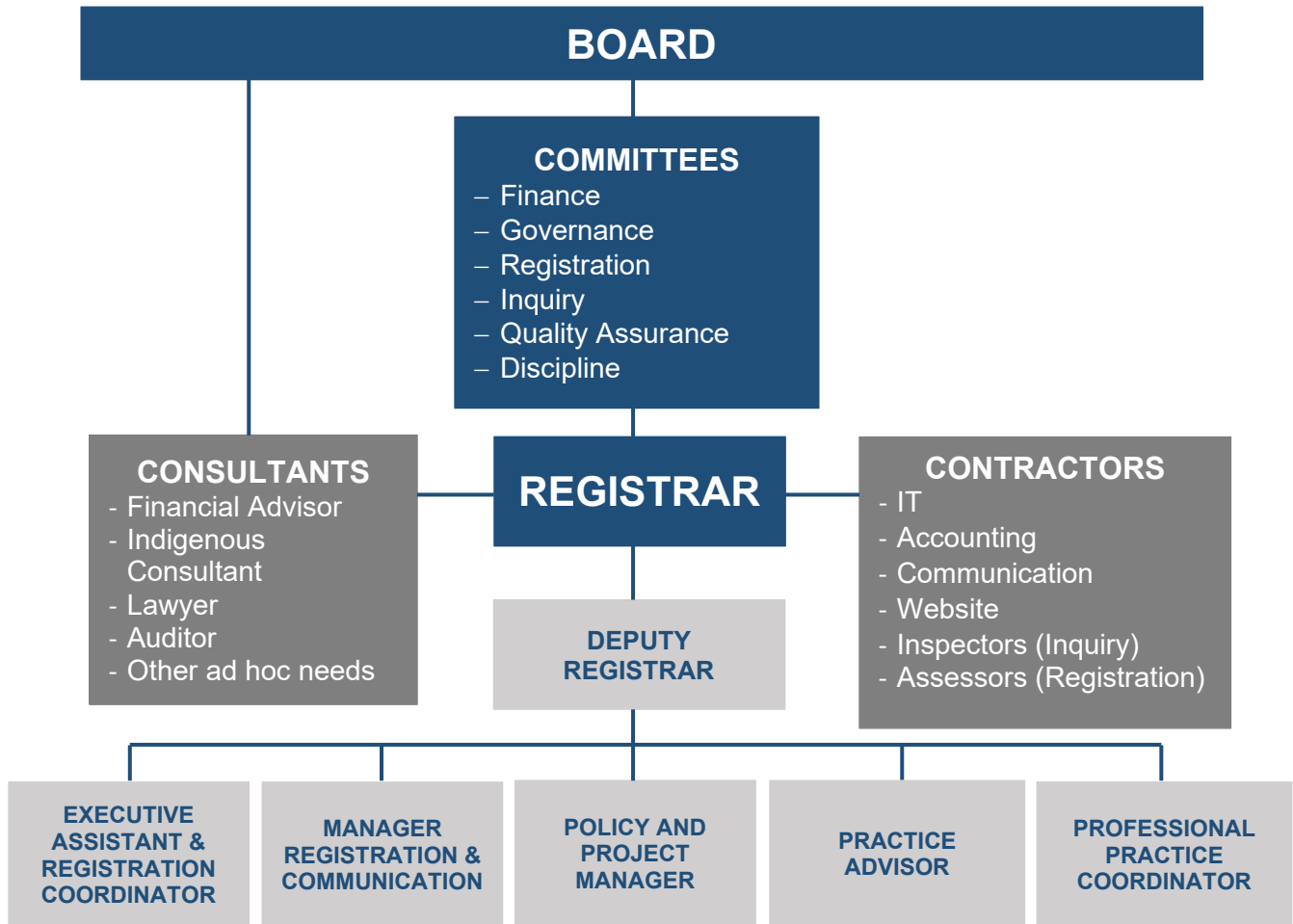


Diagram 2: Legislated Committees of the CDBC

Registration Committee	Quality Assurance Committee	Inquiry Committee	Discipline Committee	Finance Committee	Governance Committee
Responsible for all aspects of registration, including Restricted Activities, reinstatement, Canadian Dietetic Registration Examination, labour mobility, and Criminal Record Review checks.	Responsible for Code of Ethics, Standards of Practice, Patient Relations Program, CCP, JED, practice advisory and other policies and guidelines to support safe, competent and ethical practice.	Investigates complaints against registrants according to the <i>Health Professions Act</i> , Dietitians Regulation and CDBC bylaws. Provides information to the public on the complaint process, and provides education to registrants about complaints prevention and resolution.	Conducts hearings into matters referred by the Inquiry Committee or Quality Assurance Committee, according to the <i>Health Professions Act</i> , Dietitians Regulation and CDBC bylaws.	Provides assistance to the Board of Directors in fulfilling its oversight responsibilities in the financial management of the CDBC.	Supports evaluation of (1) the Board of Director’s performance relative to standards and criteria set by the Board, and (2) the Registrar’s performance relative to the job description and the Board’s strategic goals.

6. CDBC Register

The [Register](#) of the CDBC is a public document. In accordance with Section 22 of the *Health Professions Act*, a member of the public has the right to obtain specific information for any registrant. Only under specific circumstances can the Registrar refuse access to this information if requested by a member of the public.

The public information about registrants that colleges regulated under the HPA are required to publish includes:

- the registrant's full name
- the registrant's registration number
- any limits or conditions on registration
- the current and past status of a registrant's registration, i.e. active, suspended or cancelled
- the registrant's authorization to provide restricted activities
- whether or not a discipline hearing is scheduled with respect to the registrant, and
- any disciplinary action pertaining to a registrant.

Regulated registrants on the CDBC Register (the list of [Registered Dietitians](#) or the Public Register are eligible to use the reserved title of Dietitian or Registered Dietitian and the initials RD, and to include these designations in their professional signature. The title Registered Dietitian, Dietitian or RD assures the public, clients, colleagues and employers that the individual is fully qualified as a registrant under the CDBC and that an individual:

- has completed the appropriate academic and practical training studies,
- passed all required examinations,
- has the required knowledge and skills to practice safely, ethically and competently,
- is registered with the College, and
- is legally able to practice their profession in BC.



KEY PRACTICE POINT

Each RD is responsible for ensuring the CDBC has accurate and current information for his/her registrant file.

The College is responsible for ensuring that only individuals who meet all of the requirements for registration have their names on the Register. The Register is continuously updated, providing a current listing of Registered Dietitians who are authorized to practice dietetics and use the RD designation.

7. Chapter Summary

Dietetics is a regulated profession in BC. Enacted legislation allowed the College of Dietitians of BC (CDBC) to open April 1, 2004 and become the governing body for dietetic practice, for the protection of the BC public.

The *Health Professions Act* regulates all health professions in BC including dietetics. Section 16 of the Act establishes the public protection mandate of the CDBC and states specific duties and

objectives of the College. These are further detailed in the Dietitians Regulation, the CDBC bylaws and College standards, policies, guidelines, and position statements.

The duties and objectives of the College are met by various programs, processes and initiatives including registration requirements, quality assurance initiatives, complaint resolution processes, providing information to the public, assisting registrants to comply with privacy legislation, and promoting and engaging in collaborative practice.

The competent, safe, and ethical practice of each dietitian is assured through the regulation of dietetic practice in the public's interest. Dietitians need to have a working knowledge of dietetic legislation and how the CDBC meets its legislated requirements. This knowledge enhances a dietitian's ability to practice legally to ensure public safety.

Some of the points raised in this chapter and their impact on dietetic practice will be discussed in subsequent chapters. As a member of a regulated profession created through provincial legislation, it is the responsibility of each dietitian to be aware of and knowledgeable about their specific provincial legislation and how it impacts their professional practice.

2 Chapter 2: Registration

1. Dietetic Registration in BC

Under section 16(2)(c) of the [Health Professions Act](#) (HPA), the College of Dietitians of BC (CDBC, the College) has the legislated responsibility to establish the conditions or requirements for registration of a person with the College. In meeting this responsibility, the College establishes the education and training that are required for registration and thereby entry into the profession.

⊕ Mandatory Registration to Practice in BC

Registration with the CDBC assures the public and employers that a dietitian has met the standards for academic, technical, and practical experience required for the competent, safe, and ethical practice of dietetics.

In order to practice dietetics in BC and use the reserved title “Dietitian”, registration with the CDBC is required. Registration is mandatory and registration must be renewed annually.

A registrant who becomes aware of someone practising as a dietitian who is not on the CDBC’s [Public Register](#), has a responsibility to report the person to the College. When the CDBC becomes aware of anyone practising dietetics and using the reserved title, the Registrar contacts that person, explains the requirement for registration, insists the person stop practising dietetics and offers to send the person the registration link on the website. The HPA also prohibits anyone from knowingly employing a person who is required to be registered under the HPA who is not registered.

⊕ Currency

The HPA sets out the basic process for registration with BC regulatory colleges. However, the requirements that must be met for registration with a specific regulatory college are included in the Regulation and bylaws of that specific profession.

As you learned in Chapter 1, registration requirements for the profession of dietetics in BC are set out in the Dietitians Regulation and CDBC bylaws. In all cases, candidates for initial CDBC registration must provide proof that they have obtained dietetic education and training approved by the Board within the last three years, or proof that the candidate has been actively practicing dietetics within the past three years. If candidates are not current, they may be required to upgrade their academic and/or practical training. The routes of entry are described in section 2.



KEY PRACTICE POINT

It is the responsibility of the candidates to ensure they meet the registration requirements of the dietetic regulatory body in each and every province in which they work, prior to practicing in that province.

2. Classes of Registration, Requirements and Reserved Titles

Three [classes of registration](#) are currently available to CDBC applicants, plus one for provincial emergencies such as natural disasters and pandemics.

⊕ Full Registration

Individuals who meet all the criteria in the CDBC bylaws for Full registration are eligible for registration in this class. On the College Register, these registrants are identified as Full Registrants and have the legal right to use the reserved title of “Dietitian”, and by extension, “Registered Dietitian” and the initials “RD”.

Full Registration requirements are stated in section 43(1) of the CDBC [bylaws](#) and is available to applicants who have met the following criteria:

- **Academic requirement**

Evidence of graduation from an academic program in dietetics approved by the Board and listed in Schedule C of the bylaws.

The list of dietetic academic programs in Schedule C of the bylaws includes:

- combined undergraduate degree and practicum programs
- undergraduate “academic only” degrees and programs
- combined graduate degree and practicum programs, and
- master and doctorate “academic only” degrees and programs.

The undergraduate, master or doctorate degree must have a focus in food, nutrition or dietetics and include all dietetic academic requirements to meet the [Integrated Competencies for Dietetic Education and Practice](#) (ICDEP).

Evidence required includes an official copy of the applicant’s graduation transcript as well as any transcripts from education programs where course credits were granted towards the applicant’s dietetic degree.

- **Practical training requirement**

Evidence of successful completion of a program of practical training approved by the Board.

Some undergraduate dietetic education programs are “combined” programs – the academic and practicum requirements are integrated. Graduation from a “combined” program indicates completion of a full practicum program of approximately 40 weeks.

Applicants who earn a master or doctorate “academic only” degree may meet the practical training requirement by successfully completing a full post-graduate practicum program (listed in Schedule C of the CDBC bylaws) or by demonstrating successful achievement and “attestation” of all entry-to-practice competencies.

