



**COLLEGE OF DIETITIANS
OF ALBERTA**

STANDARDS OF PRACTICE

February 2023

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Standards of Practice (2018) Introduction

Background

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

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

Purpose of the Standards of Practice

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

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

Assumptions

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

- Support CDA's primary professional obligation to protect and serve the public interest according to legislative requirements.
- Apply to the diverse professional roles of Registered Dietitians including but not limited to: assessment of nutritional requirements of individuals/groups; management of nutrition goals for population health, disease management and prevention; management of food nutrition services/programs; education of clients and others; development of nutrition related tools/communications; employment in industry and business; and contribution to

research.¹ The Standards are applicable to all regulated members regardless of their roles, responsibilities, and practice context.

- Represent the minimum practice performance of regulated members in delivering safe, competent, ethical services.
- Outline the mandatory performance expectations which must be adhered to by regulated members.
- Represent one element of a continuum of documents such as legislation, *Codes of Ethics*, Practice Guidelines, and Competency Profiles that shape and guide the practice of the profession.
- Are to be considered as a comprehensive unit that regulated members are expected to be knowledgeable of and conform to at all times.
- Exist within the context of legislative, regulatory, and organization/employer requirements. In the case of inconsistencies, regulated members must comply with the most restrictive or least permissive policies (e.g., if employer policies are more lenient than that of the regulatory college, regulated members are expected to comply with the regulatory college requirements).
- Refer to 'client' in its broadest perspective. In this document, 'client' can refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Format of the Standards of Practice

The Standards of Practice are organized under the following headings:

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

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

¹ Adapted from Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standards of Practice

Standard 1. Assessment and Interventions

Standard

Registered Dietitians competently select and interpret **assessment data**¹, develop and/or implement goals/plans/tools, and implement appropriate interventions in the provision of **client-centred, professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will

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

Practice Outcome

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

Related Standards

- [Client-Centred Services](#)
- [Collaborative Practice](#)
- [Communication](#)
- [Competence](#)
- [Consent](#)
- [Evidence-Informed Practice](#)
- [Record Keeping](#)

Glossary

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

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.²

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.³

Consent refers to "the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved." Consent in this document refers to informed consent. Consent may be "implied" (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or "expressed" (stated verbally or in writing) by the client. Consent must be documented.⁴

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁵

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Ontario. (2017). *Unpacking Consent: Professional & Regulatory Obligations for Dietetic Practice*. Available at: <https://www.collegeofdietitians.org/Resources/Document-Type/E-Learning-Modules/Consent-Learning-Modules.aspx>
- Dietitians of Canada. (2012). *Canadian Perspectives on Nutrition Care Process and International Dietetics and Nutrition Terminology*. Available at: <https://www.dietitians.ca/Downloads/Public/NCP-and-IDNT-Statement-Eng.aspx>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁵ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 2. Boundaries

Standard

Registered Dietitians maintain clear and appropriate **professional boundaries**¹ with **clients** and **team members**.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Client-Centred Services](#)
- [Conflict of Interest](#)
- [Consent](#)
- [Professional Practice Obligations](#)

Glossary

Boundary crossings occur when the behaviour of a Registered Dietitian deviates from the established boundaries of a professional – client relationship. Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

meeting the established goals of the relationship, acting in accordance with the best interests of the client, and not promoting their own interests.²

Boundary violations are deliberate behaviours that are inappropriate and violate the professional – client relationship. Such behaviours are always unacceptable: they are abusive and are not in the best interest of the client.³

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian’s expertise.⁴

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client.⁵

Professional boundaries “set limits and clearly define the therapeutic behavior of Registered Dietitians from any other behaviors, well intended or not, that could lessen the benefits of client care... They also ensure the safe interaction of professionals and clients within the professional – client care relationship. Boundaries give each person in a relationship a sense of legitimate control and function to empower clients.”⁶

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”⁷

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

Virtual dietetic practice is defined as the provision of dietetic services (e.g., counseling, consultation, monitoring, teaching, etc.) which involve any type of intervention with a client who is remotely located from the dietitian providing the service. It can include videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within jurisdiction but also across borders within Canada. Refer to other Canadian regulatory bodies’ registration requirements outside of Alberta.⁸

² Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁵ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁶ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁷ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁸ Alliance of Canadian Dietetic Regulatory Bodies. (2017). *Cross Border Dietetic Practice in Canada Position of Alliance of Canadian Dietetic Regulatory Bodies*. Available from: <https://collegeofdietitians.ab.ca/>

