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# Interprofessional Collaboration

## Dietetics Scope of Practice Jurisdictional Review

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## **EXECUTIVE SUMMARY**

This Jurisdictional Review provides an overview of the dietetics scope of practice in Canadian provinces; the United Kingdom; Australia; and New Zealand.

There is a significant amount of contrast between the different jurisdictions. Alberta and British Columbia have the most comprehensive legislation - the United Kingdom and New Zealand the most unique. The other jurisdictions are analogous in that they have little or no legislation addressing what dietitians can and cannot do.

The general understanding of the term “dietitian” is standard across jurisdictions; the assessment of nutritional needs and the dissemination of information about food are of central importance in most jurisdictions.

In some jurisdictions, however, specific activities are contemplated. This is indicative of an apparent divide between the role of the dietitian as a health promoter and the role of the dietitian as a health care provider.

Alberta and British Columbia have more detailed definitions of the terms “dietitian” and “dietetics” that make reference to designing and implementing nutrition strategies/therapeutic diets. Notably, qualified dietitians in Alberta are permitted to insert and remove nasogastric tubes; prescribe certain drugs and parenteral nutrition; provide enteral nutrition; and perform psychosocial interventions.

Furthermore, qualified dietitians in British Columbia are allowed to “design, compound or dispense” therapeutic diets if nutrition is administered through enteral means, and “design” therapeutic diets if nutrition is administered through parenteral means. Additionally, qualified dietitians in British Columbia are allowed to “administer” a substance to a person by instillation through enteral and parenteral means.

Qualified dietitians in Quebec are allowed to “determine” the appropriate feeding route when an individual has been prescribed a nutritional treatment plan.

Specific titles are reserved in every jurisdiction that has a governing regulatory body. The protected titles include “Dietitian” and the initials “R.D./P. Dt.”

The majority of jurisdictions have also implemented ethical standards that lay out general codes that dietitians are responsible for following.

# ALBERTA

## Regulatory Body

College of Dietitians of Alberta

## Pertinent Legislation

*Government Organization Act*, R.S.A. 2000, c. G-10.

*Health Professions Act*, R.S.A. 2000, c. H-7.

*Registered Dietitians and Registered Nutritionists Profession Regulation*, Alta. Reg. 79/2002.

## Codes and Standards

*Code of Ethics*, College of Dietitians of Alberta, April 2008.

*Standards of Practice and Essential Competencies for Dietetic Practice*, College of Dietitians of Alberta, April 2008.

## Scope of Practice

<i>Health Professions Act, R.S.A. 2000 c. H-7.</i>	
	<b>Schedule 23</b>
3	In their practice, registered dietitians and registered nutritionists do one or more of the following: <ul style="list-style-type: none"><li>(a) assess nutritional status and develop, implement and evaluate food and nutrition strategies and interventions to promote health and treat illness;</li><li>(b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products;</li><li>(c) promote optimal health, food security and food safety through the development and delivery of food and nutrition education, programs and policies, and</li><li>(d) <i>provide restricted activities authorized by the regulations</i> (emphasis added).</li></ul>

## Restricted Activities

<i>Government Organization Act, R.S.A. 2000, c. G-10.</i>	
	<b>Offence</b>
4(1)	No person shall perform a restricted activity or a portion of it on or for another person unless <ul style="list-style-type: none"><li>(a) the person performing it<ul style="list-style-type: none"><li>(i) is a regulated member as defined in the <i>Health Professions Act</i>, and is authorized to perform it by the regulations under the <i>Health Professions Act</i>,</li><li>(ii) is authorized to perform it by a regulation under section 3 [see below],</li><li>(ii.1) is authorized to perform it by an order under section 3.1 [see below], or</li><li>(iii) is authorized to perform it by another enactment,</li></ul></li><li>or</li><li>(b) the person performing it<ul style="list-style-type: none"><li>(i) has the consent of, and is being supervised by, a regulated member described in clause (a)(i), and</li><li>(ii) is permitted to perform the restricted activity under a regulation made under section 131(1)(d)(i) of the <i>Health Professions Act</i> by the council of the college of the regulated member referred to in subclause (i),</li></ul></li></ul>

and there are regulations made under section 131(1)(d)(ii) of the *Health Professions Act* by the council of the college of that regulated member respecting how regulated members must supervise persons who provide restricted activities under this clause.

(2) Despite subsection (1), if no person who is authorized under subsection (1) is available to perform the restricted activity or a portion of it, a person may without expectation or hope of compensation or reward provide a restricted activity or a portion of it to provide physical comfort to or to stabilize another person who is ill, injured or unconscious as a result of an accident or other emergency.

(3) No person, other than a person authorized to perform a restricted activity under subsection (1)(a), shall or shall purport to consent to, provide supervision of and control of, another person performing the restricted activity or a portion of a restricted activity.

(4) No person shall require another person to perform a restricted activity or a portion of a restricted activity if that other person is not authorized in accordance with subsection (1) to perform it.

***Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002.***

**Restricted activities qualifications**

9 *A regulated member who demonstrates competence in the provision of one or more restricted activities listed in section 10, in accordance with dietetic standards of practice and criteria for demonstrating competence as established by the Council, may be authorized by the Registrar to provide one or more of those restricted activities (emphasis added).*

**Restricted activities**

10(1) Subject to section 9, a regulated member may perform the following restricted activities as set out in Schedule 7.1 to the *Government Organization Act*:

- (a) to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow or beyond the pharynx for the purposes of inserting or removing nasoenteric tubes, if in the provision of nutrition support the regulated member is providing enteral nutrition;
- (b) to insert instruments, devices, fingers or hands into or remove them from an artificial opening in the body if, in the provision of nutrition support, the regulated member provides enteral nutrition to patients and inserts or removes gastrostomy or jejunostomy tubes;
- (c) to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act* for the purposes of providing nutrition support;
- (d) to prescribe parenteral nutrition if the regulated member is providing nutrition support and the member is authorized to prescribe a Schedule 1 drug within the meaning of the *Pharmaceutical Profession Act*;
- (e) to prescribe and administer oral diagnostic imaging contrast agents if in the provision of medical nutrition therapy a regulated member performs a video fluoroscopic swallowing study or assists with the study;
- (f) to perform psychosocial intervention if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns;
- (g) to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmaceutical Profession Act* and pursuant to a prescription, if required by the *Pharmaceutical Profession Act*.

(2) A regulated member who prescribes or distributes any drugs pursuant to subsection (1) may only do so in accordance with criteria established by the Council.

**Restriction**

10.1 Despite sections 9 and 10, regulated members *must restrict themselves* in performing restricted activities to those activities that they are *competent to perform* and that are *appropriate to the member's area of practice* and the procedure being performed (emphasis added).

**Supervision of restricted activities**

11(1) A student enrolled in a program approved by the Council or a regulated member undergoing training to perform the restricted activity in accordance with criteria established by the Council may perform the restricted activities set out in section 10 under the direct supervision of a regulated member registered on the general register.

- (2) The supervising regulated member must be
- (a) on-site with the student or regulated member while the student or regulated member is performing the restricted activity,
  - (b) available for consultation and to assist the student or regulated member in performing the restricted activity as required, and
  - (c) authorized by this Regulation to provide the restricted activity.

***Government Organization Act, R.S.A. 2000, c. G-10.***

**Regulations**

3 On consulting with the Health Professions Advisory Board under the *Health Professions Act*, the Minister may make regulations authorizing a person or a category of persons other than a regulated member or category of regulated members under the *Health Professions Act*, to perform one or more restricted activities subject to any conditions included in the regulations.

**Public health emergency**

3.1 For the purposes of preventing, combating or alleviating a public health emergency as defined in the *Public Health Act*, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.

**Registration Categories**

***Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002.***

**Regulated member register**

- 2 The regulated members register established by the Council under section 33(1)(a) of the Act (*Health Professions Act*) has the following categories:
- (a) general register;
  - (b) temporary register; and
  - (c) courtesy register.