- **Examinations**

Evidence of successful completion of the examinations approved by the Board. Two examinations are required in the bylaws to be eligible for Full registration:

- **Canadian Dietetic Registration Examination ([CDRE](#))**

Candidates for registration are required to pass the registration examination approved by the College, which is the CDRE. The CDRE is a requirement for registration as a dietitian in all Canadian provinces except Quebec. It is the final step in the registration process to become a “Full” Registered Dietitian and its sole purpose is “to distinguish between competent and non-competent practitioners”. The CDRE is maintained and administered by the Alliance of Dietetic Regulatory Bodies. The examination reflects current Canadian knowledge, skills, attitudes, and judgement required to practice dietetics competently.

Information about how to apply to write the CDRE, examination fee, the application form and the CDRE Preparation Guide are available on the CDBC [website](#).

- **[Jurisprudence Examination](#)**

The [Canada Free Trade Agreement](#) (CFTA), a domestic trade agreement among Canadian provinces, territories and the federal government, was enacted on July 1, 2017 and replaced the former Agreement on Internal Trade (AIT). Chapter 7 of the agreement outlines measures to eliminate or reduce barriers to labour mobility across Canada. The CFTA states that a person registered as a professional or trade worker in one province may move to another province and become registered without any further examination except for “local jurisprudence”.

The purpose of the CDBC’s Jurisprudence Examination is to test applicants’ knowledge of dietetic practice regulation in British Columbia.

New applicants to the CDBC must pass the online Jurisprudence Examination before registering with CDBC for the first time. Current CDBC registrants are required to complete the exam every five years. The examination is offered at no charge and applicants must re-take the exam until they obtain a 100% score.

- **Good character**

Part 2, section 19(1)(m)(iii) of the [HPA](#) requires evidence of good character for registration with a college. Evidence of good character “...consistent with the responsibilities of a registrant and the standards expected of a registrant...” This requirement is linked to the Statutory Declaration described later.

- **Application form**

Receipt by the CDBC of an online application in a form approved by the Registration Committee. The [Application for Registration](#) is available on the College website and is the form approved by the Registration Committee. Instructions on how to complete the form are also available to applicants.

- **Fees**

Payment of the registration fees is specified in CDBC bylaws B. This Schedule states all fees required for registration as well as other fees the College may levy for various services.

- **Statutory Declaration**

As part of the evidence required to prove “good character”, the CDBC requires applicants to sign a Statutory Declaration affirming 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 that the applicant has not been charged with or convicted of a criminal offence. The declaration must be witnessed by a notary public.

If the applicant declares regulatory or judicial concerns, or cannot ethically sign this declaration, the application is referred to CDBC’s Registration Committee. Further information is gathered to assist the Committee’s determination as to whether the applicant is of risk to the public and eligible for registration.

Omitting or misrepresenting information to the College is a serious matter and may result in registration being refused, suspended, or cancelled. The matter may also be referred to the College’s Inquiry Committee as an ethical breach that could result in disciplinary action.

- **Criminal record check**

Under the [Criminal Records Review Act](#), individuals working with children or vulnerable adults and have unsupervised access to children or vulnerable adults must authorize a Criminal Record Check for their employer or authorized organization. This authorization is submitted to the BC Ministry of Public Safety and Solicitor General’s Criminal Records Review Program for review.

The Act helps protect children from individuals whose criminal record indicates they pose a risk of physical or sexual abuse and vulnerable adults from individuals whose record indicates they pose a risk to physical, sexual, or financial abuse.

An individual’s criminal record history is reviewed against the list of relevant or specified offences, as applicable in determining the risk that an individual may pose in a position where they have unsupervised access to children and vulnerable adults.

The *Criminal Records Review Act* was amended in January 2011, requiring all current registrants or BC health regulatory colleges to undergo a Criminal Record Re-check every five years.

Applicants and registrants are required to consent to the criminal record search and release of the search result to the CDBC to obtain registration. If a search result comes back “positive” indicating a conviction or a charge with one or more of the applicable offences, the matter is referred to the Registration Committee. As with concerns identified with the Statutory Declaration, further information is gathered so the Registration Committee can determine if the applicant or registrant is of current risk to the public. If so, registration may be denied, suspended, or cancelled.

⊕ **Temporary Registration**

Applicants who meet all the criteria in the CDBC [bylaws](#) for Full registration except successful completion of the Canadian Dietetic Registration and Jurisprudence Examinations are eligible to apply for registration in this class.

These registrants are identified as Temporary registrants on the College Register, and they have the legal right to use the title “Registered Dietitian - Temporary” and the initials “RD (T)”.

Temporary registration requirements are stated in section 45 of the CDBC [bylaws](#). A “Temporary registrant” is a registrant of the College and must comply with all legal requirements. A Temporary registrant is accountable to and responsible for their clients and the quality of the dietetic services they provide, the College, their professional peers, their employer, and their immediate supervisor.

While waiting to write the national examination or waiting for their examination results, Temporary registrants may practice as a dietitian. The Registration Committee may set terms and conditions on a Temporary registrant’s practice. Currently Temporary registrants may not supervise Full or Emergency registrants. They also may not practice as a sole and private practitioner unless they have entered into a mentorship agreement with a Full registrant and the CDBC.

Temporary registration may be renewed by the Registration Committee only once. The renewal may be for a period of up to one year.

When CDRE exam results are received, the College notifies Temporary registrants that they have passed the examination and the College transfers the registrant’s status from Temporary to Full registration on the College Register. This change in status is free and appears on the CDBC website [Public Register](#).

If a Temporary registrant fails the CDRE once, they may only keep practicing under supervision by a Full registrant. Temporary registration is revoked if a Temporary registrant fails a second time. Applicants are entitled to three examination attempts.

⊕ **Emergency Registration**

Emergency Registration is available on an emergency basis to fully qualified dietitians who may have recently resigned from the CDBC, are registered in Full in other Canadian provinces or the USA, or are dietitian members of the Canadian or USA armed forces. Emergency Registration requirements are stated in section 44 of the CDBC [bylaws](#).

These registrants are identified as Emergency registrants on the College Register and have the legal right to use the title “Dietitian - Emergency” and by extension, “Registered Dietitian - Emergency” and the initials “RD (E)”.

In an emergency situation declared by the Registrar (according to criteria set by the Board), dietitians applying for Emergency registration are required to provide evidence that they are (or recently were) registered in another jurisdiction in a category that is equivalent to full registration, not subject to any practice limitations, restrictions or conditions. Identification must be provided.

Emergency registrants may practice dietetics, including Restricted Activities, in a declared emergency. There are no restrictions on practice except that their registration period is limited to 90 days.

The Registration Committee may renew the registration of an Emergency registrant for an additional 90-day period, on request, if the Registrar’s declaration of an emergency situation continues to be in effect.

⊕ **Non-Practicing Registration**

Full registrants may apply for non-practicing registration, retain their reserved title, and remain affiliated with the CDBC, for example when they retire or change professions. Non-practicing Registration requirements are stated in section 46 of the CDBC [bylaws](#).

Along with the application form and applicable fee, registrants applying for non-practicing registration must provide a statutory declaration that they will not provide dietetic services in BC while registered under this category. Non-practicing applicants must also consent to a criminal records search.

A non-practicing registrant must not provide dietetic services in BC (including voluntary dietetic services); however, they may vote at a CDBC general meeting and serve on a CDBC committee. Non-practicing registrants are exempt from professional liability insurance, the continuing competence program, and the jurisprudence examination.

A non-practicing registrant may apply for reinstatement to full registration as long as they meet the requirements outlined for reinstating applicants (See Chapter 2, Section 7). A non-practicing registrant may use the title “Registered Dietitian – Non-Practicing” and the initials “RD (NP)”.

3. “Substantial Equivalence” to Academic and Practical Training Requirements

Section 43(3)(b) of the CDBC [bylaws](#) provides an optional registration route for applicants who do not meet the academic and practical training requirements described in section 2. The Registration Committee has the authority to determine if an applicant’s knowledge, skills, abilities, and judgment are substantially equivalent to the academic and practice competencies or other qualifications established in Schedule C. All other bylaw requirements must be met to be eligible for Full registration, including successful completion of the online Jurisprudence Examination and the Canadian Dietetic Registration Examination (CDRE).

“Substantial equivalence” to requirements is difficult to define and even more difficult to determine. “Substantial difference” may be an easier concept for Registration Committee members to consider although, when public safety is the College’s mandate, requiring “equivalence” to Canadian knowledge, skills and abilities appears to make sense. However, it is fair, transparent, and legally required to assess and recognize prior learning and experience whenever it is “substantially equivalent” to Canadian standards.

The College’s assessment process involves a knowledge and practical evaluation designed to identify an applicant’s knowledge and skills relative to dietetic competencies. Applicants who have completed their academic and practical training outside of Canada are required to participate in the Assessment for Substantial Equivalence.

1. Knowledge Assessment (KA): applicants test their competence through a scored multiple-choice exam, blue-printed to the Canadian Integrated Competencies for Dietetic Education and Practice ([ICDEP](#)).

2. Practical Assessment Interview (PAI): applicants complete a verbal case-based exam to assess their practical competence. Applicant responses are evaluated by a panel of at least two dietitians.

The resulting reports are reviewed by the Registration Committee and, if the applicant meets pre-determined competence levels, the Committee approves the applicant's continued process with a Self-Directed Learning Plan (SDL) and the completion of academic and practicum upgrading.

4. Restricted Activities

As mentioned in Chapter 1, restricted activities are services within a profession's scope of practice that carry a higher risk of harm than the profession's general scope of practice.

One or more professions can have the competence necessary to perform the same restricted activity. The term "restricted" means that only competent healthcare professionals may perform these activities, and that they are "restricted" to named professions. Aspects of the [CDBC Restricted Activities](#) overlap with the scope of practice of nurses, pharmacists and physicians. They are a key public protection mechanism.

⊕ Restricted Activities for RDs

The College is responsible for regulating the safe performance of restricted activities, including authorizing RDs who demonstrate competence and verifying applications to practice 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 for tracking trends in dietetic practice that could impact or necessitate changes in the restricted activities provided by registrants.

The [Dietitians Regulation](#) states: "No person other than a registrant who meets the additional qualifications set out in the bylaws of the college may:

- (a) design, compound or dispense therapeutic diets if nutrition is administered through enteral means,
- (b) design therapeutic diets if nutrition is administered through parenteral means, or
- (c) administer a substance to a person by instillation through enteral or parenteral means."

Where:

"design" means the selection of appropriate products or ingredients for parenteral or enteral nutrition

"compound" means to mix ingredients for enteral nutrition

"dispense" means to fill a prescription for enteral nutrition, and

"administer" means to physically deliver enteral or parenteral nutrition by instillation.

Refer to the College's [Interpretive Guide on Restricted Activities](#) for further clarification and examples of practice.

Dietitians who perform these restricted activities typically work in acute and residential care, in-patient, out-patient, home care and rehabilitation settings.

Note: Dietetic students are not registrants. Students require supervision that is tailored to their level of knowledge and abilities when practicing dietetics, including restricted activities



KEY PRACTICE POINT

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



Registration

Registrants have a responsibility to know which activities are restricted in the Dietitians Regulation and to renew registration with [Restricted Activities](#) annually.

Based on the context of their practice and the requirements of their workplace, new and returning dietitians need to determine, on an annual basis, if they need to register with restricted activities or not. Registrants applying to practice restricted activities for the first time need to legally declare that they are competent and safe to do so. Registrants are responsible for maintaining ongoing competence for the Restricted Activities they are authorized to perform through the annual online Continuing Competence Program ([CCP](#)).