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of British Columbia. (2012). *Professional Boundaries in Therapeutic Relations – Where’s the Line?* Available at: <http://collegeofdietitiansofbc.org/home/documents/2012/Prof-Boundaries-final-Jan-24-12.pdf>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Physiotherapy Alberta College and Association. (2017). *Therapeutic Relationships Resource Guide for Alberta Physiotherapists*. Available at: https://www.physiotherapyalberta.ca/files/guide_therapeutic_relations.pdf

Standard 3. Client-Centred Services

Standard

Registered Dietitians provide **professional services**¹ that recognize and respect the unique needs, goals, values, and circumstances of **clients**.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Collaborative Practice](#)
- [Communication](#)
- [Consent](#)
- [Professional Practice Obligations](#)

Glossary

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.²

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.³

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁴

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- Health Sciences Education and Research Commons. (2017). *Interprofessional Learning Pathway Competency Framework*. Available at: <https://www.ualberta.ca/health-sciences-education-research/ip-education/interprofessional-pathway>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Truth and Reconciliation Commission of Canada. (2017). *Truth and Reconciliation Website*. Available at: <http://www.trc.ca/websites/trcinstitution/index.php?p=3>

Standard 4. Collaborative Practice

Standard

Registered Dietitians partner with **clients**¹ and **team members** in the collaborative and coordinated provision of **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Boundaries](#)
- [Client-Centred Services](#)
- [Communication](#)
- [Privacy/Confidentiality](#)

Glossary

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.²

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.³

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Collaboration refers to interprofessional team process skills that synergistically influence the achievement of common client-centred professional goals.^{4, 5}

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”⁶

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

Resources

- Alliance for Canadian Dietetic Regulatory Bodies. (2017). *The Competencies for Dysphagia Assessment and Management in Dietetic Practice*. Available from: <https://collegeofdietitians.ab.ca/>
- Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2013). *Social Media Practice Guidelines*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Adapted from University of Alberta Health Sciences Council. (2017). *Interprofessional Learning Pathway Competency Framework*. Available at: <https://www.ualberta.ca/health-sciences-education-research/jp-education/interprofessional-pathway>

⁵ Adapted from Alberta Health. (2012). *Collaborative Practice and Education Framework for Change*. Available at: <http://www.health.alberta.ca/initiatives/collaborative-practice-education.html>

⁶ College of Dietitians of Alberta (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 5. Communication

Standard

Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing **professional services**.¹

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be clear and respectful in all verbal, nonverbal, and written **communication**.
- b) Maintain **clients'** privacy and confidentiality in all forms of communication.
- c) Use strategies to promote effective communication (e.g., active listening, empathy).
- d) Adapt communication to the needs of clients and minimize barriers by incorporating relevant supports as available (e.g., interpreters, visual aids, technology, appropriate language, culturally appropriate resources).
- e) Use strategies to facilitate clients' comprehension and learning (e.g., opportunity for questions, teach back, appropriate literacy levels).
- f) Communicate with professional integrity and maintain appropriate boundaries in all communication formats at all times.
- g) Document professional communications accurately and in a timely manner as required.

Practice Outcome

Clients can expect Registered Dietitians to communicate respectfully and effectively.

Related Standards

- [Assessment and Interventions](#)
- [Client-Centred Services](#)
- [Collaborative Practice](#)
- [Privacy/Confidentiality](#)
- [Professional Practice Obligations](#)
- [Record Keeping](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Communication refers to "a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour."³ Communication includes, but is not limited to, face to face interactions, email, social media, use of virtual communication technologies, and formats for written communication/documentation.

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁴

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from Merriam-Webster. (2017). *Online Dictionary*. Available at: <https://www.merriam-webster.com/dictionary/communication>

⁴ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2013). *Social Media Practice Guidelines*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Practice-Based Evidence in Nutrition. (2017). *Health Literacy Web Resources*. Available at: <http://www.pennutrition.com/searchresult.aspx?terms=health%20literacy>

Standard 6. Competence

Standard

Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, **professional services**.¹

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Provide professional services within the limits of their qualifications and personal level of competence.
- b) Evaluate their own practice and participate in continuing professional development to identify and address learning needs.
- c) Identify practice situations beyond their personal level of competence and consult, refer, and/or obtain further knowledge and skills to provide professional services.
- d) Maintain competence in present area(s) of practice, incorporating evidence into professional services.
- e) Acquire the knowledge and skills to practice competently in emerging practice areas as required.
- f) Comply with the CDA continuing competence program, adhering to all applicable legislative and regulatory requirements.
- g) Voluntarily withdraw from practice if they self-identify that they are no longer able to provide safe, competent, ethical services (e.g., illness, substance abuse).
- h) Comply with practice hour requirements as set out by CDA.
- i) Adhere to CDA requirements for practicing restricted activities.