**Titles**

***Health Professions Act, R.S.A. 2000 c. H-7. Schedule 23***

**Use of titles, etc.**

- 2 A regulated member of the College of Dietitians of Alberta may, as authorized by the regulations, use any of the following titles, abbreviations and initials:
- (a) registered dietitian;
  - (b) dietitian;
  - (c) registered nutritionist;
  - (h) R.D.

**Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002.**

**Protected titles and initials**

17(1) A regulated member on the general register or on the courtesy register may use the following protected titles and initials:

- (a) registered dietitian;
- (b) dietitian;
- (c) registered nutritionist;
- (d) R.D.

(2) *A regulated member on the temporary register may use the protected title dietitian (emphasis added).*

(3) If the practice permit or registration of a regulated member has been suspended, the member shall not use any of the protected titles or initials of the profession during the suspension.

**Continuing Competence Requirements**

**Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002.**

**Continuing competence**

14(1) As part of the continuing competence program regulated members must complete the following in a form satisfactory to the Registrar or Registration Committee:

- (a) self-assessment;
- (b) a competence plan that states the continuing competence goals for the registration year and the continuing competence activities to be undertaken during the year to achieve the continuing competence plan goals;
- (c) documentation of the competence activities described in subsection (2) carried out during the registration year;
- (d) a competence plan evaluation.

(2) On and after April 1 immediately following the coming into force of Schedule 23 of the Act, regulated members on the general register must, in each registration year,

- (a) complete the requirements of subsection (1),
- (b) complete the continuing competence activities stated in the competence plan,
- (c) complete any workshops or study modules related to the regulated member's practice, required by the Council, and
- (d) *for regulated members authorized under section 9 to provide restricted activities, complete any continuing competence activities required by the Council (emphasis added).*

**Codes and Standards**

**Code of Ethics**

4.0 The dietitian maintains competence in dietetic practice.

4.1 Personal Competence

- (1) The dietitian is knowledgeable of and adheres to all relevant public protection legislation applicable to their dietetic practice (may include but is not limited to: *health profession legislation, public health act, protection of persons in care legislation, child welfare legislation, protection of information and privacy legislation (emphasis added).*
- (2) The dietitian assumes responsibility and accountability for personal competence in practice.

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

#### 4.2 Restricted Activities

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

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

#### **STANDARD 1: PROFESSIONAL PRACTICE**

A dietitian assumes responsibility and accountability in the provision of competent, safe, ethical, professional practice.

This standard applies to all dietitians.

#### **FOUNDATIONAL KNOWLEDGE**

The competent dietitian demonstrates knowledge of the following:

- Applicable legislation, regulations, standards and guidelines
- Code of ethics/conduct
- Scope of practice
- Human rights
- Conflict of interest
- Confidentiality
- Documentation guidelines
- Principles of information management
- Current technology

#### **ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS**

1.0 Practices with professional integrity.

1.1 Practices in compliance with professional legislation and regulations. May include but is not limited to: health profession acts, protection for person in care acts, personal directive acts, health information

protection acts, freedom of information and protection of privacy acts.

1.2 Practices in compliance with professional standards, practice guidelines and codes. May include but is not limited to: practice standards, codes of ethics, continuing competence programs,

1.3 Provides services within scope of practice and personal competence.

1.4 Refers individuals for consultation when issues are beyond scope of practice and competence.

1.5 Accepts personal responsibility and accountability for actions and decisions.

# BRITISH COLUMBIA

## Regulatory Body

College of Dietitians of British Columbia

## Pertinent Legislation

*Health Professions Act*, R.S.B.C. 1996, c. 183.

*Dietitians Regulation*, B.C. Reg. 296/2002.

## Policies and Guidelines

*Interpretive Guide: The Reserved Acts*, College of Dietitians of British Columbia.

*Standards for Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes*, College of Dietitians of British Columbia, Policy Qac-01.

*Standards for Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes*, College of Dietitians of British Columbia, Practice Guidelines.

## Corporate Documents

Consolidated Bylaws of the College of Dietitians of British [Approved by the provincial government].

Bylaws Schedule A: Code of Ethics.

Bylaws Schedule B: Standards of Practice.

## Scope of Practice

<b><i>Dietitians Regulation, B.C. Reg. 296/2002.</i></b>
<b>Definitions</b> 1 In this regulation: “dietetics” means 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;
<b>Designation</b> 2(1) Dietetics is designated as a health profession.  2(2) The College of Dietitians of British Columbia is the name of the college established under section 15(1) of the <i>Health Professions Act</i> for dietetics.
<b>Scope of practice</b> 4 A registrant may practise dietetics.

## Reserved Acts

<b><i>Health Professions Act, R.S.B.C. 1996, c. 183.</i></b>
<b>Prohibitions regarding practice of designated health profession</b> 13(1) If a regulation [under section 12 (2) (d)] limits the services that may be performed in the course of practice of a designated health profession, a registrant must limit his or her practice of that designated health profession in accordance with the regulation.  2(2) If a regulation [under section 12 (2) (e)] prescribes a service that may only be performed by a registrant of a particular college,  (a) a person other than a registrant of the college must not perform the service, and

<p>(b) a person must not recover any fee or remuneration in any court in respect of the performance of the service unless, at the time of performance, the person was a registrant of the college or a corporation entitled to provide the services of a registrant of the college.</p> <p>(3) If a regulation [under section 12 (2) (f)] prescribes a service that may only be performed by or under the supervision of a registrant of a particular college,</p> <p>(a) a person other than a registrant of the college must not perform the service unless he or she does so under the supervision of such a registrant, and</p> <p>(b) a person other than a registrant of the college or a corporation entitled to provide the services of a registrant of the college must not recover any fee or remuneration in any court in respect of the performance of the service unless, at the time of performance, the person performing the service was supervised by such a registrant.</p> <p>(4) A person other than a registrant of a college must not use a name, title, description or abbreviation in any manner that expresses or implies that he or she is a registrant or is associated with the college.</p> <p><b>Exceptions to prohibitions</b></p> <p>14 Despite section 13, nothing in this Act, the regulations or the bylaws prohibits a person from</p> <p>(a) practising a profession, discipline or other occupation in accordance with this or another Act, or</p> <p>(b) providing or giving first aid or temporary assistance to another person in case of emergency if that aid or assistance is given without gain or reward or hope of gain or reward.</p>
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<p><b><i>Dietitians Regulation, B.C. Reg. 296/2002.</i></b></p> <p><b>Reserved acts</b></p> <p>5 Subject to section 14 of the Act, no person other than a registrant who meets the additional qualifications set out in the bylaws of the College may</p> <p>(a) design, compound or dispense therapeutic diets if nutrition is administered through enteral means,</p> <p>(b) design therapeutic diets if nutrition is administered through parenteral means, or</p> <p>(c) administer a substance to a person by instillation through enteral or parenteral means.</p>
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**Limitations on Practice**

<p><b><i>Dietitians Regulation, B.C. Reg. 296/2002.</i></b></p> <p>6 (1) No registrant may insert a feeding tube.</p> <p>(2) Subsection (1) does not apply to a registrant who</p> <p>(a) is acting under delegated authority of a medical practitioner, and</p> <p>(b) is acting in accordance with standards developed for the purposes of paragraph (a) by the board and approved by the board and the College of Physicians and Surgeons of British Columbia.</p>
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**Codes, Standards and Bylaws (Additional Privileges to Practice Reserved Acts)**