KEY PRACTICE POINT

Dietitians are responsible to know which activities are restricted by the College; they need to be able to identify when restricted activities are required and be registered with them prior to performing them.



Performance of Restricted Activities by Non-regulated Healthcare Workers

Some parts of restricted activities may be performed by non-regulated healthcare workers, such as healthcare aides or food service workers. A dietitian registered with Restricted Activity A (design, compound and dispense enteral nutrition) designs an enteral diet but does not usually compound or dispense the enteral product. It is common for the dietitian to have these parts of the restricted activity performed by non-regulated personnel on-site. The dietitian is responsible for confirming the health care aide is competent to perform these services, but is not responsible for the health care aide's actions after confirming competence. The aide's supervisor retains responsibility for activities performed by non-regulated health care workers (unless the RD also happens to be the non-regulated employee's supervisor).

5. Registration Certificate

Full Registrants are issued a registration certificate on card stock suitable for framing. Annual registration certificates and tax receipts are available annually, through the registrant's online account on the website, after annual registration fees are paid.

In BC, the registration certificate is a license to practice dietetics and use the reserved title of “Dietitian”. An individual cannot practice or use title without a current registration certificate. Registration fees are tax deductible.

The registration certificate is signed by the Chair of the Board of Directors and the Registrar and states:

- the name of the College
- the fact that the registrant has met the qualifications as outlined in the College bylaws, pursuant to the HPA
- the registrant’s name
- the registrant’s class of registration
- restricted activities the registrant is registered with
- any conditions or limits on practice, and
- the date the registration is effective.

Employers have the responsibility of ensuring that dietitians on their staff are registered. According to section 21(2) of the HPA, the CDBC Registrar has the responsibility to maintain a register with information about dietitians in BC, available to the public:

- RD name, whether the dietitian is a registrant or a former registrant
- RD business address and telephone number
- Registration class, restricted activities, any limits, and conditions
- Notation of each cancellation or suspension of registration
- Any additional information required under the regulations of the Ministry of Health or the bylaws of the College.



KEY PRACTICE POINT

An individual cannot practice or use the protected title of “Dietitian” without a current registration certificate.

6. Registration Renewal – Annually by March 31

The registration of all Full, Temporary and Non-Practicing Dietitians expires every year on March 31 regardless of when the dietitian first registered with the College.



Renewal Notice

Registrants receive an initial email notice well prior to March 31st and several reminders before the March 31 deadline.

Registration renewal takes place online through the CDBC website. Registrants sign into their online CDBC account to renew their registration. [Fees](#) are paid by credit card, through a secure third-party payment link.

When renewing registration through the website, registrants are asked to review and update their personal and employment contact information. This information is important to the College and is used statistically to determine demographic profiles and workplace trends.

The CDBC bylaws (section 56) requires registrants to keep their contact information with the College up to date. By doing so, registrants automatically receive all College publications and notices, including renewal notices.

⊕ **Non-renewal by March 31**

If registration is not renewed by March 31, an individual's registration is automatically revoked, and the registrant cannot practice or use the reserved title "Dietitian". Former registrants are then entitled to "Reinstatement for Non-Payment of Fees" from April 1 to May 31, where a late penalty fee is applicable to reinstate the former registrant as if they had not resigned.



KEY PRACTICE POINT

Dietitians are responsible for renewing their registration by March 31 each year. Failure to do so will result in the automatic suspension of the individual's registration. Registrants without valid registration cannot legally practice dietetics or use the title "Dietitian".

⊕ **Resigning from the CDBC**

Registrants who no longer practice dietetics or no longer wish to maintain their registration status are removed from the Register. These registrants may [resign in good standing](#) by selecting "Not Renewing" in their online account prior to March 31. Registrants must complete any pending registration requirement to be "removed in good standing". Registrants who resign may no longer practice dietetics or use the reserved title of "Dietitian".

Registrants who resign from the College and wish to be reinstated to the Register at a future date must meet all registration criteria in place at the time of their application, including examinations and current practice requirements.

7. Reinstatement to the Register

According to the HPA and CDBC Bylaws, registrants who fail to renew registration by March 31st may be reinstated to the Register in the following circumstances:

⊕ **Reinstatement for Non-Payment of Fees**

A former registrant who renews registration within two months of the March 31 deadline may apply for Reinstatement for Non-Payment of Fees (late renewal) if they apply between April 1 and May 31 and pay a penalty fee in addition to the annual registration renewal fee.

⊕ **Reinstatement Within Three Years**

A former registrant whose registration has been expired for more than 2 months and less than three years may be [reinstated](#) if the former registrant meets the following criteria:

- was in good standing upon expiry of previous registration
- is not in contravention of the HPA, Dietitians Regulation, or College bylaws, and
- submits the required documentation and fees to the Registrar, including:
 - reinstatement application form
 - authorization for a criminal record check
 - jurisprudence examination, if applicable
 - quality assurance program documentation
 - proof of professional liability insurance
 - evidence of good character and,
 - application for restricted activities, if applicable.

⊕ **Reinstatement Within Six Years**

A former registrant, whose registration has been expired for less than six years, may be reinstated if the former registrant meets the following criteria:

- was in good standing upon expiry of previous registration
- is not in contravention of the HPA, Dietitians Regulation, or College bylaws
- successfully completes the required examinations (CDRE and Jurisprudence) and,
- submits the required documentation and fees to the Registrar, including:
 - reinstatement application form
 - authorization for a criminal record check
 - proof of professional liability insurance
 - evidence of good character and,
 - application for restricted activities, if applicable.

⊕ **Reinstatement After More than Six Years**

A former registrant, whose registration has been expired for more than six years, may be reinstated if the former registrant meets the following criteria:

- was in good standing upon expiry of previous registration
- is not in contravention of the HPA, Dietitians Regulation, or College bylaws
- submits the required documentation for an assessment of competence (knowledge, skills, abilities, judgment) and currency to practice dietetics
- completes any academic and practical training required by the Registration Committee following the assessment
- successfully completes the required examinations (CDRE and Jurisprudence) and,
- submits the required documentation and fees to the Registrar, including:
 - reinstatement application form
 - application for assessment form
 - authorization for a criminal record check
 - proof of professional liability insurance
 - evidence of good character and,

- application for restricted activities, if applicable.

⊕ **Reinstatement Following Disciplinary Action**

A former registrant who was not in good standing upon cancellation of their previous registration due to disciplinary action may be reinstated if the applicant meets the following criteria:

- is not in contravention of the HPA, Dietitians Regulation, or College Bylaws
- successfully completes the required examinations (CDRE and Jurisprudence), and
- submits the required documentation and fees to the Registrar, including:
 - reinstatement application form
 - authorization for a criminal record check
 - proof of professional liability insurance
 - evidence of good character
 - application for restricted activities, if applicable
 - evidence that reinstatement of the applicant's registration will not pose an undue risk to public health or safety and,
 - any other fee, debt or levy owed to the college under the *Act*, Regulation, or bylaws.

8. Practicing in Another Jurisdiction

⊕ **Canada Free Trade Agreement & Labour Mobility**

The [Canada Free Trade Agreement](#) (CFTA), a domestic trade agreement among Canadian provinces, territories and the federal government, was enacted on July 1, 2017 and replaced the former Agreement on Internal Trade (AIT). Chapter 7 of the agreement outlines measures to eliminate or reduce barriers to labour mobility across Canada. The CFTA states that a person registered as a professional or trade worker in one province may move to another province and become registered without any further examination except for “local jurisprudence”.

Under the CFTA, registrants may move from one province to another and practice dietetics, based on:

- verification that the individual is registered in good standing in their “sending” jurisdiction
- completion of the “receiving jurisdiction’s” registration application form and payment of fees
- completion of any specific provincial registration requirements, such as a criminal record check and a jurisprudence examination that is unique to the “receiving” province, if available, and
- declaration of good character.

⊕ **Virtual Dietetic Practice in Canada**

Although the regulation of dietitians across Canada is quite consistent, health care is provincially regulated and each province has specific requirements for registering dietitians.

Dietitians practicing across provincial borders must be aware of and abide by the registration requirements in the province where the client resides.

Health professionals may practice virtually to clients located remotely via telephone, videoconferencing, email, etc. The dietitian and client may both reside in BC or one may reside in BC and another reside in a different province, state, or country, i.e. another regulatory jurisdiction. Although no provincial regulatory body in Canada prohibits virtual dietetic practice, they may identify requirements and standards specific to virtual dietetic practice.

In collaboration with the Alliance of Canadian Dietetic Regulatory Bodies, the CDBC developed a policy on virtual dietetic practice, including a summary table describing provincial registration requirements for cross-jurisdictional virtual dietetic practice. The CDBC Quality Assurance Committee developed [Virtual Dietetic Practice guidelines](#) to help registrants understand expectations for competent, safe and ethical virtual practice.

9. Professional Liability Insurance

Professional [liability insurance](#) also referred to as “errors and omissions” or “malpractice” insurance refers to insurance that covers errors, omissions or negligence that could occur as a health professional practices. The intent of this requirement is to protect the public – to ensure that a BC citizen has financial recourse if damages occur because of an RD’s practice.

In past years, there has been a dramatic increase in litigation against professionals in Canada. Section 57 of the CDBC [bylaws](#) requires that all practicing registrants carry professional liability insurance in an amount of not less than 2 million dollars per occurrence. CDBC registrants sign a legal declaration stating they have liability insurance, which is submitted with their initial registration application or as part of the registration renewal process.

Most dietitians work in organizations where they have professional liability insurance coverage through their employer. However, it may be prudent for dietitians to obtain private liability insurance coverage in addition to their employer’s coverage. Liability insurance may be obtained through employers/ Health Authorities, Dietitians of Canada, Sheppard Insurance Services Inc., or other private insurance providers.



KEY PRACTICE POINT

Dietitians practicing in BC must carry \$2 million liability insurance per occurrence. Registrants should re-evaluate their need to purchase insurance as their employment status changes.

Some points to consider when deciding to purchase private liability insurance to supplement your employer’s insurance are:

1. All of the activities performed by the RD while working may not be covered by an employer’s insurance policy. If an employer argues that damages caused or contributed by a dietitian were outside the course of employment, the RD may be liable for legal fees to argue his/her actions and may not be covered under the employer’s insurance policy.
2. Insurance policies provided by an employer may not always cover expenses such as paying for legal defense in professional disciplinary matters, paying for representation at coroner’s inquests, or providing coverage for financial penalties such as fines and cost awards at disciplinary hearings.

3. If an employer's insurance company pays out on claims made against a RD, the insurance company may sue the RD personally to recoup their losses.
4. An employer's insurance policy may require the dietitian contribute to compensation for the harm he/she may have caused.
5. A dietitian's personal insurance policy may provide more extensive coverage, above and beyond negligence claims, that may be included in an employer's insurance policy.

10. Chapter Summary

Under the HPA, the CDBC is responsible to establish, maintain and enforce standards for registration of dietitians in BC. Dietitians must register with the CDBC to practise dietetics and use the title "Dietitian" in British Columbia. The registration certificate is a license to practice dietetics, including the specified restricted activities, and use the reserved titles of the College.

An individual may not practice or use the protected titles of the College without first being registered with the College. Each dietitian in BC has a responsibility to ensure that the College has accurate and current information for his/her registrant file.

Health care is provincially regulated and each province has specific requirements for registering dietitians. RDs must be registered in the province where they are working and ensure they meet the registration requirements of their dietetic regulatory organization.

According to section 57 of the CDBC bylaws, dietitians must purchase professional liability insurance in an amount of not less than 2 million dollars per occurrence, annually. Liability insurance can be obtained through employers, Health Authorities, Dietitians of Canada, or other private insurance providers.