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Evidence-Informed Practice](#)
- [Professional Practice Obligations](#)

Glossary

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Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

- College of Dietitians of Alberta. (2015). *College Statement on Current Practice*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2017). *Continuing Competence Program*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2000). *Health Professions Act*. Available from: <https://open.alberta.ca/publications>
- Province of Alberta. (2004). *Registered Dietitians and Registered Nutritionists Profession Regulation*. Available from: <https://open.alberta.ca/publications>

Standard 7. Conflict of Interest

Standard

Registered Dietitians will avoid real or perceived **conflicts of interest**¹ in which professional integrity, professional independence or the provision of **professional services** could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Boundaries](#)
- [Client-Centred Services](#)
- [Professional Practice Obligations](#)
- [Promotion/Advertising](#)
- [Record Keeping](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Conflicts of interest refer to the "real or perceived situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties as a professional. In other words, a conflict of interest occurs when a professional has an obligation to promote one interest, but promotes a competing interest instead. Most conflicts of interest arise when a person (or their friends, relatives, or business associates) stands to profit personally/financially by promoting a competing interest."³

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

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

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁴

Resources

- Advertising Standards Canada. (2017). *Canadian Code of Advertising Standards*. Available at: <http://www.adstandards.com/en/Standards/canCodeOfAdStandards.aspx>
- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2017). *Continuing Competence Program*. Available at: <http://collegeofdietitians.ab.ca/dietitians/registration-renewal/continuing-competence-program/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2000). *Health Professions Act*. Available from: <https://open.alberta.ca/publications>
- Province of Alberta. (2004). *Registered Dietitians and Registered Nutritionists Profession Regulation*. Available from: <https://open.alberta.ca/publications>

⁴ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 8. Consent

Standard

Registered Dietitians obtain appropriate **client**¹ **consent** in the provision of **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Provide clients with complete and objective information regarding the options for treatment and/or professional services and their respective risks and benefits as appropriate.
- b) Obtain client consent prior to the provision of services and document as required.
- c) Take all reasonable steps to ensure that consent is given freely, without evidence of coercion.
- d) Inform clients in a timely manner of proposed changes to the agreed-upon intervention plan and/or provide new information relevant to consent.
- e) Respect clients' rights to: make choices, consult, and request additional information; refuse proposed interventions; and withdraw previously provided consent at any time.
- f) Obtain approval from the appropriate research ethics board and consent from clients participating in research studies.

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Client-Centred Services](#)
- [Communication](#)
- [Evidence-Informed Practice](#)
- [Record Keeping](#)

Glossary

Client refers to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Consent refers to "the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved." Consent in this document refers to informed consent. Consent may be "implied" (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or "expressed" (stated verbally or in writing) by the client.³

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”⁴

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Ontario. (2017). *Unpacking Consent: Professional & Regulatory Obligations for Dietetic Practice*. Available at: <https://www.collegeofdietitians.org/Resources/Document-Type/E-Learning-Modules/Consent-Learning-Modules.aspx>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 9. Evidence-Informed Practice

Standard

Registered Dietitians provide **professional services**¹ using an **evidence-informed** approach.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Access and critically appraise current and applicable evidence.
- b) Incorporate evidence, using critical thinking and professional judgment, when providing **client-centred**, professional services.
- c) Initiate and/or participate in evaluation and continuous **quality** improvement activities (e.g., client questionnaires, chart audits, population health data review) to assess new and/or ongoing professional services, products, and programs.
- d) Use the feedback obtained from continuous quality improvement activities to improve professional services.
- e) Contribute to new knowledge, by participating in data collection and practice-based research as feasible, conforming to applicable research ethics guidelines and processes.