<p><b>Consolidated bylaws of the College of Dietitians of British Columbia</b></p> <p><b>Additional Privileges to Practice Reserved Acts</b></p> <p>47(1) A full or temporary registrant may design, compound, or dispense therapeutic diets where nutrition is administered through enteral means if they have proven to the satisfaction of the registration committee that they have successfully completed a recent program of practical experience, on-the-job training, or a continuing education program approved by the board.</p> <p>(2) A full or temporary registrant may design therapeutic diets where nutrition is administered through parenteral means if they have proven to the satisfaction of the registration committee that they have successfully completed a recent program of practical experience, on-the-job training, or a continuing</p>
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<p>education program approved by the board.</p> <p>(3) A full or temporary registrant may administer a substance to a person by instillation through enteral means if they have proven to the satisfaction of the registration committee that they have successfully completed a recent program of practical experience, on-the-job training, or a continuing education program approved by the board.</p> <p>(4) A full or temporary registrant may administer a substance to a person by instillation through parenteral means if they have proven to the satisfaction of the registration committee that they have successfully completed a recent program of practical experience, on-the-job training, or a continuing education program approved by the board.</p> <p>(5) A full or temporary registrant may practice the Reserved Acts described in subsections (1) to (4) upon payment of the fees specified in Schedule “D”.</p> <p><b>Quality Assurance/Continuing Education</b></p> <p>52(1) A registrant must complete the continuing education program approved by the board within any 36 month period.</p>
<p><b>Bylaws Schedule A: Code of Ethics</b></p>
<p><b>Principle 2 Dietitians practice safely, competently and legally.</b></p> <p><b>Standards</b></p> <ul style="list-style-type: none"> <li>• Provide the best service that circumstances, resources, experience and education permit</li> <li>• Meet legislated requirements in the <i>Health Professions Act</i>, <i>Dietitians Regulation</i>, <i>College of Dietitians of BC</i> bylaws and other pertinent legislation</li> <li>• Provide services based on scientific principles and current best-practice information</li> <li>• Provide services within the scope of registration class, Reserved Act registration and level of competence</li> <li>• Use professional judgment</li> <li>• Maintain currency and competency by acquiring relevant knowledge and skills</li> <li>• Meet continuing competence program requirements</li> <li>• Recognize and resolve ethical situations</li> <li>• Accurately present professional qualifications and credentials</li> <li>• Assume responsibility for services provided by those under your supervision</li> </ul>
<p><b>By-Laws Schedule B: Standards of Practice</b></p>
<p>Standard 1: A dietitian assumes accountability and responsibility in the provision of competent, safe, ethical and professional practice.</p> <p>Indicators:</p> <ol style="list-style-type: none"> <li>1. Practices in accordance with provincial legislation. (<i>Health Professions Act</i>, <i>Dietitians Regulation</i> and <i>CDIBC</i> bylaws).</li> <li>2. Practices in compliance with professional standards, practice guidelines and codes, including but not limited to: <i>CDIBC</i> Code of Ethics, <i>Standards of Practice</i>, <i>Practice and Interpretive Guidelines</i>, <i>Continuing Competence Program</i>.</li> <li>3. Provides services within their scope of practice and personal competence, including but not limited to, Reserved Act registration, insertion of feeding tubes, dysphagia assessments.</li> <li>4. Obtains informed consent when required.</li> <li>5. Records client and other information in a clear, concise and timely manner.</li> <li>6. Manages information appropriately in accordance with legislation, including but not limited to: <i>Freedom of Information and Protection of Privacy Act</i>, <i>Personal Information Protection Act</i>, other health information acts.</li> </ol>

7. Integrates principles of sound financial management into practice as appropriate.
8. Incorporates appropriate continuous quality improvement programs into practice, including but not limited to: audits, surveys, variance analysis.
9. Incorporates relevant risk management strategies into practice, including but not limited to: disaster, pandemic, contingency, strike/lock out, threat, supply/service disruptions.

***Standards for Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes (Qac-01)***

**Introduction**

In accordance with section 6 of the *Dietitians Regulation*, a Registered Dietitian (RD) may insert a feeding tube when acting under the *delegated authority of a medical practitioner* and in accordance with specified standards. These Practice Guidelines outline the standards for CDBC registrants inserting feeding tubes under terms of Quality Assurance Policy Qac-01, “*Standards for the Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes*”. A registrant may be certified for NG feeding tube insertion only. Alternatively, a registrant who is certified for ND feeding tube insertion is automatically certified for NG insertion (emphasis added).

The policy and Practice Guidelines do not apply to enterostomal tubes.

**Practice Guidelines:**

1. Obtain initial certification:
  - refer to point 1 in the policy, for certification training eligibility requirements;
  - participate in a maximum 6-month employer approved training program (see required competencies below);
  - obtain certification training under supervision from a physician who is knowledgeable about the insertion of feeding tubes;
  - during certification training, successfully insert the following numbers of tube insertions within a six-month time period:
    - NG certification: 6 insertions or
    - ND certification: 10 insertions;
  - obtain physician and employer signatures of certification on the attached Declaration form and submit the form to the CDBC:
    - NG certification: Appendix “A” or
    - ND certification: Appendix “B”; and
  - maintain documentation confirming the successful insertion of the number of feeding tubes required to renew certification per six-month period; make available to the CDBC on request.
2. Renew certification by March 31 each year with registration renewal:
  - ensure certification renewal feeding tube insertion criteria are met:
    - NG certification: 6 insertions per six-month period or
    - ND certification: 10 insertions per six-month period;
  - register with Reserved Actions (a) and (c); and
  - submit signed Appendix “A” or “B” Declaration form by facsimile or mail.
3. Recertification is required of any registrant who:
  - moves to a new facility (certification is not transferable) or
  - has worked 24 of the past 60 months in the area of enteral nutrition, but who has not met the criteria for the required number of tubes inserted.

**Competencies Required**

4. Knowledge competencies:
  - Anatomy of the upper gastrointestinal tract and respiratory system

- Indications/contraindications for feeding tube insertion
- Universal infection control precautions
- Potential complications of feeding tube insertion and management of complications
- Legal implications of increased RD responsibility
- Health care record documentation
- Isolation/reverse isolation procedures.

5. Skills competencies:

- Patient assessment
- Patient positioning
- Patient interaction
- Team interaction
- Confirmation of feeding tube insertion
- Universal infection control precautions
- Identification and management of potential complications associated with feeding tube insertion
- Identification and management of immediate complications associated with feeding tube insertion.

6. Judgment competencies:

- Willingness to ask for help/direction from others
- Identification of contraindications to feeding tube insertion
- Identification of feeding tube malposition
- Ability to problem-solve feeding tube misplacement
- Willingness to refuse to insert feeding tube if inappropriate for patient or uncomfortable with situation
- Willingness to terminate feeding tube insertion if unsuccessful or uncomfortable with situation.

7. Attitude competencies:

- Maturity
- Confidence and competence with performance of procedure
- Respect for patient and other team members
- Willingness to learn from others
- Commitment to safe, successful feeding tube insertion
- Ability to proactively problem-solve.

***Standards for Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes***

**Authority:**

Dietitians Regulation, section 6

**Background:**

The manual insertion of a feeding tube is an invasive procedure. In accordance with the Dietitians Regulation, a Registered Dietitian (RD) may insert a feeding tube when acting under the delegated authority of a medical practitioner and in accordance with specified standards.

“Delegated authority” from a physician to insert a feeding tube means specific instructions for each client and dietitian.

Practice Guidelines complement this policy and outline how standards for the insertion of feeding tubes are met by registrants. Effective January 18, 2006, standards approved by the CDIBC Board and the College of

Physicians and Surgeons of BC came into effect.

Updates were approved on March 3, 2007.

