

Interprofessional Support Q&A

Updated April 29, 2024

Q1: What are the general considerations when being asked to take on a task that is not within my job description?

With any task, consider:

- Consulting the Decision Tool for New Aspects of Dietetic Practice.
 - Is this within legal scope?
 - Is this within organizational scope?
 - Is this within my personal scope?
- What are the risks to my patient? To me? Dietetic [Managing Risk in Practice Q&A](#)
- Does my Liability Insurance cover me for this task?
- Am I at risk of communicating a diagnosis? Dietitians are not authorized to diagnose or share a new diagnosis with clients or their family members.
- Am I the most appropriate person to undertake this task?

Q2: I am being asked to help out during a surge at my workplace, which includes many tasks that are not traditionally dietetic in nature. Can I do this?

The answer to this question is supported by Standard of Practice 10: “A Dietitian contributes to the provision of quality professional services as a member of the clients’ interprofessional team.

Indicator 2: Explain professional scope of practice, roles and responsibilities and seek similar information from team members, and **Indicator 4:** Engage with team members to plan, coordinate and deliver quality professional services.”

Organizations may have surge or emergency/crisis guidelines that are implemented in times of need. Given how busy the medical system is at this time, it is possible that you may be asked to help with tasks that are not traditionally dietetic in nature. It is important to note that the CHCPBC sets out the expectations and scope of dietitians in BC. An organization/workplace can further narrow a dietitian’s legal scope but cannot expand it. Furthermore, your personal scope may further narrow the tasks you undertake in your workplace.

Under surge/crisis work circumstances, there may be workplace policies and guidelines that further define a dietitian’s responsibilities. However, workplace policies should not delegate Restricted Activities to dietitians that are not within their scope (see Q3 for details). Additionally, you also need to consider your personal scope of practice. A task may be within the legislative and workplace scopes, but not within your personal scope depending on your own skill, knowledge level, and physical limitations. If you do not feel comfortable or competent to perform a specific task safely and ethically, then you should either request additional training to be able to perform the task, or ask for assistance, or refer to another healthcare professional. In the event of a professional mistake or complaint, the CHCPBC would be looking at all these layers of scope when determining accountabilities. You are encouraged to review the Decision Tool for New Aspects of Dietetic Practice to help you reflect on if a task is within your personal scope.

Another consideration is the balance between dietetic and non-dietetic tasks. Consider that your primary role as a dietitian must be to prioritize dietetic scope tasks over non-dietetic ones (e.g.,

taking away meal trays, taking blood pressure, recording a client's medication). Some dietetic tasks are restricted or better accomplished by a dietitian (Dietitian-specific Restricted Activities). There is also a risk that patients will not receive appropriate nutrition care if you have been redeployed to other tasks during a surge or crisis. Among non-dietetic tasks, some are restricted, and others are not, please be in touch with the College anytime if you would like to discuss your individual circumstances.

Q3: Can you provide information on how to determine if I am being asked to perform a Restricted Activity that is specific to another regulated healthcare professional?

Restricted Activities are specific to healthcare professionals that are regulated under the [Health Professions Act](#). Regulated health professions have a profession-specific regulation that provides a definition of scope of practice and lists authorized restricted activities, limits on practice and certifications. You can read more about them by looking up that profession's College website or regulation. Of note, CPSBC-registered physicians are able to perform all Restricted Activities. In the Dietitians Regulation, **Restricted Activities A, B, and C are included in the descriptions, and these are the only Restricted Activities a dietitian can perform if registered to do so.** While this regulation includes Restricted Activity D, for administration of parenteral nutrition, this aspect of practice is not part of entry-to-practice competencies. After review and consultation, and given that no registrants practice Restricted Activity D, the College has recommended to the Ministry of Health to remove this restricted activity from the Dietitians Regulation.

An exception exists where a CPSBC-registered physician can delegate insertion of naso/oro enteric tubes to a dietitian who is registered with the CHCPBC to do so.

Q4: A physician has delegated the task of insertion of naso/oro enteric tubes to me. Can I perform this task?

In the Dietitians Regulation, Dietitians can only accept delegation for insertion of naso/oro enteric tubes, if they are registered to do so. To find out more about how to become certified to perform this task, including the Standards required for certification, visit [Insertion of Feeding Tubes - College of Dietitians of British Columbia \(collegeofdietitiansofbc.org\)](#) and be in touch with the College for more details on the competencies associated with this task.