3 Chapter 3: Quality Assurance

1. Public Protection: Core Mandate of the CDBC

Public protection is the primary mandate of the [Health Professions Act](#) (HPA). The government has given the College and its registrants the mandate to govern the professional practice of dietitians in the public interest, by ensuring that dietitians meet requirements necessary for competent, safe, and ethical dietetic practice.

The government holds regulatory colleges to a very high standard. Among other requirements, the HPA states that regulatory colleges must “establish”, “employ”, “administer”, “monitor” and “enforce” standards for the public’s protection.

This chapter focuses on the College’s quality assurance programs and initiatives. Of key importance are the Code of Ethics and Standards of Practice, and the College’s [Quality Assurance](#) and [Continuing Competence Programs](#). You’ll also be introduced to documents and communication pieces published by the College to help registrants maintain quality practice and enhance their practice.

2. Performance Expectations

All health professions legislated under the HPA have a legal requirement to uphold the mandate of public protection. One of the requirements under the HPA is for colleges to “...establish, monitor and enforce...” standards of practice and standards of professional ethics. The CDBC has established these standards, educate registrants about them in several different ways, monitor registrants’ compliance and enforce adherence to the standards.

The [Standards of Practice](#) and [Code of Ethics](#) are two parts of a single concept that describes the performance expectations of dietitians. The Standards of Practice define the process and procedures for the competent and safe practice of dietetics while the Code of Ethics defines a dietitian’s behaviour while practising.

⊕ Code of Ethics

Section 16(2)(g) of the *Health Professions Act* requires a college “to establish, monitor and enforce standards of professional ethics amongst registrants.”

Ethical conduct is an integral part of the legal framework for dietetic practice in BC. The Code of Ethics is a set of five standards that state the values, behaviours, and responsibilities that guide interactions and fair decision-making in any professional situation and work environment..

The Code of Ethics is the College’s statement of expected ethical conduct of registrants. The ethical standards were developed collaboratively by the College of Dietitians of British Columbia, the Saskatchewan College of Dietitians, the College of Dietitians of Manitoba, the Nova Scotia College of Dietitians and Nutritionists, the New Brunswick Dietitians Association, and the College of Dietitians of Newfoundland and Labrador, and in consultation with the public and registrants.

They are established by the College's Board on the Quality Assurance Committee's recommendation, and are primarily monitored and enforced through the Complaint Resolution Process, described in Chapter 4. If the College receives a complaint about a registrant's conduct, the Code of Ethics is the benchmark used to assess the registrant's conduct during the investigation of the complaint.

The Code of Ethics is also used by:

- dietitians, to reflect on their practice,
- the public, to understand RDs' ethical responsibility and accountability, and
- dietetic educators, during the academic and practicum education of students.

Registrants are accountable for practicing in accordance with the Code of Ethics, regardless of role, practice area or practice setting. Dietitians are expected to be familiar and comfortable with the ethical standards and how they apply them in their practice setting.



KEY PRACTICE POINT

All dietitians are accountable for practicing in accordance with the Code of Ethics regardless of their role, practice area or setting.

⊕ Ethical Standards

The College's [Code of Ethics](#) is comprised of five standards. Each ethical standard has several descriptors that further define expected behaviour. The standards state minimally acceptable levels of behaviour expected of RDs while they practice dietetics:

1. Provide Services in the Best Interest of Clients.
2. Communicate Effectively.
3. Collaborate Effectively.
4. Practice Safely and Competently.
5. Be Honest and Responsible.

• Ethical Problems

Dietitians may, from time to time, encounter ethical problems. These situations tend to fall into three categories:

- **Ethical violations** are neglected ethical standards, such as disrespectful communication to a client.

Ethical violations can be avoided by complying with the Code of Ethics. When a particular course of action is mandated by an ethical standard, the expected professional conduct is clear.

- **Ethical dilemmas** arise when two different courses of action may be supported by ethical reasons but neither option satisfies both sides of the dilemma.

Ethical dilemmas are usually situation-specific. Resolution may not be clear and may

depend on the importance of the opposing standards, and two Registered Dietitians or other health professionals may disagree on the best outcome. The Code of Ethics is able to provide a basis for discussion to explore options and assist decision-making.

A dietitian must exercise judgment, critical thinking and trust their instinct when working through an ethical dilemma.

- **Ethical distress** occurs when there are constraints or limitations on a dietitian's practice that causes them to feel powerless. The situation compromises the dietitian's ability to practice in compliance with professional regulations. This could occur when a dietitian is ethically obliged to provide a particular service to a client despite their personal disagreement with the service provision.

The Code of Ethics cannot prevent or resolve ethical distress, but it may help dietitians to weigh and consider their responsibilities in a particular situation.

- **Ethical Problem-solving**

The Code of Ethics is supported by an [Interpretive Guide](#) and as the name suggests includes interpretations, resources, reflection questions, and practice examples that support ethical problem-solving. Ethical problems can require careful and thorough analysis and the guide is intended to help registrants work through each one. In addition to talking to colleagues, College staff is available to help determine the best ethical course of action.

Different people approach ethical problems in different ways, resulting at times in different reasonable outcomes. If questioned, a dietitian needs to be able to explain the process used to reach their decision and reasons why.

⊕ Standards of Practice

[Standards of Practice](#) play a key role in outlining requirements for the safe and competent practice of health professionals are an integral part of the legal and ethical framework for professional practice in BC.

All Registered Dietitians have a professional commitment to the health and well-being of their clients. The CDBC's Standards of Practice outline the minimum requirements expected of practicing Registered Dietitians for the public's protection.

As self-regulated, autonomous professionals, each registrant of the College is accountable for practicing in accordance with the Standards of Practice, regardless of role, practice area or practice setting.

The Standards of Practice were established under the authority and as a requirement of the HPA, section 16(2)(d) which states that "It is the duty of a college at all times... to establish, monitor and enforce standards of practice to enhance the quality of practice and reduce incompetent, impaired or unethical practice amongst registrants."

In 2013, the Integrated Competencies for Dietetic Education and Practice (ICDEP) were adopted as the foundation of dietetic education, entry-to-practice registration and as the basis for the blueprint of the Canadian Dietetic Registration Examination (CDRE).

Soon after, the ICDEP were incorporated into new standards for the accreditation of dietetic education programs. The ICDEP were revised in 2020 and were implemented in dietetic education, practice, and regulatory processes in 2023.

The CDBC Board approved new Standards of Practice in February 2016 and they were incorporated into the College's updated Continuing Competence Program. The Board revised this document in November 2019, November 2020, and again in June 2023.

While the Standards of Practice provide an overview of the responsibilities of dietitians, they complement the more detailed information that is found in the Indigenous Cultural Safety, Humility and Anti-racism Practice Standard, Standards of Record Keeping and Marketing Standards. As a registrant, it is important to follow these practices to deliver safe, effective, and competent dietetic services.

Standards of Practice support registration and licensure decisions (professional conduct and competence) and are an integral part of quality dietetic practice. The Standards of Practice apply to all areas of dietetic practice – clinical, community, food service administration, organizational management, education, private practice, business, and research.



KEY PRACTICE POINT

All dietitians are accountable for practicing in accordance with the Standards of Practice regardless of their role, practice area or setting.

They may also be used by:

- dietetic students and educators, as a resource for discussion and evaluation,
- new Temporary Registrants, to identify standards for practice expected of Registered Dietitians,
- Full Registered Dietitians, as a basis for self-assessment and professional development planning under the [Continuing Competence Program](#),
- other health professionals and members of the public, to identify the standards of practice expected of Registered Dietitians, and
- managers and human resources specialists to improve hiring and retaining of Registered Dietitians.

- **Standards, Indicators and Outcomes**

There are three elements to the practice expectations:

- **Standards** are broad statements of competence. They state minimal levels of competent, safe, and ethical dietetic practice.
- **Indicators** define and describe specific behaviours necessary to meet the Standard. Indicators reflect SMART principles - Specific, Measurable, Achievable, Relevant and Timely.
- **Practice outcomes** state the outcome that will result when the Standards and Indicators are met.

Interpretation and application of the Standards of Practice require individual judgment and thoughtful application to the unique area of practice or circumstance. Indicators and practice

outcomes provide Dietitians with specific descriptors of skills, knowledge, attitude, and judgement necessary to meet the Standard. The Indicators and Outcomes are not part of the bylaws and are reviewed and revised regularly by CDBC's Quality Assurance Committee to ensure they reflect current dietetic practice. The Standards are presented by topic rather than in order of importance.

- **Professional and Ethical Practice**

- A Dietitian practices dietetics in compliance with legislation and organizational requirements.
- A Dietitian practices within the dietetic scope of practice.
- A Dietitian maintains competence in their practice area.
- A Dietitian acts ethically in their professional interactions and while providing professional services.
- A Dietitian practices in compliance with privacy legislation.
- A Dietitian provides information and obtains informed consent prior to the provision of professional services.
- A Dietitian maintains professional boundaries at all times.
- A Dietitian identifies and manages any real, perceived, or potential conflict of interest.

- **Communication and Collaboration**

- A Dietitian communicates in a clear, concise, and respectful manner.
- A Dietitian contributes to the provision of quality professional services as a member of the client's interprofessional team.
- A Dietitian provides professional services concurrently with another provider from the same or a different profession only when the concurrent provision of services is beneficial to the client.

- **Client-centered Services**

- A Dietitian provides quality professional services that reflect the unique needs, goals, values, and circumstances of the client.
- A Dietitian seeks information and incorporates an evidence-informed approach to their practice.
- A Dietitian uses critical thinking to obtain assessment data, determine practice problems, plan, implement and evaluate professional services.
- A Dietitian maintains clear and accurate records that document communications and the provision of professional services.

- **Leadership, Organization & Service Delivery**

- A Dietitian leads and organizes effective and timely delivery of services.
- A Dietitian who promotes their own or organizational services through media communicates in a professional and accurate manner.



Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard

Indigenous-specific racism and stereotyping can have a negative impact on individuals, leading to discrimination and reduced access to healthcare services by Indigenous Peoples due to an unwelcoming environment and mistrust. This can cause poor outcomes, including higher suicide rates, higher stress, reduced life expectancy, increased rates of chronic disease, and higher infant mortality.

As healthcare professionals, it is important to provide inclusive and equitable healthcare services to Indigenous peoples, to allow for a safe healthcare experience. To achieve culturally safe healthcare outcomes, dietitians need to engage with Indigenous peoples through self-reflection and building knowledge through education. Engaging with Indigenous peoples from the standpoint of cultural humility allows healthcare professionals to create a safe and respectful environment as per the [FNHA's Policy Statement on Cultural Safety and Humility](#).

This Standard is adopted to address healthcare disparities and foster a culturally safe healthcare environment. The Standard is organized into six core concepts and provides clear expectations on how college registrants can provide culturally safe and anti-racist care for Indigenous clients. While the Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard is new for registrants, its concepts align with the current CDBC Standards of Practice.

1. Self-reflective practice (it starts with me)

- Cultural humility begins with a self-examination of the health professional's values, assumptions, beliefs, and privileges embedded in their own knowledge and practice, and consideration of how this may impact the therapeutic relationship with Indigenous clients.

2. Building knowledge through education

- Health professionals continually seek to improve their ability to provide culturally safe care for Indigenous clients.

3. Anti-racist practice (taking action)

- Health professionals take active steps to identify, address, prevent, and eliminate Indigenous-specific racism.