### Policy

1. An employer requiring a Registered Dietitian (RD) employee to meet the competencies stated in the document "Practice Guideline – Standards for the Insertion of Nasogastric (NG) and Nasoduodenal (ND) Feeding Tubes" is responsible for creating and maintaining a maximum 6-month certification training program that addresses all required competencies. The employer is responsible for ensuring the RD meets the certification criteria stated in point 2 below. Physician supervision is required throughout training.
2. A registrant must meet the following certification criteria before beginning certification training for the insertion of feeding tubes:
  - registered in good standing with the CDBC, and
  - registered with Reserved Actions (a) and (c), and
  - an employee in the institution applying this policy, and
  - a minimum of 24 months (within the last 36 months) experience caring for clients who receive liquid nutrition via a feeding tube, and:
    - Certified Nutrition Support Dietitian credentialing 1 or 1 Credentialing is by the National Board of Nutrition Support Certification, Inc. recognized by the American Society of Parenteral and Enteral Nutrition College of Dietitians of BC Policy Manual, Policy Qac-01, Page 2 of 2,
    - a demonstrated advanced level of practice as it relates to enteral nutrition (i.e. experience with enteral nutrition policy and procedure development; involvement educating colleagues and other health care professionals).
3. A registrant who completes certification training for the insertion of feeding tubes:
  - is supervised throughout training by a physician who is knowledgeable about the insertion of feeding tubes;
  - meets the knowledge, skills, judgment and attitude competencies included in the Practice Guideline; and
  - inserts successfully, under physician supervision, the following minimum number of feeding tube insertions within the stated training time period:
    - NG certification: 6 insertions per six-month period or
    - ND certification: 10 insertions per six-month period.
4. At the completion of certification training, a registrant submits to the CDBC a Declaration form signifying competence with the insertion of feeding tubes (see the Practice Guideline for the Declarations). The form is signed by the supervising physician.
  - NG certification: Appendix "A" or
  - NG and ND certification: Appendix "B".
5. A registrant renews certification annually by March 31 with registration renewal by:
  - registering with Reserved Actions (a) and (c);
  - ensuring the following standards for renewing certification are obtained:
    - NG certification: 6 insertions per six-month period or
    - ND certification: 10 insertions per six-month period;
  - obtaining signatures on the Appendix "A" or "B" Declaration form verifying the registrant's competence inserting feeding tubes (see Practice Guidelines);
  - submitting the Declaration form to the CDBC; and
  - ensuring documentation confirming the successful insertion of the number of feeding tubes required to renew certification per six-month period is available to the CDBC on request.
6. A certified registrant who moves to a new facility with a new employer recertifies in that facility and sends notice of new certification and the new employment position to the CDBC. (Note: certification is not

transferable between institutions.)

A registrant who has worked 24 months of the past 60 months beginning April 1 each year in the area of enteral nutrition but has not met the required number of tube insertions for recertification is no longer considered competent and must repeat an employer approved training program.

#### **Interpretive Guide: The Reserved Acts**

Reserved Acts for Registered Dietitians are stated in the *Dietitians Regulation*. They are further defined in this Interpretive Guide to clarify registrants' practice and the need for registration with specific Reserved Acts.

#### **Legislation**

*Dietitians Regulation*: Sections 1 and 5:

Section 5 [included above] states:

"Subject to section 14 of the Act [*Health Professions Act*], 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".

Section 1 includes the following definitions:

- "compound" means to mix ingredients for enteral or parenteral nutrition.
- "design" means the selection of appropriate ingredients for enteral or parenteral nutrition.
- "dispense" means to fill a prescription for enteral nutrition
- "enteral" means administration of a nutritional substance to a patient by means of a feeding tube into the gastrointestinal tract
- "parenteral" means administration of a nutritional substance to a patient directly into the blood stream.

#### **Background Information**

For registration purposes, the Registration Committee separated section 5(c) of the *Dietitians Regulation* into two Reserved Acts. Reserved Acts C and D are defined as:

- c) administer a substance to a person by instillation through enteral means
- d) administer a substance to a person by instillation through parenteral means.

"Administer" is not defined in the *Dietitians Regulation*. To assist registrants, the following definition has been approved by the Registration Committee and the Board:

"administer" means to physically provide a nutritional or non-nutritional substance via an enteral or parenteral delivery device or system or provide instruction for same. Practice setting: The Reserved Acts may be performed in all practice settings (for example: community, residential care, acute care, critical care) and in both the paediatric and adult population.

Registration and Competence: When the Registered Dietitian (RD) practices one or more of the aspects of any of the Reserved Acts, he/she is required to be registered with that Reserved Act. A Registered Dietitian (RD) practicing a Reserved Act is competent to perform each aspect of the Reserved Act.

Education/Instruction: An RD who instructs others to perform a *Reserved Act* is required to be registered with the *Reserved Act*.

Supervision: An RD who supervises a regulated health care professional who performs the Reserved Act (for example another RD) is not required to be registered with the Reserved Act. An RD who directly supervises a non-regulated health care provider (for example a food service worker) is required to be registered with the Reserved Act and is responsible for that person's practice.

#### **Interpretive Guideline**

Registered Dietitians registered with Reserved Acts A, B, C or D may legally perform the actions outlined

below:

**Reserved Act A, Action Interpretation and Practice Guidelines**

“Design” If enteral nutrition is indicated, the RD selects or recommends:

- appropriate available commercial pre-packaged products
- appropriate macro and micronutrient mix to provide for the client’s specific nutritional requirements (for example, recommend enteral products)
- modular macronutrient components to add to available enteral products (for example, addition of protein powder or free water to enteral feeds)
- mixing of enteral products (for example, taking a high protein feed and mixing it with a concentrated feed to modify the caloric and protein content to match the needs of the patient)

“enteral nutrition as per dietitian”. The RD:

- identifies the metabolic concerns that influences the macro and micronutrient mix, and selects the pre-packaged product that meets the client’s macronutrient (protein, carbohydrate, fat and water) needs and micronutrient (vitamins, minerals and trace elements)

or

- selects a pre-packaged product and determines modifications needed to meet the client’s specific macronutrient requirements (for example, addition of protein powder and/or water to the feeding regimen)

and/or

- recommends that the client’s needs be met through the mixing of 2 prepackaged commercial products, and the appropriate ratio (for example, one can of product X to one can of product Y)

and/or

- identifies the need for a multi-vitamin mineral supplement.

“Compound” The RD:

- physically mixes enteral ingredients to enhance one or more component of the nutrition formulae
- supervises food service staff who mix nutritional formulae (for example, modular or powdered products that require dilution with water)
- instructs clients who are being trained to mix ingredients.

“Dispense” The RD:

- physically fills a physician’s order (like a pharmacist dispensing a medication as per the physician’s prescription),
- supervises staff who distribute or deliver the physician prescribed product to a client.

**Reserved Act B, Action Interpretation and Practice Guidelines**

“Design” If parenteral nutrition is indicated, the RD selects or recommends:

- appropriate available commercial products/solutions
- appropriate macro and micronutrient mix to provide for the client’s specific nutritional requirements
- modular macronutrient components to add to the available parenteral product/solution (for example, the addition of additional protein or carbohydrate to the parenteral nutrition solution)

Example A: An individual with kidney disease and high blood potassium levels requires parenteral nutrition. The client’s physician writes the following order: “dietitian to assess”. The RD:

- identifies the metabolic concerns that influences the macro and micronutrient mix and selects the parenteral nutrition solution that best meets the client’s macronutrient (protein, carbohydrate, fat, and water) and micronutrient (vitamins, minerals, and trace elements) needs or
- selects the parenteral nutrition solution and determines how it can be modified to meet the client’s specific macronutrient requirements (for example, the addition of additional lipid)

and/or

- recommends that the client’s needs be best met through a modification of the vitamin, mineral and/or

trace element components of the parenteral solution.

**Reserved Act C, Action Interpretation and Practice Guidelines**

“Administer” If a substance is being administered by instillation through enteral means, the RD:

- physically manipulates or adjusts the enteral delivery device or system,
- and/or
- physically changes an enteral feeding bag to provide a nutritional or nonnutritional substance to a client, and/or
  - instructs clients, caregivers, RDs or other health care professionals to do so.

**Reserved Act D, Action Interpretation and Practice Guidelines**

“Administer” If a substance is being administered by instillation through parenteral means, the RD:

- physically manipulates or adjusts the parenteral delivery device or system, and/or
- physically changes a parenteral feeding bag to provide a nutritional substance to a client, and/or
- instructs clients and/or caregivers, RDs or other health care professionals to physically change a parenteral feeding bag to provide a nutritional substance to a client.

**Note: RDs do not administer a substance to a person by instillation through parenteral means unless they have had additional supervised education and practice. This procedure is generally performed by Registered Nurses.**

**Titles**

***Dietitians Regulation, B.C. Reg. 296/2002.***

**Reserved titles**

3 On and after the date 12 months after this regulation comes into force, a person who is not a registrant must not use the title “dietitian”.