A dietitian cannot accept any other delegated task.

Q5: Can I perform medication reconciliation as part of my nutrition assessment?

As discussed in Q2, there may be healthcare related tasks requested of you that you can undertake, which do not fall in the defined legal scope of practice for a dietitian, but which are also not Restricted Activities in another regulated health profession.

A dietitian (and indeed, anyone) is able to collect data about medication use by a client. In this situation, "collect" is interpreted a "simple medication history" (from [ISMP Canada Medication Reconciliation Project \(ismp-canada.org\)](#)). However, the rest of the medication reconciliation (including verification/clarification and reconciliation/medication orders) is not within dietetic scope; it is within the scope of authorized prescribers, pharmacists, and pharmacy technicians.

Some Health Authorities may use the words “verification” or “verify” on their medication reconciliation form as part of the “collection” step. If this is the case, dietitians are encouraged to talk to the most appropriate person in their Health Authority about the interpretation of the form and expectations for collection of medication information.

While dietitians can collect medication information in any format as outlined in the workplace, this is considered to be a task that is separate from and different than the medication/supplement information gathered by a dietitian for a nutrition assessment. Per the Dietetic Standards of Record Keeping 3f, documentation must include: “*The client's relevant medical history and social data related to the nutrition intervention.*” You may find that your workplace has education accessible to you if you are tasked with collecting data about medication.

For the medication to be **reconciled** (i.e., issue a medication order/tell the client what medication take), a regulated health professional authorized to practice pharmacy or prescribe, will undertake a medication review based on the BPMH information collected and assess issues such as polypharmacy, missing medication, medication incompatibility, and incorrect dosage. **The College requires that if you are being asked to complete this task, you refer to a pharmacist or an authorized prescriber.**

Dietitians are generally very familiar with medications that affect nutrition status as part of a nutrition assessment. While dietitians can support authorized prescribers and pharmacists with information about some medications’ nutritional impact (those that can affect blood sugar level, electrolytes, gastric emptying, bowel transit time, etc.), **the responsibility for medication reconciliations rests with health regulated professionals whose scope of practice involve prescribing and dispensing medication.**

Are you the best person to complete this task? Do you have a colleague more suited to completing a BPMH form? Here are examples of risks registrants may want to consider when asked to collect medication information:

- Lack of understanding when major unsafe drug therapy is being communicated from the patient to the dietitian (or indeed, any healthcare practitioner who may not identify it),
- Major errors or contraindications that have not been identified by a dietitian, as part of BPMH.
- Lack of understanding when a medication may be administered or dosed incorrectly.
- Partial completion of a BPMH form only and the potential risk that other members of the interdisciplinary team might assume the entire form is complete.

Refer to Q1 for resources to further support your reflection on this question.

Q6: I have specific questions about my area of work and the tasks I am being asked to do. What should I do?

You may find one of our Dietitian-specific practice topics for your specific question. As the College receives dietetic-specific questions from registrants, these Q&As are updated regularly to best support registrants in providing safe and competent dietetic care.

If you cannot find the answer to your question in the Q&As, you can reach out to the College anytime.

Q7: Can I delegate some of my duties to another regulated healthcare professional, or an unregulated one, to help alleviate my own caseload?

No, a dietitian is not able to delegate any tasks to any healthcare professional or member of the public. There are three considerations here:

1. The Dietetic bylaws do not include criteria for Dietitians to delegate aspects of dietetic scope of practice.
2. The meaning of “delegation”. A delegation means that a regulated health professional can authorize all or part of an aspect of practice to be performed by another person without supervision, for a specified client. It can involve the teaching of a task or aspect of practice and verifying that the person is competent to perform it safely without supervision. Providing instruction on a task, for example, EN provision or diet education for discharge, to a non-regulated staff (e.g., care aide) or to a client or family member is not deemed a delegation, since your responsibility ends with the teaching process, and you are not accountable for the actions of the person performing the task.
3. You cannot delegate a task to another regulated healthcare professional when the activity lies within the scope of that profession. Regulated healthcare professionals are legally responsible for their own practice.

If your caseload is consistently difficult to manage and you are at risk of providing suboptimal patient care, you are encouraged to speak to your manager or practice leader.