4. Creating safe health care experiences

- Health professionals facilitate safe health care experiences where Indigenous clients' physical, mental/emotional, spiritual, and cultural needs can be met.

5. Person-led care (relational care)

- Health professionals work collaboratively with Indigenous clients to meet the client's health and wellness goals.

6. Strengths-based and trauma-informed practice (looking below the surface)

- Health professionals have knowledge about different types of traumas and their impact on Indigenous clients, including how intergenerational and historical trauma affects many Indigenous Peoples during health care experiences. Health professionals focus on the resilience and strength the client brings to the health care encounter.

Building awareness and integrating cultural safety and humility into healthcare practices is the responsibility of the registrants as it allows for the creation of safe healthcare experiences. More information can be found in the CDBC Indigenous Cultural Safety and Anti-racism Practice Standard on the [Quality Assurance Page](#).

⊕ Standards of Record Keeping

Record keeping allows registrants to apply their analytical skills and professional judgment in an evidence-informed, accountable, and client-centered manner, allowing registrants to explain the rationale behind their decisions when providing clients with care.

Organizing records thoroughly and systematically allows registrants to provide continuity of care when their client sees other healthcare professionals. This ensures that registrants are compliant with legislation and protects the privacy and confidentiality of the client's personal health information.

CDBC has Standards of Record Keeping, enhancing client-centered care and continuity of care with other healthcare professionals. In addition, accurate record-keeping minimizes the risk of practice error while supporting compliance with required behaviors and performance expectations. If needed, it also helps guide CDBC inquiry and discipline committees when ensuring competence and professional conduct in record keeping decisions.

The Standards for Record Keeping are not only related to the health records of individual clients but also applies to other records in the work setting. As each practice is unique, the Standards for Record Keeping vary and may apply differently or not apply to every dietetic practice setting. However, registrants also need to follow established workplace policies and procedures. The Standards of Record Keeping are organized into five core concepts and provide straightforward expectations on how registrants must maintain records in practice.

1. Dietitians ensure their documentation is accurate, comprehensive, objective, and reflective of the services provided.
2. Dietitians document in a systematic and timely manner.
3. Dietitians ensure a comprehensive client health record is maintained when individual nutrition assessments and interventions are provided.
4. Dietitians maintain financial records whenever billing occurs in dietetic practice.
5. Dietitians ensure reasonable measures are in place to maintain the security of client health records.

A full understanding of record keeping is needed to ensure regulatory compliance, continuity of care, client care and monitoring are provided. More information can be found in the CDBC Standards of Record Keeping on the [Quality Assurance Page](#).

⊕ Marketing Standards

Advertisement and marketing are legal terms that should be interpreted together in the context of promoting dietetic services or products. Detailed information about definitions can be found in the Marketing Standards on the Quality Assurance Page.

As a registrant, it is important to ensure that marketing is true, accurate, honest, verifiable, and ethical to avoid taking advantage of the public in any capacity. Additional knowledge is required regarding BC and Federal laws regarding the endorsement or sale of products related to nutrition to ensure that they meet guidelines. As a registrant, it is important to understand endorsement vs. recommendations clearly. When providing recommendations, it must meet the client's needs, and no endorsement and sale of a single

brand or product should be delivered unless the product is unique. Detailed information about definitions can be found in the Marketing Standards on the [Quality Assurance Page](#).

Registrants are required have marketing material that is understandable, current, and evidence-based while ensuring that it is clear and informative. Registrants must avoid using terms like “expert,” “specialist,” or “specialized” with the title dietitian unless referring to their general human nutrition education and training. For more information, please refer to [Marketing Q&A](#) for examples.

The Marketing Standards are organized into three core concepts and provide expectations to ensure registrants meet guidelines.

1. Dietitians are responsible for any marketing over which they have control.
2. Dietitians’ marketing is truthful and ethical.
3. Dietitians provide clear and informative content in their marketing.

Registrants must meet minimum expectations when marketing their services or products, whether on the internet, social media platforms, or other forms of media per the College’s expectations. More information about the CDBC Marketing Standards can be found on the [Quality Assurance Page](#).

Together, the Standards and Indicators of Practice state minimally acceptable performance levels expected of RDs when they practise dietetics. The Standards of Practice and Code of Ethics provide a broad overview while more details can be found in the individual standards (Indigenous Cultural Safety, Humility & Anti-racism Practice Standard, Standards of Recording Keeping, and Marketing Standards). Students preparing for a career in dietetics must meet all Standards. Academic programs and practicum experiences must be designed according to the ICDEP and meet the CDBC Standards. New graduates need to be competent with all CDBC Standards for initial registration with the CDBC, so the public can be assured of competent, safe practice by new practitioners. Dietitians are expected to refer to the Standards of Practice, Indicators and Outcomes for continuing competence and practice.

3. Continuing Competence Program

Under section 16(2)(e) of the [Health Professions Act](#), the CDBC has the legislated responsibility “to establish and maintain a continuing competency program to promote high practice standards amongst registrants”. To meet this requirement, the College established a [Continuing Competence Program](#) (CCP) to monitor the ongoing competence of registrants and enhance the provision of professional services.

The CCP is designed to ensure that throughout their careers, RDs provide competent safe and ethical services that meet or exceed the College’s Standards of Practice, thereby protecting the public.

It is a legislated requirement that all Registered Dietitians in the Full Registration class participate to the CCP regardless of their employment status. The HPA requires regulatory colleges to link registration renewal to meeting the requirements of the CCP.



KEY PRACTICE POINT

All dietitians are required to participate to the CDBC Continuing Competence Program annually in order to maintain their registration with the College.

Registrants are assigned to a reporting group upon initial registration with CDBC and are required to submit a professional development plan every year, starting in March 2021. Annually, when completing their registration renewal, dietitians are required to sign a legal declaration that they participate to the annual CCP.

The Continuing Competence Program (CCP) was developed through consultation with registrants and informed by the experiences of other health professional regulatory colleges and associations' quality assurance programs, both in dietetics and other health professions. Development was overseen by the College's Quality Assurance Committee. The CCP focuses on maintaining professional competence based on the Standards of Practice. The CCP refers to and applies principles of adult learning theory (diagram 1) and contains the following key elements of self-directed learning:

Diagram 1. Key Elements of Self-Directed Learning



The CCP is adaptable, allowing registrants to reflect on competence as it relates to their unique practice, work environment and learning style. The program is also designed to integrate with employer quality assurance programs and performance management systems. The CCP is outcome based, and designed to support the professional growth and development of registrants in a way that enhances their career and personal goals.



Components of the Continuing Competence Program

- **Self-assessment**

Self-assessment provides registrants with a systematic way to compare their practice to the CDBC Standards of Practice and identify areas where they perform well and other areas of practice they want to maintain, develop, or enhance. Completing this process is the first step towards identifying continuing competence goals. The self-assessment process is made up of two components.

Professional Portfolio: Within professional portfolios, registrants can record their practices, assess employment and professional activities, and begin professional development plans. The portfolio may apply to other activities such as preparing for job or promotion interviews. Once established, a portfolio is readily maintained and updated. A professional portfolio may include a current resume or curriculum vitae, job descriptions or summaries of positions held, professional performance assessments, etc. All documents may be uploaded to the online CCP program for secure storage and access.

The development of a professional portfolio is mandatory since 2020. Former dietitians who never participated to the CCP and reinstate within 3 years must submit a portfolio with their reinstatement application.

Self-assessment Relative to Standards of Practice: Self-assessment is a proven, systematic way for registrants to compare their practice to established standards. Self-assessments may help registrants identify their strengths and professional development goals to maintain or develop their knowledge and skills.

Registrants may complete the self-assessment independently or with mentors, colleagues, or peers (collective input can help identify professional development options and opportunities). The self-assessment is relative to the CDBC's Standards of Practice and is completed annually. The online program retains the last updated self-assessment version saved. The purpose of the online record is to demonstrate and retain a future learning report and to provide access to the CDBC for review after submission every year. The self-assessment is available through the online [CCP](#).

- **Professional Development Report (PDR)**

The [Professional Development Report](#) (PDR) is based on each registrant's self-assessment, and addresses areas where a registrant identifies she/he may take action to address specific Standards and Indicators of Practice. As with the self-assessment, registrants may find that consulting with mentors, peers or colleagues helps in developing their learning goals and learning activities. The professional development planning process consists of the following activities:

- Selecting a minimum of three standards/indicators to work on from those selected during the self-assessment
 - Identifying a learning goal for each standard/indicator
- Note:** registrants who practice restricted activity A+/-C must include at least one learning goal related to enteral nutrition. Registrants who practice restricted activity B must include at least one goal related to parenteral nutrition.
- Identifying a minimum of two learning activities to achieve each learning goal, and
 - Describing learning outcomes and how new knowledge and skills will enhance practice.

The range of activities that can be undertaken is wide and varied. It is recommended that registrants choose a variety of competence activities, suited to their learning style and the goals that they have set. Learning activities that are the most beneficial to maintain professional competence are those that focus on the Standards of Practice and the registrant's unique practice. A list of possible activities is included in the [Professional Development Report Guidelines under Learning Activities](#).

Templates and completed examples for each area of practice of the CCP Professional Development Report are available on the CDBC [website](#) and in the online CCP.

- **Annual Declaration of Continuing Competence Program Participation**

The Declaration of CCP Participation is a statement that all registrants are required to sign electronically during the online registration renewal process.

The annual declaration is the College's confirmation that registrants are actively participating in the CCP. The declaration also enables the CDBC to document a registrant's CCP currency under the Canada Free Trade Agreement (CFTA) to facilitate the movement of dietitians across Canada, should a CDBC registered RD choose to practise in another province.

4. Quality Assurance: Monitoring, Reviews and Remediation

As noted previously, section 26.1 of the HPA requires the CDBC to have a quality assurance program to assess the professional performance of registrants.

There is a variety of ways to assess the professional performance of registrants. The CDBC has developed an evaluation process that assesses registrants' Professional Development Reports (PDRs) at two levels. If a deficiency in practice is determined, the Quality Assurance Committee may recommend remediation.

- **Monitoring and review of CCP submissions**

Registrants in a reporting group are asked to submit their PDRs by March 31. Registrants must submit a PDR before renewing their registration.

Following CDBC's receipt of registrants' Professional Development Reports, the CDBC assessors evaluate 10% of randomly selected number of PDRs to ensure they meet the [criteria](#) approved by the Quality Assurance Committee. Registrants are informed as soon as possible after their submission and by March 31 if their submissions meet the program's requirements or if they have been selected for further review. If they do not meet the requirements of the CCP, registrants receive detailed feedback on the quality of their submission and are required to resubmit their PDR. Registrants begin a new CCP reporting cycle yearly on April 1.

- **Remediation**

Professional Development Reports that are incomplete after a second attempt are forwarded to the Quality Assurance Committee for review. A registrant who does not meet the CCP requirements may be required to take further education, training, exams or other remedial activities, based on the [Quality Assurance Framework](#). If the registrant agrees, professional performance may be reassessed when remediation is complete. During that time, a registrant would remain registered.

A registrant who fails to comply with remedial actions to meet CCP requirements has not met the quality assurance requirements in the CDBC bylaws. Failure to comply with the College's Quality Assurance Program results in an own-motion [complaint](#) to the Inquiry Committee.

5. Competence to Practice

“Competence involves the interaction, synthesis, and integration of knowledge, critical thinking, judgment, attitudes, skills, values, and beliefs. Competence in professional practice is more than the accomplishment of discrete and isolated tasks.” (Epstein RM and Hundert EM. 2002. Defining and Assessing Professional Competence:

<http://jama.jamanetwork.com/article.aspx?articleid=194554>). It includes the ability to translate learning into practice, and apply knowledge from one situation to another.