# MANITOBA

## Regulatory Body

College of Dietitians of Manitoba

## Pertinent Legislation

*The Registered Dietitians Act, C.C.S.M. 2002, c. R-39.*

*Registered Dietitians Regulation, Man. Reg. 234/2004.*

## Corporate Documents

Bylaws of College of Dietitians of Manitoba.

## Scope of Practice

### ***The Registered Dietitians Act, C.C.S.M. 2002, c. R-39.***

#### **Practice of dietetics**

2 The practice of dietetics means the translation and application of scientific knowledge of foods and human nutrition through

- (a) assessment, design, implementation and evaluation of nutritional interventions;
- (b) integration of food and nutrition principles in the management of food service systems; and
- (c) dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community.

## Restricted Activities/Reserved Acts

There are no express restrictions/reserved acts provided for in the Legislation.

## Titles

### ***The Registered Dietitians Act, C.C.S.M. 2002, c. R-39.***

#### **Use of titles “registered dietitian” and “dietitian”**

3(2) No person except a registered dietitian shall use the title “registered dietitian” or “dietitian”, a variation or abbreviation of either title, or an equivalent of either title in another language.

#### **Use of title “graduate dietitian”**

3(3) Unless authorized by the council, no person except a graduate dietitian shall use the title “graduate dietitian”, a variation or abbreviation of that title, or an equivalent in another language.

## Registration Categories

### ***The Registered Dietitians Act, C.C.S.M. 2002, c. R-39.***

#### **Registers**

7(1) Subject to the direction of the council, the registrar shall maintain the following registers:

- (a) a register of registered dietitians;
- (b) a register of graduate dietitians;
- (c) any other registers that are provided for in the regulations.

**Continuing Competence Requirements**

<p><b><i>The Registered Dietitians Act, C.C.S.M. 2002, c. R-39.</i></b></p>
<p><b>Continuing competence program</b></p> <p>15 The council shall establish a continuing competence program that provides for supervision of the practice of dietetics by members. The program may provide for, but is not limited to,</p> <ul style="list-style-type: none"><li>(a) reviewing the professional competence of members;</li><li>(b) conducting practice audits in accordance with this Act; and</li><li>(c) requiring members to participate in programs for ensuring competence.</li></ul>
<p><b><i>Registered Dietitians Regulation, Man. Reg. 234/2004.</i></b></p>
<p><b>Standards of practice</b></p> <p>22 The standards of practice for a dietitian are as set out in Schedule A, and failure to comply with a standard may result in a proceeding against a member in accordance with the Act.</p> <p><b>Continuing competency</b></p> <p>23 To satisfy the requirement of continuing competence for renewal of registration on the register of registered dietitians, a member must satisfy the requirements of the continuing competency program as outlined in Schedule B.</p>

# QUEBEC

## Regulatory Body

Ordre professionnel des diététistes du Québec

## Pertinent Legislation

*Professional Code*, R.S.Q. c. C-26.

*Code of Ethics of dietitians*, R.Q. c. C-26, r.65.01.

*Refresher training periods for dietitians*, Regulation respecting, R.Q. c. C-26, r.73.

## Scope of Practice

There is no express statement pertaining to scope of practice in the Legislation.

## Titles

<b><i>Professional Code, R.S.Q. c. C-26.</i></b>
<b>Exclusive use of title.</b>
36. No person shall in any way whatsoever:
(c) use the title “Dietician”, “Dietitian” or “Nutritionist” or any other title or abbreviation which may lead to the belief that he is a dietician, a dietitian or a nutritionist, or use initials which may lead to the belief that he is a dietician, a dietitian or a nutritionist, or the initials “P.Dt.”, “Dt.P.” or “R.D.”, unless he holds a valid permit for that purpose and is entered on the roll of the Ordre professionnel des diététistes du Québec;

## Professional and Restricted Activities

<b><i>Professional Code, R.S.Q. c. C-26.</i></b>
<b>Engaging in professional activities</b>
37. Every member of one of the following professional orders may engage in the following professional activities in addition to those otherwise allowed him by law:
(c) the Ordre professionnel des diététistes du Québec: assess the nutritional status of a person and determine and ensure the implementation of a response strategy designed to tailor diet to needs in order to maintain or restore health;
<b>Reserved activities</b>
37.1 Every member of one of the following professional orders may engage in the following professional activities, which are reserved to such members within the scope of the activities they may engage in under section 37:
1) the Ordre professionnel des diététistes du Québec:
(a) determine a nutritional treatment plan, including the appropriate feeding route, where an individual prescription indicates that nutrition is a determining factor in the treatment of an illness; and
(b) monitor the nutritional status of persons whose nutritional treatment plan has been determined;

## Code

<b><i>Code of Ethics of dietitians, R.Q. c. C-26, r.65.01.</i></b>
<b>DUTIES AND OBLIGATIONS TOWARDS CLIENTS</b>
1. General provisions

- 2. Integrity
- 3. In the practice of his profession, a dietitian shall take into account his knowledge and abilities, his limitations and the means at his disposal.
- 13. In the practice of his profession, a dietitian shall not perform unwarranted professional acts or unnecessarily increase the number of his professional acts; he shall refrain from performing acts that are inappropriate or disproportionate to the needs of the client.

**Continuing Competence Requirements**

<i>Regulation respecting refresher training periods for dietitians, R.Q. c. C-26, r.73.</i>
<p><b>LIMITATION OF PROFESSIONAL ACTIVITIES</b></p> <p>3.01 The Bureau may, if it so deems necessary for the protection of the public, limit the trainee dietitian's right to practise during all or part of the training period, in particular in one or several of the following ways:</p> <ul style="list-style-type: none"> <li>(a) by determining when and where he is authorized or he is not authorized to practise;</li> <li>(b) by requiring that his professional activity be performed only under the supervision of another dietitian or group of dietitians.</li> </ul>

**Anticipated Legislative Changes**

<i>Bill 50 - (&lt;<a href="http://www.opdq.org/depot-ftp/pdf/memoire_OPDQ_santeMentale_mars08.pdf">http://www.opdq.org/depot-ftp/pdf/memoire_OPDQ_santeMentale_mars08.pdf</a>&gt;)</i>
<p>Dietitians apply techniques of cognitive-behavioural modification, involving changes in eating behavior. The OPDQ considers this function implicitly included in its power to determine a nutritional treatment plan. However, the OPDQ wishes to ensure that Bill 50 does not reserve the activity of “evaluation” of persons for mental health reasons to social workers, family therapists, psychologists, counselors and psychoeducators, which may be the case if the bill is passed.</p>

# NEW BRUNSWICK

## Regulatory body

New Brunswick Association of Dietitians

## Pertinent Legislation

*Act respecting the New Brunswick Association of Dietitians, N.B. 1988, c. 75. 2.*

## Corporate Documents

The New Brunswick Association of Dietitians Bylaws

Regulations Approved by Members

## Scope of Practice

<i>Act respecting the New Brunswick Association of Dietitians, N.B. 1988, c. 75. 2.</i>	
<b>INTERPRETATION</b>	
2	In this Act, unless the context otherwise requires
	“dietitian” means a person registered under this Act to engage in the practice of dietetics and means a professional who specializes in relating the art and science of food and nutrition to health and individual lifestyles for the purpose of enhancing the quality of life;
	“practice of dietetics” means the translation and application of the scientific knowledge of foods and human nutrition towards the attainment maintenance and promotion of the health of individuals, groups and the community and includes the following:
	(a) administering food service systems though this function is not exclusive to dietitians;
	(b) assessing nutritional needs of individuals and developing and implementing nutritional care plans based on the assessments;
	(c) establishing and reviewing the principles of nutrition and guidelines for healthy and ill people throughout their lives;
	(d) assessing the overall nutritional needs of a community in order to establish priorities and to influence policies which provide the nutritional component of preventative programs, and implementing and evaluating those programs;
	(e) interpreting and evaluating, for consumer protection, information on nutrition that is available to the public;
	(f) consulting with individuals, families and groups on the principles of food and nutrition and the practical application of those principles;
	(g) planning, conducting and evaluating educational programs on nutrition;
	(h) conducting basic and applied research in food, nutrition and food service systems though this function is not exclusive to dietitians;

## Restricted Activities/Reserved Act

There are no express restrictions/reserved acts provided for in the Legislation.