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Client-Centred Services](#)
- [Collaborative Practice](#)
- [Communication](#)
- [Competence](#)
- [Consent](#)

Glossary

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.²

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.³

Evidence-informed dietetics practice refers to “asking questions, systematically finding research evidence, and assessing the validity, applicability, and importance of that evidence. This

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

evidence-based information is then combined with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics."⁴

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁵

Quality of health care services refers to the "acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety"⁶ of the services provided.

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- International Confederation of Dietetic Associations. (2010). *Evidence-based Dietetics Practice*. Available at: <http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Practice-based Evidence in Nutrition. (2018). *Practice-based Evidence in Nutrition Website*. Available at: <http://www.pennutrition.com/index.aspx>

⁴ International Confederation of Dietetic Associations. (2010). *Evidence-based Dietetics Practice*. Available at: <http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx>

⁵ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁶ Health Quality Council of Alberta. (2005). *Alberta Quality Matrix for Health*. Available at: https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf

Standard 10. Fees and Billing

Standard

Registered Dietitians ensure that fees and billing for **professional services**¹ and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be responsible and accountable for all billing under their registration number.
- b) Ensure that fees charged for professional services and/or products are fair, reasonable, and justifiable.
- c) Disclose fee schedules for all applicable professional services and/or products including accepted methods of payment, potential additional fees (e.g., cancellation fees, photocopying, mailing), and the process for fee dispute resolution, prior to provision of professional services.
- d) Maintain comprehensive records regarding the provision of professional services and/or sale of products.

Practice Outcome

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

Related Standards

- [Client-Centred Services](#)
- [Conflict of Interest](#)
- [Consent](#)
- [Privacy/Confidentiality](#)
- [Professional Practice Obligations](#)
- [Record Keeping](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- Dietitians of Canada. (2016). *Consulting Dietitians Fees, Expenses, & Income Guidelines*. *Consulting Dietitians Network*. Available at: <https://www.dietitians.ca/Downloads/Public/Condensed-Fees-Expenses-Income-Guidelines-2016.aspx>

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

- Dietitians of Canada. (2017). *Best Business Practice Characteristics for Dietitians Working in a Private Practice*. Consulting Dietitians Network. Available at: <http://networks.dietitians.ca/main.aspx>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 11. Privacy/Confidentiality

Standard

Registered Dietitians uphold and protect **clients**¹ rights to privacy and confidentiality of information collected during the provision of **professional services** by complying with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Client-Centred Services](#)
- [Consent](#)
- [Professional Practice Obligations](#)
- [Record Keeping](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Consent refers to "the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved." Consent in this document refers to informed consent. Consent may be "implied" (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or "expressed" (stated verbally or in writing) by the client.³

Duty to report refers to the Registered Dietitian's legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).^{4, 5}

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁵ Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Available at: <http://www.saskdietitians.org/wp-content/uploads/2015/11/Code-of-Ethics-SDA.pdf>

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”⁶

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Ontario. (2017). *Unpacking Consent: Professional & Regulatory Obligations for Dietetic Practice*. Available at: <https://www.collegeofdietitians.org/Resources/Document-Type/E-Learning-Modules/Consent-Learning-Modules.aspx>
- Government of Canada. (2015). *Personal Information Protection and Electronic Documents Act (PIPEDA) website*. Available at: <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2017). *Child, Youth & Family Enhancement Act*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2015). *Freedom of Information and Protection of Privacy Act (FOIP)*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2016). *Health Information Act*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2014). *Personal Information Protection Act (PIPA)*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2010). *Protection for Persons in Care Act*. Available at: <https://open.alberta.ca/publications>

⁶ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 12. Professional Practice Obligations

Standard

Registered Dietitians protect the public by providing **professional services**¹ in compliance with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Practice Outcome

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

Related Standards

- [Competence](#)
- [Conflict of Interest](#)
- [Consent](#)
- [Privacy/Confidentiality](#)
- [Safety and Risk Management](#)

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Duty to report refers to the Registered Dietitian's legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).^{3, 4}

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."⁵

Virtual dietetic practice is defined as the provision of dietetic services (e.g., counseling, consultation, monitoring, teaching, etc.) which involve any type of intervention with a client who is remotely located from the dietitian providing the service. It can include videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within jurisdiction but also across borders within Canada.⁶