As professionals, dietitians have an obligation to ensure that they are competent in their practice throughout the course of their career. Remaining competent in the ever-changing field of dietetics means that dietitians must continuously learn and apply the most current evidence-based research and information in their practice.

Whether a dietitian is entering a new area of practice, returning to the work force, or continuing to practice in their same position, as a professional, they are obligated to ensure that they are competent in their practice. Dietitians who fail to remain competent may place the safety of their clients at risk. They also risk becoming the subject of a complaint or lawsuit or losing their job.

In addition to complying the Code of Ethics and Standards of Practice, professionals who are competent demonstrate the following actions and behaviour in their practice:

- Use and apply up-to-date knowledge and skills
- Make sound decisions based on appropriate data
- Communicate effectively with clients
- Evaluate their own practice
- Improve their performance based on self-reflection, applied practice and feedback from others.

Self-determining competence can be difficult. Some dietitians may not know what they do not know. To help dietitians determine if they have the knowledge, skills and attitudes necessary to perform a dietetic procedure competently, safely and ethically, the Quality Assurance Committee developed [Professional Practice Guidelines](#). If a RD is about to perform a procedure he/she hasn't performed for some time or a procedure that the RD has recently learned, reviewing the [Decision Tool for New Aspects of Practice](#) will help the RD determine if he/she has followed all the steps



KEY PRACTICE POINT

Dietitians have an obligation to ensure they are competent in their practice throughout their career.

necessary to ensure the safety and competence.

In addition to these resources, the College's Quality Assurance Committee has developed policies, guidelines, and position statements to help registrants understand and meet practice standards. They are mentioned in Chapter 1 of the Jurisprudence Guide as part of the legal framework for dietetic practice in BC and may be found on the CDBC website.

Examples include practice guidelines for:

- [Nasal/Oral Feeding Tube Insertion](#)

- [Co-signing Students' Records](#)
- [Consent to Nutrition Care Guidelines](#)
- [Privacy Guide](#)

6. Chapter Summary

The BC *Health Professions Act* (HPA) requires colleges to establish, maintain and enforce standards of professional practice to ensure registrants of all regulated health professions are practicing in a competent, safe, and ethical manner.

Together, the HPA, Dietitians Regulation, and CDBC bylaws (including the Code of Ethics and the Standards of Practice) provide the legal framework for the provision of competent, safe, and ethical dietetic practice.

The Code of Ethics includes five standards of conduct expected of dietitians in their practice. The Code of Ethics is supported by an Interpretive Guide that provides interpretation, resources, reflection questions and practice examples on the application of each standard.

The Standards of Practice state requirements for competent, safe practice. Each Standard is supported by descriptive practice indicators and outcomes that must be met by all dietitians practising in BC.

The Indigenous Cultural Safety, Humility and Anti-racism Practice Standard states the importance of providing culturally safe, inclusive, and equitable healthcare services to Indigenous Peoples.

Registrants are also required to maintain records as per the Standards of Record Keeping.

In addition, registrants are required to follow Marketing Standards to ensure evidence-informed approach and accurate marketing to members of the public.

The College has established a Continuing Competence Program (CCP) to comply with another requirement of the HPA: to ensure dietitians practice in the best interest of the public and maintain a high degree of professional competence.

The CDBC monitors and enforces the requirements of the CCP and institutes remedial actions for registrants who fail to comply. All quality assurance programs, and initiatives of the College have been developed to comply with the HPA and to ensure that BC citizens receive a consistently high standard of dietetic care.

4 Chapter 4: Professional Conduct

1. Professional Conduct

All Registered Dietitians are expected and required to conduct themselves in a professional manner. The CDBC has the legislated authority, under the [Health Professions Act](#) (HPA), to establish standards and regulations to oversee the practice of its registrants and to establish procedures to handle occasions when registrants are found to have contravened professional conduct. Specifically, the HPA states under section 16 (2) that “a college has the duty and object:

- (a) to superintend the practice of the profession;
- (b) to govern its registrants according to this Act, the regulations and the bylaws of the College;
- (f) to establish... a patient relations program to seek to prevent professional misconduct of a sexual nature; and...
 - (i.1) to establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair”

The requirement stated in (f) above is repeated in section 7 of the [Dietitians Regulation](#). The CDBC [bylaws](#) also include reference to “professional conduct” in sections 15, 76 and 77.

The CDBC complies with the requirements in the HPA through development and publication of the [Patient Relations Program](#): “Where’s the Line?” and a document outlining, in reader-friendly language, the [Complaint Resolution Process](#).

⊕ Defining Professional Conduct

It is the expectation of the public, other professionals, employers, and government that Registered Dietitians will provide competent, safe, ethical services. Professionals who maintain high standards in their practice and are conscious of their professional conduct build trust and confidence in their profession.

In chapter 3, the Code of Ethics and the Standards of Practice were introduced as important documents that outline the professional practice standards for dietitians registered by the CDBC. They form part of the legal framework for dietetic practice in BC, as discussed in chapter 1. Professional conduct is also a key aspect of professional practice.

To gain a better understanding of what professional conduct means, it is advantageous to examine the reverse side: professional misconduct. According to the definition in the HPA, ‘professional misconduct’ includes “sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession”.



KEY PRACTICE POINT

Dietitians conduct themselves in a professional manner, in accordance with legislated statutes, regulations, bylaws and guidelines.

⊕ **Top Ten Causes of Unprofessional Conduct**

James T. Casey, QC, of Field Law, practices in the areas of labour and employment law, administrative law, and professional regulation. Based on his experience with hundreds of unprofessional conduct cases in a broad range of professions, he has developed a list of the [top ten causes of unprofessional conduct](#). In no particular order, they include (1):

1. Failure to maintain current professional knowledge and competence

It is clear that professions and the health care system evolve over time. 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 defense.

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. Section 16(2)(k)(ii) of the HPA requires inter-professional collaborative practice which includes consultations with other health professionals.

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

Work can negatively affect personal and home life; difficulties in personal and home-life can negatively affect work. Personal difficulties might be related to problems with marriages, relationships, children, finances, or health. When serious personal difficulties are being experienced by a health professional it is common for them to “spill-over” into the workplace, increasing the risk of unprofessional conduct.

4. Alcohol and drug addictions

Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

5. Poor communication

Many unprofessional conduct complaints are caused by poor communication between the health professional and the client or between a health professional and their colleagues. Communication skills can be learned and enhanced. As well as helping to prevent complaints about unprofessional conduct, they benefit all aspects of life, including resolving difficulties in a health professional’s personal and home life.

6. Failure to appropriately address client concerns

A client or a family member with a concern about a client’s care or a health 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 health professional or by the institution.

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 policies in place. 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.

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 health professional and a colleague, his/her supervisor, or a client. A serious personality conflict can cause a health professional to lose their objectivity. A minor dispute that may have been resolved at an earlier stage could escalate to a major confrontation.

9. Complacency about professional standards

Some health professionals - new graduates and those with years of experience - are complacent about professional standards and develop “careless” practices.

10. Professional Documentation

Health professionals need to be in the habit of adequately charting or documenting the health care provided. If a health professional has practiced competently, safely, and ethically yet a complaint is lodged, complete documentation is the best defense. During the investigation of unprofessional conduct complaints there is often significant disagreement about the events that took place. If the outcome of a case rests on verbal recollection, the health professional is at risk. Complete and appropriate documentation can objectively demonstrate what really happened.

Professional conduct is not about being perfect. All professionals can make mistakes. The key is to learn from them by understanding the root causes of professional misconduct and modifying priorities and practice.

2. CDBC’s Patient Relations Program: “Where’s the Line?”

To meet the requirement in the [HPA](#) and [Dietitians Regulation](#) for a patient relations program, the CDBC developed the Interpretive Guideline “[Where’s the Line?](#)” This document discusses professional boundaries in therapeutic relationships including:

- differences between personal and professional relationships
- key components of a therapeutic relationship
- how to recognize professional boundary blurring and violations, and
- key points to establishing professional boundaries in therapeutic relationships.

Understanding these issues will help dietitians protect themselves and their clients from professional misconduct. Dietitians must know the difference between the boundaries of a personal and a professional relationship in order to know if the boundary becomes blurred or is crossed.

⊕ The Professional-Client Relationship

Every relationship has a foundation shaped by specific purposes and needs. The professional-client relationship is a working relationship that is established between a professional and a client (or substitute decision maker). The relationship is based on the individual needs of each client for competent, safe, and ethical professional care/ services. As such, the professional-client relationship is established solely to meet the needs of the client (2, 3). It is a therapeutic relationship.

The professional-client relationship differs from non-professional, casual, social, and personal relationships. Clients are generally more vulnerable than the professionals who provide care for them and place their trust in the professional to provide quality care in a professional manner.

Gaining an understanding of the differences between professional-client and non-professional relationships is fundamental to establishing and managing appropriate professional boundaries. The CDBC has outlined these differences in the document, "[Where's the Line?](#)" Refer to the table for a concise summary of the main differences between professional and non-professional.



KEY PRACTICE POINT

The therapeutic relationship is a working relationship that is established between a health professional and a client or substitute decision maker. It is based on the client's needs for safe, ethical, and professional care.



Understanding the Therapeutic Relationship

There are four main components of a professional-client relationship that must be considered by Registered Dietitians when establishing and managing boundaries within a relationship: power, trust, respect, and closeness.

- **Power**

Clients may be hesitant to compromise the professional-client relationship by challenging the knowledge and expertise of the dietitian. Furthermore, some clients may feel vulnerable in a relationship where they are the recipient of the dietitian's services and must trust that the Registered Dietitian will act in their best interests.

It is the responsibility of all dietitians to use their inherent power in an appropriate manner, ensuring that the needs of their clients are met in a safe and positive environment (2, 3).

- **Trust**

In the professional-client relationship, clients trust that the Registered Dietitian has the required knowledge, skills, abilities, and expertise, to provide competent, safe, professional services.

A Registered Dietitian has a responsibility to act in the best interests of the client and to avoid any actions that would undermine the confidence and trust of clients.

- **Respect**

Respect for the client and their decisions are fundamental to a positive professional-client relationship. The obligations of a dietitian are reflected in the CDBC Code of Ethics and relate to respecting the client's race, religion, social status, etc. as well as the client's right to make choices."

- **Personal Closeness**

In a professional-client relationship, individuals are typically placed in an atmosphere or setting that requires physical, emotional, and/or psychological closeness that is not typically found in other everyday relationships. However, the nature and degree of closeness in professional relationships differs from the closeness of social, romantic, or sexual relationships (3). Closeness during the provision of care/services to a client by a dietitian may include but is not limited to the following:

- Physical closeness i.e., during measurement of anthropometric data
- Varying degrees of undress i.e., during measurement of anthropometric data
- Disclosure of personal information
- Expression of emotions

A Registered Dietitian needs to ensure that clients are informed of the care/ services that are being provided and that clients share in decisions relating to the care/services they receive (3).

⊕ **Defining Boundaries**

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between dietitians and their clients. A boundary is a dynamic line that, if crossed, will constitute unprofessional behaviour and misuse of power. When considering interpersonal boundaries within the therapeutic context it is useful to think of 'inner boundaries' and 'outer boundaries'.

- **Inner Boundary**

The inner boundary is the line that separates the client from the professional. When a health professional crosses the inner boundary of the client, they have intruded on the client either physically, emotionally, or psychologically, resulting in an invasion of the comfort zone or personal space of the client. A client will generally feel a certain amount of discomfort or bad feelings when their inner boundary is crossed.