## Registration Categories

<i>Bylaws</i>
<b>BYLAW I - Members</b>
There shall be five (5) classes members

- Active
- Temporary
- Qualifying
- Retired
- Honorary

**Titles**

***ByLaws***

3. Active Members of the Association shall be entitled:
- to use the title Registered Dietitian or Registered Dietitian-Nutritionist
  - to use the designation RD or RDN

***Regulations Approved by Members***

2. Supplementary to the Regulation: Titles and Designations

Titles for the exclusive use of members of the New Brunswick Association of Dietitians should include:

- Professional Dietitian
- Registered Dietitian
- Registered Dietitian-Nutritionist

## **NEWFOUNDLAND AND LABRADOR**

### **Regulatory Body**

Newfoundland and Labrador College of Dietitians

### **Pertinent Legislation**

*Dietitians Act*, S.N.L. 2005, c. D-23.1.

### **Scope of Practice**

There is no express statement pertaining to 'scope of practice' in the Legislation.

### **Restricted Activities/Reserved Act**

There are no express restrictions/reserved acts provided for in the Legislation.

### **Registration Categories**

<b><i>Dietitians Act</i>, S.N.L. 2005, c. D-23.1.</b>
<b>Definitions</b>
2. In this Act
(f) "registered dietitian" means a person whose name is entered on the register;

### **Titles**

<b>Newfoundland and Labrador College of Dietitians (&lt;<a href="http://www.nlcd.ca/default.php">http://www.nlcd.ca/default.php</a>&gt;)</b>
Registration with Newfoundland and Labrador College of Dietitians is mandatory to practice using the title(s) "Dietitian", "Registered Dietitian", or "R.D.".

## **NORTHWEST TERRITORIES**

### **Regulatory Body**

At present, there is no Regulatory Body.

### **Pertinent Legislation**

There is no Pertinent Legislation.

### **Sole Legislative Recognition**

<i>Hospital Insurance and Health and Social Services Administration Act, N.W.T. 2005, c. R-36.</i>
19(1) If a hospital has a rated capacity of 100 beds or more (a) one or more <i>dietitians</i> shall be employed in the hospital (emphasis added); or (b) arrangements shall be made for services to the hospital by a dietitian. (2) Dietitians referred to in subsection (1) shall have qualifications equivalent to those required for membership by the Dietitians of Canada.

# NOVA SCOTIA

## Regulatory Body

Nova Scotia Dietetic Association

## Pertinent Legislation

*Professional Dietitians Act*, R.S.N.S. 1989, c. 361.

## Codes

*Nova Scotia Code of Ethics for Professional Dietitians*, Nova Scotia Dietetic Association.

*Essential Competencies for Dietetic Practice*, Nova Scotia Dietetic Association.

## Corporate Documents

Nova Scotia Dietetic Association Bylaws.

## Scope of Practice

There is no express statement pertaining to 'scope of practice' in the Legislation.

## Restricted Activities/Reserved Act

There are no express restrictions/reserved acts provided for in the Legislation.

## Titles

<b><i>Professional Dietitians Act, R.S.N.S. 1989, c. 361.</i></b>
<b>Designation of professional dietitian</b> 12(1) Every person licensed pursuant to this Act may use the designation "Dietitian" or "Dietician", "Dietitian-Nutritionist", "Nutritionist", "Professional Dietitian" or "Professional Dietician", "Professional Dietitian-Nutritionist", "Professional Nutritionist", "Dietetiste", "Dietetiste-Nutritionniste", "Dietitiste Professionnelle", "Dieteticienne", "Nutritionniste" or the initials "P. Dt." or "Dt. P."
<b>Prohibited use of designation</b> (2) A person not licensed under this Act who is not qualified for membership in the Association may not use any of the following titles or designations: "Dietitian" or "Dietician", "Dietitian-Nutritionist", "Nutritionist", "Professional Dietitian" or "Professional Dietician", "Professional Dietitian-Nutritionist", "Professional Nutritionist", "Dietetiste", "Dietetiste-Nutritionniste", "Dietetiste Professionnelle", "Dieteticienne", "Nutritionniste" or the initials "P.Dt." or "Dt.P." either alone or in combination with other words, letters or descriptions.
<b><i>Nova Scotia Code of Ethics for Professional Dietitians</i></b>
2.2 The dietitian assumes responsibility and accountability for personal competence in practice. She or he has an obligation to acquire new skills and knowledge in the areas of practice on a continuing basis to ensure safe, competent and ethical dietetic practice. 2.3 The dietitian practices within her or his own level of competence. She or he seeks additional information or knowledge, or makes referrals as appropriate when the situation is beyond her or his level of competence. 3.2 The dietitian should accept only those responsibilities which she or he is competent to perform. If asked to assume responsibilities beyond her or his present level of competence, the dietitian shall be willing to obtain further training prior to assuming these responsibilities.
<b><i>Essential Competencies for Dietetic Practice</i></b>
<b>DIMENSION 1: PROFESSIONAL PRACTICE</b> Assumes responsibility and accountability in the provision of competent, safe, ethical, professional practice. This dimension applies to all dietitians.

**FOUNDATIONAL KNOWLEDGE**

The competent dietitian demonstrates thorough knowledge of the following:

- Applicable legislation, regulations, standards and guidelines
- Code of ethics/conduct
- Scope of practice
- Human rights
- Conflict of interest
- Confidentiality
- Documentation guidelines
- Principles of information management
- Current technology

**ESSENTIAL COMPETENCIES AND PERFORMANCE INDICATORS**

1.0 Practices with professional integrity.

1.1 Practices in compliance with professional legislation and regulations. May include: health profession acts, protection for person in care acts, personal directive acts, health information protection acts, freedom of information and protection of privacy acts

## **NUNAVUT**

### **Regulatory Body**

At present, there is no Regulatory Body.

### **Pertinent Legislation**

There is no Pertinent Legislation.

# PRINCE EDWARD ISLAND

## Regulatory body

Prince Edward Island Dietitians Registration Board

## Pertinent Legislation

*Dietitians Act*, R.S.P.E.I. 1988, c. D-10.1.

*Registration Regulations*, P.E.I. Reg. EC454/95.

*Standards and Discipline Regulations*, P.E.I. Reg. EC830/95.

## Scope of Practice

<b><i>Dietitians Act, R.S.P.E.I. 1988, c. D-10.1.</i></b>
1. In this Act  (e) "dietetics" means the professional practice of applying scientific knowledge of foods and nutrition to human health and, in particular, assessing the nutritional status and requirements of individuals or groups of individuals, designing general standards and determining care plans appropriate to meet nutritional requirements, designing, evaluating and communicating to the public, information on nutrition matters for the purposes of health education and consumer protection, directing nutritional therapy, ensuring the nutritional quality and safety of food service in a health-care institution or program.
<b>Specialist Recognition</b> 11. The Board may grant a specialist certification or endorsement of a registration to a person who satisfies such qualifications, standards and conditions as may be prescribed, to signify that the person is recognized as a practitioner with special or amplified expertise in a particular field of dietetics.

## Restricted Activities/Reserved Act

There are no express restrictions/reserved acts provided for in the Legislation.

## Titles

<b><i>Dietitians Act, R.S.P.E.I. 1988, c. D-10.1.</i></b>
<b>Prohibition</b> 13. A registered dietitian may use the designation "dietitian" and the abbreviation "RD" or other similar designation as may be prescribed. 20. No person other than a registered dietitian holding a valid certificate shall engage in or carry on the practice of dietetics under the title of "dietitian", "RD", "P.Dt.", "dietetiste", "Dt.p" or such other similar designation as may be prescribed in regulations; call herself or himself a "registered dietitian", "RD", "P.Dt.", "dietetiste professionnelle", "Dt.p." or other similar designation as may be prescribed; or take or use any name, title, or description implying or calculated to lead people to infer that the person is a registered dietitian.