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2015). *College Statement on Current Practice*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. *Cross Border Dietetic Practice in Canada Position of Alliance of Canadian Dietetic Regulatory Bodies*. Available from: <https://collegeofdietitians.ab.ca/>
- National Initiative for Telehealth. (2003). *National Initiative for Telehealth Framework of Guidelines*. Available at: https://www.isfteh.org/files/work_groups/FrameworkofGuidelines2003eng.pdf
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2000). *Health Professions Act*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2004). *Registered Dietitians and Registered Nutritionists Profession Regulation*. Available from: <https://collegeofdietitians.ab.ca/>

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Available at: <http://www.saskdietitians.org/wp-content/uploads/2015/11/Code-of-Ethics-SDA.pdf>

⁵ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁶ Alliance of Canadian Dietetic Regulatory Bodies. (2017). *Cross Border Dietetic Practice in Canada Position of Alliance of Canadian Dietetic Regulatory Bodies*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 13. Promotion/Advertising

Standard

Registered Dietitians provide information and **advertise**¹ their **professional services** and/or products in compliance with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Engage in advertising that is truthful, objective, and accurate.
- b) Adhere to the CDA Code of Ethics and refrain from using advertising that directly or indirectly:
 - i. creates unjustified expectations about the results;
 - ii. may mislead or misinform the public (e.g., use of **testimonials**).
 - iii. compares the ability, quality, and/or cost of professional services with that of other Registered Dietitians;
 - iv. takes advantage physically, emotionally, or financially of **clients**; and
 - v. endorses, promotes, or recommends exclusive use of a product/brand used/sold as a component of professional services, unless supported by evidence.

Practice Outcome

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

Related Standards

- [Communication](#)
- [Conflict of Interest](#)
- [Professional Practice Obligations](#)

Glossary

Advertise/advertising also includes the marketing of professional services and products.

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Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Testimonials refer to "a published endorsement by an individual patient about the skills and qualities of a regulated member. While typically positive, a testimonial can also be negative. Testimonials are a problem for several reasons, most notably because patient privacy is compromised, and selection bias may lead to misconceptions by the public. While publication by an independent party of all feedback (good and bad) collected in a transparent and fair manner may be acceptable, publication of selected testimonials might not fairly reflect most patients' experience."⁴

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² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ College of Physicians and Surgeons of Alberta. (2015). *Advice to the Profession – Advertising*. Available at: www.cpsa.ca/wp-content/uploads/2015/09/AP_Advertising.pdf

Resources

- Advertising Standards Canada. (2017). *Canadian Code of Advertising Standards*. Available at: <http://www.adstandards.com/en/Standards/canCodeOfAdStandards.aspx>
- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2018). *Guidelines for Promotion and Advertising*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2017). *Guidelines for Self-Employed Dietitians and Nutritionists*. Available from: <https://collegeofdietitians.ab.ca/>
- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 14. Record Keeping

Standard

Registered Dietitians document and manage **client**¹ records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Document, sign, and date complete, accurate, timely records related to **professional services**.
- b) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.
- c) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.
- d) Maintain complete and accurate financial records for all relevant professional services.
- e) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.
- f) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.

Practice Outcome

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

Related Standards

- [Communication](#)
- [Privacy/Confidentiality](#)
- [Professional Practice Obligations](#)

Glossary

Client refers to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- Dietitians of Canada. (2017). *Best Business Practice Characteristics for Dietitians Working in a Private Practice*. *Consulting Dietitians Network*. Available at: <http://networks.dietitians.ca/main.aspx>

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² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

- Partnership for Dietetic Education and Practice. (2013). *The Integrated Competencies for Dietetic Education and Practice (ICDEP)*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2015). *Freedom of Information and Protection of Privacy Act (FOIP)*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2016). *Health Information Act*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2012). *Operation of Approved Hospitals Regulation*. Available at: <https://open.alberta.ca/publications>
- Province of Alberta. (2014). *Personal Information Protection Act (PIPA)*. Available at: <https://open.alberta.ca/publications>

Standard 15. Safety and Risk Management

Standard

Registered Dietitians adhere to occupational health and safety legislation, and infection prevention and control practices to provide safe, competent, ethical **professional services**.¹

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Comply with occupational health and safety legislation, best practices in infection prevention and control, and organization/employer policies and procedures.
- b) Maintain certification(s) related to infection prevention and control, and occupational health/workplace safety, as applicable.
- c) Contribute to and comply with **risk management** activities/requirements to promote a safe environment (e.g., working alone, environmental hazards, threats to personal safety).
- d) Comply with reporting and follow up procedures related to adverse events, emergency situations, and/or incidents involving workplace safety.
- e) Comply with food safety standards in the provision of professional services.
- f) Participate, as required, in continuous **quality** improvement activities to promote and support safe, competent, ethical professional services (e.g., questionnaires, chart audits).