Registered Dietitians must be sensitive to the expression, posture, gestures and voice quality of the client, or any other signs that may indicate that the client is experiencing discomfort or bad feelings (4, 5).

- **Outer Boundary**

The "outer boundary" is the point at which the professional becomes distant and loses touch with the client. Professionals may distance themselves from clients for a variety of reasons which may include discomfort with certain cultural differences, strong body odor, fear of clients with certain disease conditions, personality conflicts, etc. When a health professional distances themselves excessively from the client, the professional-client relationship becomes compromised. Dietitians must be sensitive to any client behaviours that suggest that the client feels a sense of distance, fear, or abandonment (e.g., clinginess, hopelessness, anger, etc.) and take appropriate actions to resolve the situation (4, 5).

In the optimal professional-client relationship, the professional must remain objective with the client and maintain a professional distance, which is not too close and not too distant. Maintaining a professional distance involves recognizing and respecting the inner boundary of a client and remaining engaged in the provision of care/ services to the client. It is within the sphere that is between the inner and outer boundary that the professional and the client can work together most effectively to promote the best interests of the client (5, 6).

The boundaries of an individual will vary from one person to the next and from one context or setting to the next. Most individuals are not even aware of their boundaries until they are crossed, and uncomfortable feelings arise (4, 5). It is the responsibility of all dietitians to acknowledge and respect the inner and outer boundaries of each of their clients. As professionals, they must be cautious of their attitudes and behaviours and be sensitive to the feedback of their clients, ensuring that they have not crossed the inner boundary of a

client or that they have moved outside of the outer boundary by inappropriately distancing themselves.

In the event that any type of discomfort or bad feelings arise in a professional-client relationship, the professional must evaluate the situation and objectively ask the following questions (5):

- Who is crossing the boundary?
- What boundary is being crossed?
- What can the professional, do to manage this boundary crossing in an effective manner?



KEY PRACTICE POINT

Professional boundaries set limits and clearly define the therapeutic behavior of dietitians from any other behaviour, well intended or not, that could lessen the benefits of client care.

⊕ **Managing Boundaries: Drawing the Line**

Professional boundaries set limits, define behaviour and ensure the safe interaction of professionals and clients within the professional-client care relationship (2, 3, and 6).

The ability to effectively establish and manage boundaries is essential to providing ethical dietetic care or services. Dietitians must exercise professional judgment as they establish and manage the boundaries necessary for the professional-client relationship to flourish. Professional-client relationships that lead to abuse, romantic encounters or sexual relations are never appropriate; such breaches of trust in a professional-client relationship are prohibited (3).

Registered Dietitians can most effectively establish and manage professional boundaries in the professional-client relationship by following the guidelines include in "[Where's the Line?](#)" and (3):

- practicing in compliance with legislation, particularly the [Standards of Practice](#) and the [Code of Ethics](#).
- understanding the differences between a professional-client relationship and a non-professional relationship.
- understanding and establishing professional and personal boundaries.
- understanding communication styles and using appropriate communication strategies to ensure that boundaries are maintained.
- attempting to understand the unique characteristics of each client, including their personal boundaries.
- using a client centered approach that promotes client participation and choice in their care through informed decision making.
- establishing the anticipated duration for the professional-client relationship at the onset of the relationship.
- obtaining client consent to treatment for all care/services provided.
- understanding and applying laws governing privacy and confidentiality of client information.

- using a reflective approach that involves continuous self-assessment of one's behaviour and interactions to ensure that professionalism, integrity, and respect are consistently demonstrated toward clients.

⊕ **Boundary Crossings: Blurring and Violations**

A boundary crossing occurs when the behaviour of a Registered Dietitian deviates from the established boundaries of a professional-client relationship (3). Boundary crossings:

- have the potential to interfere with the professional judgment of a registrant because of an emotional or other benefit that is gained or because of fear that inappropriate behaviour will be exposed
- have the potential to compromise client's trust of a registrant and affects the client's ability to question or accept a treatment decision and be fully informed when giving consent (6).

Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that blurs boundaries. If the actions continue, the professional-client boundary may be violated.

RDs must ensure that all their actions and behaviour 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 (2).

Blurred Boundaries

Boundaries may become blurred in a number of ways:

- **Self-Disclosure**
Dietitians should be cautious in self-disclosure; when disclosing any personal information about themselves, they should ensure that the information provided is appropriate and serves to promote the best interests of the client. Self-disclosure is never appropriate if it is for the purpose of meeting the needs of the professional (3, 6).



KEY PRACTICE POINT

A boundary crossing occurs when the behaviour of a dietitian deviates from the established boundaries of a professional-client relationship.

- **Accepting or Giving Gifts**
There are potential risks to the professional-client relationship related to accepting or giving gifts. While a client may give a small gift to a dietitian as a simple expression of appreciation for the care/ services received, larger or more frequent gifts may indicate that a client is developing a personal relationship with the dietitian, or expects something in return. Similarly, while a dietitian may choose to give a small gift to a client to celebrate achieving a particular milestone, larger or more frequent gifts may indicate that the dynamics of the professional-client relationship have changed.

Dietitians should exercise professional judgment when deciding whether to accept or give

a gift, giving careful consideration to their workplace policies, the possible consequences of their actions and any possible harm that may result; neither party should feel coerced or manipulated by the offer of a gift (3, 6).

- **Dual Relationships**

There are two types of dual relationships that professionals must be aware of:

- RD services and marketing. The first type of dual relationship occurs when a professional provides two different services. For example, a dietitian who provides nutrition counseling services may also be selling a particular brand of vitamins.

Selling dietetic products is legally allowed under section 77, “Marketing” of the College’s [bylaws](#) but may compromise the professional-client relationship. The client may feel coerced into purchasing the product or may believe that the level of service will decline if the product is not purchased. The RD has a responsibility to clarify the professional boundary by explaining why the product is recommended, providing options for purchase, explaining any profit that would be made by the sale and assuring the client that quality services will continue if the client chooses not to purchase the product.

- The second type of dual relationship occurs when a professional provides care/services to family, friends, or acquaintances (3).

The potential problems in establishing and managing boundaries in dual relationships that involve providing care/services to family, friends or acquaintances are obvious when one considers the differences between a professional-client relationship and a non-professional relationship. Family, friends, or acquaintances should be referred to another practitioner. In circumstances where all attempts to find another practitioner have been exhausted and no other options are available, the dietitian is expected to provide quality care/ services without allowing the dual relationship to compromise their professional judgment.

Registered Dietitians should avoid providing care/ services in any situation where a dual relationship exists. If a relationship is in existence prior to establishment of the professional-client relationship, dietitians are advised to refer the client to another practitioner, if at all possible.

- **Developing a Social Relationship with Clients, their Family Members or Partners**

In a professional-client relationship, professionals, clients, and care givers, such as family members or the partner of a client, will often spend significant amounts of time together. As a result, the potential for developing a social or non-professional relationship between the professional and a client, their family members or partner exists.

Health professionals, including dietitians, provide their services in an appropriate setting. Meeting outside of professional setting (such as in the park, over dinner or drinks, etc.) puts the professional-client relationship at risk by confusing the professional relationship with a friendship.

Dietitians should be cautious developing social relationships with clients, their family members, or partners, and consider the impact the social relationship may have on the professional-client relationship. Any relationship that does not promote the best interest, individuality, autonomy, and independence of the client is harmful.

- **Developing a Social Relationship with a Former Client**

Developing a social relationship with a former client may be appropriate in certain situations. Prior to developing such a relationship, dietitians should carefully consider the following factors (3):

- The nature of the care/services that were provided (in any situations where psychosocial interventions were provided, it would not be appropriate to develop a social relationship with a former client).
- The duration for which the care/services were provided and the likelihood that care/services will be required in the future.
- The degree to which the client is emotionally dependent on the Registered Dietitian as a result of the previous professional-client relationship.
- The potential impact on the well-being of the client.

Boundary Violations

A boundary violation on the part of a professional is deliberate behaviour that is inappropriate and violates the professional-client relationship. Such behaviours are always unacceptable - they are abusive and are not in the best interests of the client.



KEY PRACTICE POINT

A boundary violation on the part of a professional is a deliberate behaviour that is inappropriate and violates the professional-client relationship. Such behaviours are always unacceptable; they are abusive and are not in the best interests of the client.

In this context, the term “abusive” means the misuse of power or a betrayal of trust, respect or intimacy between a professional and the client that the professional could be reasonably expected to know has the potential to physically or emotionally harm the client (6). Examples of boundary violations include, but are not limited to physical abuse, verbal abuse, emotional abuse, sexual abuse, financial abuse, and neglect:

- **Physical Abuse**

Dietitians must not touch or exhibit any behaviour towards a client that may be reasonably perceived by clients or others to be threatening or intend to inflict harm. Inappropriate actions include but are not limited to hitting, slapping, pushing, using force, shaking, or handling a client in a rough manner.

Dietitians may find themselves in a situation where they must defend themselves from a client who is exhibiting violent behaviour. Any protective actions taken should not be mistaken for physical abuse and, should a circumstance arise, must be explainable (3, 6).

- **Verbal Abuse**

Verbal abuse involves any communication with a client that may reasonably be perceived by the client or others to be demeaning, exploitive, insulting, derogatory, humiliating, or seductive. When speaking to clients and others, Registered Dietitians are advised to use only those words and terms that would be acceptable in a formal public exchange. Practitioners should also be aware that the use of first names, particularly with the elderly,

without the permission of the client are generally viewed as offensive, demeaning, and disrespectful (6).

- **Emotional Abuse**

Dietitians must ensure that their verbal and non-verbal behaviour demonstrate respect for their clients. Examples of disrespectful behaviour that have the potential to be emotionally harmful include but are not limited to manipulation, intimidation, teasing or taunting, sarcasm, inappropriate gestures, or posture, threatening, blaming and disregard for the client's modesty. Dietitians must also ensure that they do not demonstrate any behaviour towards a client which may be perceived by the client or others as thoughtless or disrespectful for the client's cultural and/or religious beliefs (3, 6).

- **Sexual Abuse**

Sexual abuse involves talking with or touching a client in a manner that could be reasonably perceived by the client or others to be sexually or otherwise demeaning, seductive, suggestive, exploitive, derogatory, or humiliating. It includes (3):

- touching and other forms of sexual contact
- behaviour or remarks of a sexual nature including but not limited to telling a joke with sexual undertones or innuendos, dressing provocatively, or wearing clothing with inappropriate logos or pictures
- initiating, encouraging, or engaging in sexual intercourse.

The consequences of sexual abuse can be long term for both the client and the professional. It is important that dietitians maintain firm and clear boundaries with clients in order to avoid any conduct that could be perceived as sexual.

Dietitians should also be aware that even if it is the client who initiates a sexual relationship, it is the responsibility of the professional to manage the boundaries of the professional-client relationship (3).

- **Financial Abuse**

Financial abuse involves any actions that result in a monetary, personal, or other material benefit gain or profit to the professional or a monetary, personal, or other material benefit loss to the client.

Such actions may occur with or without the informed consent of the client. Examples of unacceptable behaviour include but are not limited to:

- borrowing money or property from a client
- misappropriation or misuse of a client's money or property
- assisting with the financial affairs of the client
- soliciting gifts from a client
- requiring a client to purchase products or seek other services which would result in personal gain for the professional
- unethical or dishonest billing practices, and
- withholding finances through trickery or theft.

Any financial transactions that occur between a dietitian and the client must be limited to legitimate conditions of the professional-client relationship (3, 6).