## Continuing Competence Requirements

<b><i>Registration Regulations, P.E.I. Reg. EC454/95.</i></b>
12(1) A person who applies for renewal of a certificate shall demonstrate to the satisfaction of the Board that the person has maintained familiarity with current practice and endeavoured to enhance professional competency by meeting such requirements for continuing professional development as are prescribed in these regulations or in other regulations concerning standards of practice made under the Act, whichever requirements are the more demanding.

# SASKATCHEWAN

## Regulatory body

Saskatchewan Dietitians Association

## Pertinent Legislation

*Dietitians Act*, S.S. 2001, c. D-27.1.

## Codes

*Code of Ethics for Registered Dietitians*, Saskatchewan Dietitians Association.

## Corporate Documents

Saskatchewan Dietitians Association's Bylaws.

## Scope of Practice

There is no express statement pertaining to 'scope of practice' in the Legislation.

## Restricted Activities/Reserved Act

There are no express restrictions/reserved acts provided for in the Legislation.

## Titles

***Dietitians Act, S.S. 2001, c. D-27.1.***

### **Protection of title**

21 No person other than a member shall use the title "Dietitian", "Registered Dietitian" or "Professional Dietitian" or the abbreviation "R.D." or "P.Dt." or any word, title or designation, abbreviated or otherwise, to imply that the person is a member.

## Bylaws

### **Saskatchewan Dietitians Association's Bylaws**

2.3 The dietitian practices within her or his own level of competence. She or he seeks additional information or knowledge, or makes referrals as appropriate when the situation is beyond her or his level of competence.

3.2 The dietitian should accept only those responsibilities which she or he is competent to perform. If asked to assume responsibilities beyond her or his present level of competence, the dietitian shall be willing to obtain further training prior to assuming these responsibilities.

## **YUKON**

### **Regulatory Body**

At present, there is no Regulatory Body.

### **Pertinent Legislation**

There is no Pertinent Legislation.

## **AUSTRALIA**

### **Regulatory Body**

At present, there is no Regulatory Body. The Dietitians Association of Australia is an educational institute. The designation Accredited Practising Dietitians (i.e. “APD”) is their trademark

### **Pertinent Legislation**

There is no Pertinent Legislation.

## NEW ZEALAND

### Regulatory Body

New Zealand Dietitians Board

### Pertinent Legislation

*Health Practitioners Competence Assurance Act 2003 (N.Z.) 2003/048.*

*Health Practitioners Competence Assurance (Restricted Activities) Order 2005, New Zealand Gazette of 30 June 2005. (Issue 100, 2005), p. 2396.*

### Scope of Practice/Qualifications

**New Zealand Dietitians Board (<<http://www.dietitiansboard.org.nz/>>)**

#### **Scope of Practice – Dietitian**

Dietitians apply scientific knowledge about food and nutrition to individuals and groups in states of health and disease to promote optimal health outcomes within the social, economic, and cultural context of the New Zealand population.

Qualifications Prescribed for Registration in the Scope of Practice - Dietitian

Pursuant to section 12 (1) of the *Health Practitioners Competence Assurance Act 2003*, the following qualifications have been prescribed by the Board for registration as a dietitian:

Postgraduate Diploma in Dietetics; or equivalent qualification and pass in a Board examination.

### Restricted Activities

***Health Practitioners Competence Assurance Act 2003 (N.Z.) 2003/048.***

#### **8 Health practitioners must not practise outside scope of practice**

- (1) Every health practitioner who practises the profession in respect of which he or she is registered must have a current practising certificate issued by the responsible authority.
- (2) No health practitioner may perform a health service that forms part of a scope of practice of the profession in respect of which he or she is registered unless he or she---
  - (a) is permitted to perform that service by his or her scope of practice; and
  - (b) performs that service in accordance with any conditions stated in his or her scope of practice.
- (3) Nothing in subsection (1) or subsection (2) applies to a health practitioner who performs health services
  - (a) in an emergency; or
  - (b) as part of a course of training or instruction; or
  - (c) in the course of an examination, assessment, or competence review required or ordered by the responsible authority.

#### **9 Certain activities restricted to particular health practitioners**

- (1) The Governor-General may, from time to time, by Order in Council made on the recommendation of the Minister, declare an activity that constitutes or forms part of a health service to be a restricted activity.
- (2) Before the Minister makes a recommendation under subsection (1), the Minister must consult about his or her proposal for the recommendation with any organisation that the Minister considers
  - (a) will be affected by the proposal; or
  - (b) whose members will be affected by the proposal.
- (3) The Minister may recommend that an Order in Council under this section be made only if, after consulting under subsection (2), he or she is satisfied that members of the public risk serious or permanent harm if the activity is performed by persons other than health practitioners who are permitted by their scopes

of practice to perform that activity.

(4) No person may perform, or state or imply that he or she is willing to perform, an activity that, by an Order in Council made under this section, is declared to be a restricted activity unless the person is a health practitioner who is permitted by his or her scope of practice to perform that activity.

(5) Despite subsection (4), a person does not contravene that subsection by performing an activity

- (a) in an emergency; or
- (b) in the course of training or instruction and under the control of a health practitioner of the kind described in that subsection; or
- (c) in the course of an examination, assessment, or competence review required or ordered by the responsible authority.

(6) Every person commits an offence punishable on summary conviction by a fine not exceeding \$30,000 who contravenes subsection (4).

(7) An Order in Council under this section is a regulation for the purposes of the Regulations (Disallowance) Act 1989.

#### ***Health Practitioners Competence Assurance (Restricted Activities) Order 2005.***

Pursuant to section 9 of the Health Practitioners Competence Assurance Act 2003, Her Excellency the Governor-General, acting on the advice and with the consent of the Executive Council, makes the following order.

#### **Guidance – Overview**

The restricted activities do not, in themselves, limit what activities a registered health practitioner may carry out.

Under the HPCAA the activity of practitioners is determined by the scopes of practice within which they work. A registered health practitioner may do anything in his or her scope of practice – including an activity that is otherwise restricted if that scope of practice covers or clearly includes that activity.

It is not necessary for a scope of practice to specifically refer to a restricted activity; only that the scope clearly countenances it. A health practitioner who acts outside his or her scope of practice will be subject to proceedings initiated by his or her registration authority.

#### **Order**

The activities specified in the Schedule are declared to be restricted activities.

#### **Schedule cl 3**

#### **Restricted activities**

1. Surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes, or teeth.
2. Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances.
3. Prescribing of enteral or parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.
4. Prescribing of an ophthalmic appliance, optical appliance, or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight.
5. Performing a psychosocial intervention with an expectation of treating a serious mental illness, without the approval of a registered health practitioner.
6. Applying high-velocity, low-amplitude manipulative techniques to cervical spinal joints.

# UNITED KINGDOM

## Regulatory Body

Health Professions Council

## Pertinent Legislation

*The Health Professions Order*, S.I. 2001/245.

*Medicines (Pharmacy and General Sale—Exemption) Order*, S.I. 1980/1924. (the “**principal Order**”)

*Medicines (Pharmacy and General Sale—Exemption) Amendment (No. 2) Order*, 2004.

Comment [A1]:

## Scope of Practice

- Appear to be administering and monitoring enteral and parenteral nutritional support.
- Appear to be administering and monitoring therapeutic diets.
- No indication that they are able to *order* laboratory assessments, enteral and parenteral nutritional support or therapeutic diets
- Can prescribe named medicine if there is a Patient Group Direction “A Patient Group Direction is a written instruction for the sale, supply and/or administration of a named medicine for a defined clinical condition. In general, a PGD is not meant to be a long-term means of managing a patient's clinical condition. This is best achieved by a health care professional prescribing for an individual patient on a one-to-one basis (Medicines Matters, produced by the Department of Health, describes the mechanisms available for the prescribing, supply and administration of medicines):

Comment [A2]:

### **Medicines (Pharmacy and General Sale—Exemption) Amendment (No. 2) Order, 2004.**

#### **Amendment of article 1 of the principal Order,**

2. In article 1(2) of the principal Order (interpretation), in the appropriate alphabetical place, insert the following definition[s]:

“registered dietitian” means a person who is registered in Part 4 of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001(d)”;

#### **Amendment of Schedule 3 to the principal Order**

3. In Schedule 3 to the principal Order(a) (classes of individual by whom supplies may be made), at the end of the list in Part III add

“Registered dietitians.”