Practice Outcome

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

Related Standards

- [Assessment and Interventions](#)
- [Client-Centred Services](#)
- [Communication](#)
- [Competence](#)
- [Professional Practice Obligations](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Quality of health care services refers to the "acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety"⁴ of the services provided.

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Health Quality Council of Alberta. (2005). *Alberta Quality Matrix for Health*. Available at: https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf

Risk management refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”⁵

Resources

- Government of Canada. (2017). *Canadian Food Inspection Agency Website*. Available at: <http://www.inspection.gc.ca/eng/1297964599443/1297965645317>
- Government of Canada. (2017). *Hazardous Products Regulations*. Available at: <https://laws-lois.justice.gc.ca/PDF/SOR-2015-17.pdf>
- Health Canada. (2017). *Workplace Hazardous Materials Information System (WHMIS)*. Available at: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system.html>
- Province of Alberta. (2016). *Occupational Health and Safety Act*. Available at: <https://open.alberta.ca/publications>

⁵ Hubbard, D. (2009). *The Failure of Risk Management: Why it is Broken and How to Fix it*. John Wiley & Sons. P. 46.

Standard 16. Sexual Abuse and Sexual Misconduct Prevention

(Approved March 2019)

This *Standard of Practice* addresses Sexual Abuse and Sexual Misconduct. This *Standard of Practice* establishes who is considered to be a “patient” for the purposes of a complaint of unprofessional conduct in relation to Sexual Abuse or Sexual Misconduct under the *Health Professions Act* (HPA).

Standard 16.1

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

Indicators

To demonstrate this standard, Registered Dietitians will:

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

Standard 16.2.

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

Indicators

To demonstrate this standard, current or former Registered Dietitians will:

- a) Not engage in a sexual relationship with a former patient (or their immediate family member) for a **minimum of one year** from the date the professional relationship was terminated unless:

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

- i. Professional service was provided as part of **episodic care** only, in which case, the professional relationship ended when the episode of care was concluded.
- b) Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.
- c) Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:
 - The number of times that the Registered Dietitian and the patient had a professional interaction;
 - The duration of the professional relationship;
 - The nature of the professional interactions;
 - Whether sufficient time has passed since the last professional interaction occurred (one year or more);
 - Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
 - Whether the patient was emotionally dependent on the Registered Dietitian; and
 - Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.

Related Standards of Practice (2018)

- [Boundaries](#)
- [Consent](#)
- [Professional Practice Obligations](#)

Glossary

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented.²

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

Episodic care is a single interaction with a patient in which professional services are provided, however past this interaction, neither the Registered Dietitian nor the patient have the expectation of an ongoing professional relationship.³

Immediate family refers to a spouse/adult interdependent partner (as defined by Government of Alberta), child, parent, guardian, sibling, grandchild or grandparent, foster child, foster parent,

² Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Physicians and Surgeons of Alberta (2015). *Episodic Care Standard of Practice*. Available at: <http://www.cpsa.ca/standardspractice/episodic-care/?highlight=Episodic%20care>

dependent relative, and/or any person who lives with the patient as a family member.⁴ For example, having a sexual relationship with a pediatric patient's parent may constitute sexual abuse.

Minimum of one year: Although one year is the minimum time frame, greater than one-year may be required based on how long the professional relationship existed and the degree of vulnerability of the former patient. Registered Dietitians should consider the factors noted in Standard 16.2. A Registered Dietitian might resolve that it would never be appropriate to engage in a sexual relationship with a former patient.

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

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

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

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”⁵

Sexual Abuse refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member's patient; encouraging a regulated member's patient to masturbate; touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a regulated member.⁶

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour, or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.⁷

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided;⁸ if inappropriate to services provided, it is considered sexual abuse.