- **Neglect**

Neglect occurs when a health professional fails to meet the basic needs of a client; such behaviour include but are not limited to:

- isolating or ignoring the client
- withholding basic needs, such as food and fluid, and
- non-communication or withholding information.

It should be noted that withholding food is not considered neglect when the client's wishes for end of life treatment are being respected following comprehensive medical evaluation (7). Registered Dietitians have an obligation to ensure that all of their actions serve to promote the client's best interests (3, 6).

- **Warning Signs of Blurred Boundaries**

The maintenance of appropriate boundaries between a dietitian and a client is a key component in the provision of care and protection of the public. Dietitians must take the time to note and reflect on their own behaviour when working with clients.

Below are some warning signs that the professional boundaries of a professional-client relationship may be in jeopardy:

- frequently thinking about the client when away from work.
- frequently planning the care of other clients around the client's needs.
- spending free time with the client.
- sharing personal information or work concerns with the client.
- providing the client with personal contact information that is not related to the provision of dietetic services.
- changing style of work dress when meeting with the client.
- keeping secrets with the client
- selective reporting of the client's behaviour.
- trading client assignments.
- communicating in a guarded or defensive manner when questioned regarding interactions with the client.
- exchanging gifts with the client
- continuing contact/ communication with the client after discharge.
- acting or feeling possessive about the client
- denying that you have crossed the boundary from a professional-client relationship to a non-professional relationship.
- giving special attention/ treatment to the client, which differs from that given to other clients (8, 9).

If a RD detects one or more of these warning signs when interacting with a client, the RD must take responsibility to immediately re-establish professional boundaries. Failure to do so and continuing the unprofessional relationship with the client could result in a complaint being lodged with the CDBC and investigation of the dietitian's professional conduct.

• Setting Boundaries in Therapeutic Relationships

Overall, it is the responsibility of all dietitians to acknowledge and respect the boundaries of each of their clients. An RD should consider the following questions prior to engaging in any activities or behaviour that could potentially involve crossing a boundary (1, 2):

- Would this action be in the best interests of the client?
- Who would benefit most by this action – the client or the RD?
 - Could this action have an effect on the RD’s provision of care/ service to the client?
 - Could these actions potentially confuse the client and be perceived as inappropriate in a professional-client relationship?
 - Would the RD’s behaviour and actions be consistent with that of other Registered Dietitians who were in the same situation?
 - Could the RD tell a colleague, supervisor, or family about his/her actions?
 - Would the employer support the RD’s actions and behaviour?
 - When providing dietetic client care, there are occasions when a Registered Dietitian must touch a client. Examples include:
 - measurement of skinfold thickness
 - measurement of waist circumference
 - subjective global assessments
 - swallowing assessments.

When it is necessary to touch a client while providing care, the Registered Dietitian must demonstrate professionalism so that the client does not misunderstand the action (6).

The following principles should be followed when the RD has a need to touch clients:

- “(a) obtain the client’s consent before touching;
- (b) show respect by maintaining the client’s dignity;
- (c) use firm and gentle pressure when touching the client to give reassurance and produce a relaxed response; and
- (d) touch only when necessary.” (10)



KEY PRACTICE POINT

If it is necessary to touch a client while providing care, it is important that the Registered Dietitian demonstrates professionalism and that the client understands that the action is a professional encounter.

A Boundary Has Been Crossed... Now What?

We generally only become aware of boundaries once they have been crossed.

It’s a dietitian’s duty to establish, maintain and monitor the boundaries of a therapeutic relationship and to act if a boundary has been crossed. Roles need to be re-clarified by the dietitian, and treatment goals re-established.

If the therapeutic relationship cannot be re-established it is the duty of the dietitian to ensure that the client is not adversely affected by any interruption in dietetic care.

If at any time the dietitian starts to feel uncomfortable about a potential blurring or violation of a professional boundary, or if a violation has occurred, the incident should be documented. Also be sure to document the action taken to re-establish the professional boundaries of the therapeutic relationship.

Dietitians must remember that the professional-client relationship is established solely to meet the needs of the client. In the event that an RD crosses a boundary, the Registered Dietitian has an obligation to ensure that professional boundaries are re-clarified, and care plans are re-established. In situations where this is not possible and the decision is made to terminate the professional-client relationship, the Registered Dietitian must take steps to ensure that the client is not harmed by an interruption to the dietetic care that was being provided. Appropriate arrangements must be made to transfer the client's dietetic care to another dietitian (3).

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3. Consent to Nutrition Care Guidelines

In 2001, the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#) came into effect. It stated the basic legal requirements for obtaining consent to health care in BC based on the intention of increasing self-determination when health care decisions are made.

Under this Act, consent is required before any care or service can be provided. Consent in health care must be:

- voluntary
- not obtained by misrepresentation
- given by an adult who capable of decision-making or, if not capable, a substitute decision maker
- Note: a legal guardian can provide consent for a minor as long as the consent form clearly indicates for whom the consent is being obtained
- given after the provision of understandable information including the nature of the service, the conditions for the service, the risks and benefits and alternative health care choices (informed consent).

To assist registrants' understanding of this legislation, the CDBC's Quality Assurance Committee developed and published the "[Consent to Nutrition Care Guidelines](#)". The document is based on the [Health Care Consent and Facilities Admissions Act](#) and the Code of Ethics, particularly standard 1.

In a facility setting, general consent that encompasses dietetic services is obtained on admission. Consent must be obtained again if the care plan significantly changes or if the client's wishes are in doubt. The clinical record must be updated when a client gives, revokes or refuses consent.

The policy "[Consent to Nutrition Care](#)" was developed by the Quality Assurance Committee in consultation with dietitians to supplement the "[Consent to Nutrition Care Guidelines](#)". It includes a decision pathway to help dietitians recognize situations when they should obtain consent from their clients in non-emergency situations.

The policy and guidelines refer to the BC Ministry of Health's publication on consent: "[Health Care Providers' Guide to Consent to Health Care](#)".

In 2011, the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#) was amended to include Advance Directives. This process allows a capable client to self-determine the extent of care they agree to receive, if and when the client becomes incapable of providing direct consent. Similar to the [Health Care \(Consent\) and Care Facility \(Admission\) Act](#), Advance Directives are based on the intention of increasing self-determination when health care decisions are made.

4. Complaint Resolution Process

All self-regulated professionals, including Registered Dietitians, are subject to a high degree of accountability to the public. The College is mandated under the HPA to investigate allegations of incompetence or misconduct lodged against registrants. It should also be noted that under section 32 of the [HPA](#), employers have a legal obligation to inform a college if, for reasons related to unprofessional conduct, a practitioner's employment is terminated or suspended, or if the employee has resigned.

Section 33 of the HPA details the processes for managing complaints about a registrant's practice. As required in the HPA, the College's [Inquiry Committee](#) manages any complaints received. To help registrants and the public understand the legal language of this section of the HPA, the Inquiry Committee developed and published a policy to explain the complaint process. The process is now embedded on the CDBC website's [Concerns and Complaints](#) section.

The possible courses of action for resolving a complaint in compliance with the HPA are summarized in the BC Health Regulators [video](#) on the complaint process. The complaint process involves the following steps:

1. The Complainant contacts the College to discuss their concerns or they complete the online [complaint form](#).
2. The College might request additional information to assess the complaint and the best way to resolve it.
3. The Registrar delivers the complaint to the Inquiry Committee. The Committee will create an inspection plan and appoint an inspector to investigate the complaint. If the Committee judges that there is a high risk of harm, it can impose restrictions on the practice of the registrant until the inspection is completed (ex. Not being able to see a patient alone in the case of sexual misconduct allegations).

All investigations are conducted in the public interest, in a fair and transparent manner and in accordance with the HPA.

4. The Dietitian will be advised that a complaint against their practice was made and will be asked to respond to the allegations.
5. The inspector will gather evidence through record reviews, oral and written submissions from all parties involved. The inspector will also analyze the evidence found and refer to legislation, scientific evidence, subject matter experts, and best practice guidelines for comparison.
6. The Inquiry Committee will review the inspection report, determine if there is sufficient evidence to support the claims and assess the risk. Based on these findings, the Committee will determine the outcomes which could include additional training, further assessment, reprimand, fining or referral to a discipline hearing. The Inquiry Committee decision is negotiated and agreed on with the registrant.

A discipline hearing is like a tribunal where the Committee will decide if the registrant breached the College Standards and legislation. They can impose any sanction and decision that they deem relevant to protect the public.

7. The decision will be communicated to the complainant and the registrant. If not satisfied with the decision, the complainant has 30 days to appeal the decision to the [Health Professions Review Board](#).

8. A complaint [case outcome report](#) is published on the College website with the information that the College is authorized to disclose based on privacy laws and the *Health Professions Act*.

5. If a Complaint is Lodged Against You...

When a complaint arrives at the College, the Registrar is required by law to review the complaint to determine that it is within the College's jurisdiction. An inspection is initiated and the registrant who is the subject of the complaint filed receives notice of the complaint, a copy of the complaint letter and information about the complaint resolution process.

Even though registrants are required to cooperate with investigations, there are some actions a registrant can and must take to ensure a full and fair investigative process:

- Ask questions to ensure you understand the [complaint resolution process](#)
- Respond promptly to the College's request for a response to the allegations; refusal to respond is unprofessional conduct
- Provide a factual, detailed response; avoid being emotional and defensive
- Provide copies of pertinent documents unless they are considered confidential and you have not obtained consent to release them (note on any submitted documents that consent was obtained)
- Do not alter any documents or records
- Do not approach the complainant
- If your practice or conduct is determined to be below standard, work with the Inquiry Committee to determine the best option for upgrading and enhancing your practice; be cooperative, and
- If the complaint is not resolved at the Inquiry Committee level it proceeds to the Discipline Committee; retain a lawyer for all interactions with the College's lawyer.

6. Chapter Summary

All dietitians are expected and required to conduct themselves in a professional manner. The professional-client relationship is a working relationship. It is established between a professional and a client (or substitute decision maker) and is based on the individual needs of each client for competent, safe, and ethical services.

The components of a professional-client relationship are power, trust, respect, and physical closeness. Boundaries set limits and clearly define a safe and therapeutic professional-client relationship. A boundary is a dynamic line that can become blurred by inappropriate, unprofessional actions and, if crossed, constitutes professional misconduct. A boundary violation on the part of a professional is a deliberate inappropriate behaviour that violates the professional-client relationship. Such behaviour is always unacceptable; it is abusive and not in the best interests of the client. The ability to establish and maintain boundaries is an essential component of providing ethical professional services.

Dietitians must ensure a client has given consent before providing dietetic services. In a facility, consent to all services provided in the facility, including dietetic services, is usually obtained on admission. A RD must again obtain consent if there is a significant change to the diet plan or if the client's wishes are in doubt. The clinical record must be updated when a client gives, revokes, or refuses consent. Advance Directives allow a capable client to self-determine the extent of care they agree to receive, if and when the client becomes incapable of providing direct consent.

Under the HPA, the CDBC is required to manage allegations of unprofessional conduct and incompetent practice lodged against its registrants. All complaints received in writing must be investigated. A complaint may be dismissed if it is considered trivial or vexatious, or if there is insufficient evidence to proceed, or if the complaint falls outside the College's jurisdiction. If a complaint is investigated, it may be resolved through informal communications, remedial action, or a consent agreement. A complaint that cannot be resolved at the Inquiry Committee level is heard by the Discipline Committee. A professional who has a complaint filed against them is required to give full cooperation to the College.