## Patient Group Directions

### **Medicines (Pharmacy and General Sale—Exemption) Amendment (No. 2) Order, 2004.**

#### **Amendment of article 1 of the principal Order**

2. In article 1(2) of the principal Order (interpretation), in the appropriate alphabetical place, insert the following definitions

“registered dietitian” means a person who is registered in Part 4 of the register maintained by the Health Professions Council under article 5 of the Health Professions Order 2001(d)”;

#### **Amendment of Schedule 3 to the principal Order**

3. In Schedule 3 to the principal Order(a) (classes of individual by whom supplies may be made), at the end of the list in Part III add

“Registered dietitians.”

**Health Service Circular Series Number: HSC 2000/026 Issue Date: 09 August 2000 Review Date: 09 August 2003 Category: General Health Service Status: Action sets out a specific action on the part of the recipient with a deadline where appropriate PATIENT GROUP DIRECTIONS [ENGLAND ONLY]**

4. The relevant modifications to the provisions in and under the Medicines Act 1968 are contained in the Prescription Only Medicines (Human Use) Amendment Order 2000, the Medicine (Pharmacy and General Sale – Exemption) Amendment Order 2000 and the Medicines (Sale and Supply) (Miscellaneous Provisions) Amendment (No2) Regulations 2000. The changes come into force on 9 August, 2000.

The legislation applies to the NHS, including private and voluntary sector activity funded by the NHS. Therefore it covers treatment provided by NHS Trusts, Primary Care Trusts, Health Authorities (including SHAs), GP or dentist practices, Walk-in Centres and NHS funded family planning clinics. It does not otherwise apply to the private and voluntary sectors (further legislation is proposed in due course).

5. The patient group direction must be signed by a senior doctor (or, if appropriate, a dentist) and a senior pharmacist, both of whom should have been involved in developing the direction. Additionally the patient group direction must be authorised by the HA, SHA, NHS Trust, Primary Care Trust or Primary Care Group (in its capacity as a sub-committee of the HA). Clinical Governance Leads are probably best placed to do this.

6. The qualified health professionals who may supply or administer medicines under a patient group direction are nurses; midwives; health visitors; optometrists; pharmacists; chiropodists; radiographers; orthoptists; physiotherapists and ambulance paramedics. They can only do so as named individuals. [Dietitians have subsequently been added to this list – See Above]

7. The legislation specifies that each patient group direction must contain the following information:

- the name of the business to which the direction applies;
- the date the direction comes into force and the date it expires;
- a description of the medicine(s) to which the direction applies;
- class of health professional who may supply or administer the medicine;
- signature of a doctor or dentist, as appropriate, and a pharmacist;
- signature by an appropriate health organisation;
- the clinical condition or situation to which the direction applies;
- a description of those patients excluded from treatment under the direction;
- a description of the circumstances in which further advice should be sought from a doctor (or dentist, as appropriate) and arrangements for referral;
- details of appropriate dosage and maximum total dosage, quantity, pharmaceutical form and strength, route and frequency of administration, and minimum or maximum period over which the medicine should be administered;
- relevant warnings, including potential adverse reactions;
- details of any necessary follow-up action and the circumstances;
- a statement of the records to be kept for audit purposes.

# Dietitians

## Jurisdictional Review Summary Table

**August 2008**

### **Request: Controlled Act #1 – Communicating a Diagnosis**

**It is proposed that RDs be authorized to communicate a diagnosis that relates to nutrition therapy, only when the diagnosis has been confirmed by a physician, nurse practitioner or other authorized healthcare practitioner.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	Yes	No	Section 39.4 of the Professional Code as well as the OPDQ's duty to inform pursuant Section 10 of the Code of Ethics.
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	

Australia	No	-	
United Kingdom	No	-	
New Zealand	No	-	

**Request: Controlled Act #2 – Procedure below the dermis**

**It is proposed that RDs be authorized to perform skin pricks for the purpose of monitoring capillary blood levels.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	Yes	No	(please see < <a href="http://www.oiq.org/infirmieres/lois_reglements_pdf/Cahier-explicatif-PL90-5.pdf">http://www.oiq.org/infirmieres/lois_reglements_pdf/Cahier-explicatif-PL90-5.pdf</a> > p. 18)
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

**Request: Controlled Act #8 – Prescribing or dispensing, specifically for the adjustment of insulin and oral hypoglycemic regimens**

**It is proposed that RDs be authorized to make adjustments to the dose of existing insulin or oral hypoglycemic medications that have been prescribed by a physician or authorized healthcare practitioner.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

**Request: Controlled Act #14 – Psychotherapy**

**It is proposed that RDs be involved in the definition of psychotherapy as it relates to dietetic scope of practice.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	Yes	No	<i>Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002., s.10(1)(f). (Relates to psychosocial counselling – not psychotherapy)</i>
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

**Request: Prescribing and managing enteral and parenteral nutrition**

**It is proposed that a new controlled act be created and that RDs be authorized to prescribe and manage enteral and parenteral nutrition.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	Yes	No	<i>Dietitians Regulation, B.C. Reg. 296/2002., s.5.</i>
Alberta	Yes	No	<i>Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002., s.10(1) (a) and (d)</i>
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	Note: Section 37.1.1 a) of the Professional Code - once the feeding route is determined it is the physician who prescribes (interdisciplinary approach).
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

**Request: Prescribing and managing therapeutic diets**

**It is proposed that a new controlled act be created and that RDs be authorized to prescribe and manage therapeutic diets.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	<i>Dietitians Regulation, B.C. Reg. 296/2002., s.5 does allow for design, compound and dispense.</i>
Alberta	No	No	<i>Registered Dietitians and Registered Nutritionists Profession Regulation, Alta. Reg. 79/2002., s.10(1)(g) does allow for prescription of medical nutrition therapy drugs and (d) allows for prescription of parenteral nutrition.</i>
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

**Request: Public Hospitals Act**

**For the Public Hospitals Act, it is proposed to add the RD to the list of professionals authorized to order specified treatment and/or diagnostic procedures within the dietetic scope of practice. Examples include: diet orders, enteral and parenteral nutrition, vitamin and mineral supplements, laboratory tests of particular relevance to managing nutrition therapy, body weight, and assessments by other health professionals.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	

United Kingdom	No	-	
New Zealand	No	-	

### Request: Laboratory Specimens and Collection Centre Licensing Act

**It is proposed that RD be added to the list of professionals authorized to order specified tests as prescribed in the regulation, within their scope of practice and limited to those of particular relevance to managing nutrition therapy. Examples include: hemoglobin, albumin, glycolysated hemoglobin.**

Jurisdiction	Current Authority	Proposed Reform	Relevant Mechanisms
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	
United Kingdom	No	-	
New Zealand	No	-	

**Request: Health Care Consent Act**

**It is proposed that RD be added to the list of professionals that may act as an “evaluator” for the purpose of determining capacity for admission to a LTC home.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	
United Kingdom	No	-	
New Zealand	No	-	

### Request: The Long Term Care Act

**As regulations are developed, it is proposed that it be specified that nutritional care is ordered and managed by the RD, including therapeutic diet orders and enteral and parenteral nutrition.**

<b>Jurisdiction</b>	<b>Current Authority</b>	<b>Proposed Reform</b>	<b>Relevant Mechanisms</b>
British Columbia	No	No	
Alberta	No	No	
Saskatchewan	No	No	
Manitoba	No	No	
Quebec	No	No	
New Brunswick	No	No	
Newfoundland and Labrador	No	No	
Nova Scotia	No	No	
Prince Edward Island	No	No	
Northwest Territories	No	No	
Nunavut	No	No	
Yukon Territory	No	No	
Australia	No	-	
United Kingdom	No	-	
New Zealand	No	-	