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

⁴ Adapted from Government of British Columbia. (2018). *Definitions Immediate Family*. Available at: <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/jgm/esa-definitions/esa-def-immediate-family?keyword=definition&keyword=immediate&keyword=family>

⁵ College of Dietitians of Alberta. (2007). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁶ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.1) HPA)

⁷ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.2) HPA)

⁸ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.3) HPA)

Spouse refers to someone the Registered Dietitian is legally married to, in a common-law relationship with (as defined by Government of Canada) or is otherwise considered the Registered Dietitian's adult interdependent partner.⁹

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Ontario. (2014). *Sexual Abuse Prevention Program*. Available at: <https://www.collegeofdietitians.org/resources/professional-practice/standards-of-practice/sexualabusepreventionmarch2017.aspx>
- Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Available at: <https://open.alberta.ca/publications>
- Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*, with amendments. Available at: http://www.assembly.ab.ca/net/index.aspx?p=bills_status&selectbill=021&legl=29&session=4
- Government of Canada. (2018). *Marital status*. Available at: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/personal-address-information/marital-status.html>
- Government of Ontario (1991). *Regulated Health Profession Act*. Patient criteria under subsection 1(6) of the Health Professions Procedural Code. Available at <https://www.ontario.ca/laws/regulation/180260>

⁹ Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Available at: <https://open.alberta.ca/publications>

Standard 17. Continuing Competence Program Requirements

(Approved June 2022)

Standard

Registered Dietitians maintain competence in practice through self-directed continuing competence planning in order to provide safe, ethical **professional services**¹. Registered Dietitians demonstrate compliance with College Continuing Competence Program Requirements, by participating in and complying with the program, **review audits**, **document audits** and as requested by the Registrar.

Indicators

1. Continuing Competence

To demonstrate this Standard, Registered Dietitians on the General Register must complete the following to the satisfaction of the Registrar annually:

- a) A **Practice Profile**,
- b) A **Self-Assessment** using the *Standards of Practice*,
- c) A **Competence Plan** that states:
 - i. continuing competence/learning goals for the registration year (including additional goals for each authorized restricted activity, if applicable),
 - ii. activities to be undertaken during the year to achieve the continuing competence learning plan goals.
- d) A Written record of the continuing competence activities carried out during the registration year,
- e) A **Competence Plan Evaluation**, written as a reflection on the achievement of the continuing competence goals and ways the practice has been enhanced by these activities,
- f) Keep records of all Continuing Competence Program components for a minimum of three years,
- g) Workshops or study modules related to the regulated member's practice, as required by council.

2. Reviews

The Registrar or Registration Committee must periodically select regulated members for a review and evaluation (audit) of all or part of the member's continuing competence program. To demonstrate this Standard, Registered Dietitians selected for review and/or document audit must:

- a) Submit documents as requested,
- b) Answer questions from the Registrar or Registration Committee with respect to any aspect of the regulated member's continuing competence program,
- c) Undertake any additional **corrective actions** related to the member's continuing competence program as directed by the Registrar or Registration Committee. Additional actions may include:
 - i. revision and re-submission of online program reflections,
 - ii. re-submission of learning activity verification,
 - iii. re-submission of document audit components.

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

3. Evidence to the Committee

When evidence provided to the Registrar, as per Indicators 1 and 2 above, is unsatisfactory resulting in audit requirements not being met, Registered Dietitians must comply with the follow-up actions at the discretion of the Registrar, that may include:

- a) Directed review audit the following year;
- b) Successful completion of continuing competence program requirements or professional development activities;
- c) Successful completion of any examinations, testing, assessment, training, education or counselling to enhance competence in specified areas;
- d) To practice under the supervision of another regulated member;
- e) Limitation of practice to specified procedures or practice settings;
- f) To report to the Registrar / Registration Committee on specified matters on specified dates;
- g) To refrain from supervising the practice of regulated members;
- h) Evidence of competence gained in a specific area.

4. Failure to comply

Failure to comply with Indicators 1, 2, and 3 above may lead to a complaint being filed by the Registrar with the Complaints Director for unprofessional conduct.

Practice Outcome

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

Related Standards of Practice (2018)

- [Competence](#)
- [Professional Practice Obligations](#)
- [Record Keeping](#)

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Corrective Actions refers to possible follow-up actions determined by the Registrar following a review or document audit when a regulated member's continuing competence plan does not meet the requirements. Corrective follow-up actions include but are not limited to: submission of the practice profile, revision and resubmission of online program components such as learning goals, verification documentation supporting learning activities, and/or reflections on learning.

Competence Plan refers to an annual Learning Plan which outlines two Continuing Competence Learning Goals, Benefits to Practice, Learning Activities (Activity Record) and Reflection on Learning. The Competence Plan also includes additional Learning Plans for each Restricted Activity a regulated member is authorized to perform.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Competence Plan Evaluation refers specifically to the reflections on learning the regulated member completes at the end of the learning cycle. Each reflection on learning includes a summary of what the member learned, how it was applied in practice and/or how the member's competence has been enhanced by completing the learning goal.

Document audits refer to the process of auditing a regulated member's entire Continuing Competence Learning Plan (as for Review audits), including the uploaded verification of learning activities documentation.

Practice Profile refers to a regulated members defined professional practice profile where they can reflect on their practice role, challenges and changes that will affect current and future competence. The Practice Profile is an optional component of the annual CCP process, however, may be requested as part of a document audit. Completion of the Practice Profile may assist in focussing learning on activities that relate to a dietitians practice.

Professional services refer to "all actions and activities of a dietitian in the context of their professional practice."³

Review audits refer to the process of auditing regulated members' CCP Learning Plans to ensure they are adequately completed, and that reflections match and are appropriate to their set learning goals.

Self-Assessment refers to both the tool and the process for identifying learning needs for the upcoming registration year. The Self-Assessment is based on the *Standards of Practice*; regulated members are asked to reflect honestly on each indicator and to identify if each is either: a) an area for development and learning, or b) not identified for learning at this time.

Resources

- College of Dietitians of Alberta. (2022). *Continuing Competence Program (CCP) Manual*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2018). *Standards of Practice*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- Province of Alberta. (2004). *Registered Dietitians and Registered Nutritionists Profession Regulation*. Available from: <https://open.alberta.ca/publications>

³ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Standard 18. Prevention of Female Genital Mutilation

(Approved February 2023)

This *Standard of Practice* addresses the Prevention of Female Genital Mutilation, as outlined in *Bill 10: Prohibiting the Practice of Female Genital Mutilation of the Health Professions Act*.

Registered Dietitians and Registered Nutritionists are specifically trained as nutrition and food experts. They help contribute to the health and well being of all Albertans. As essential members of interprofessional health care teams, Registered Dietitians and Registered Nutritionists translate scientific, medical, and nutrition information into practical, individualized therapeutic diets and meal plans for people. Collaboration with clients, caregivers, health professionals and/or other stakeholders is central to dietetic practice.

Standard

Registered Dietitians do not procure or perform **Female Genital Mutilation**.¹

Indicators

To demonstrate this Standard, Registered Dietitians will:

- a) abstain from procuring for or performing female genital mutilation on a **client**, and
- b) have a **duty to report**, in accordance with section 127.2 of the *Health Professions Act (HPA)*, to the complaints director of the relevant college if they have reasonable grounds to believe that another regulated member of any college has procured or performed female genital mutilation.

Related Standards of Practice (2018)

- [Professional Practice Obligations](#)

Glossary

Client refers to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.²

Duty to report refers to the Registered Dietitian's legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).^{3, 4}

Female Genital Mutilation, as defined in the HPA s.1(1)(m.1), means "the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

- (i) a surgical or other procedure is performed by a regulated member under [the HPA] for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or

¹ Words in the Glossary are **bolded** the first time they appear in each Standard.

² Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁴ Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Available at: <http://www.saskdietitians.org/wp-content/uploads/2015/11/Code-of-Ethics-SDA.pdf>

- (ii) the person is at least 18 years of age and there is no resulting bodily harm.”

Resources

- Government of Alberta (2022). *Bill 10: Prohibiting the Practice of Female Genital Mutilation*. Available at:
<https://www.assembly.ab.ca/assembly-business/bills/bill?billinfoid=11963>

APPENDIX A: *Development of the Standards of Practice (2018)*

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

1. Development of Draft 1 based on review of key foundational documents and selected comparator organizations.
2. Establishment of a Standards of Practice Advisory Group (SPAG) with representation from diverse sectors of the profession from both CDA and SDA. The SPAG provided input into the Standards throughout all phases of development; SPAG members' efforts are acknowledged for this contribution.
3. Distribution of a stakeholder survey to CDA and SDA regulated members to validate the Standards.
4. Submitted validated Standards document to Government for external stakeholder consultation.
5. External stakeholder consultation completed.
6. Creation of the final Standards document.

APPENDIX B: Glossary of Definitions

Advertise/advertising also includes the marketing of professional services and products.

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

Boundary crossings occur when the behaviour of a Registered Dietitian deviates from the established boundaries of a professional – client relationship. Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards meeting the established goals of the relationship, acting in accordance with the best interests of the client, and not promoting their own interests.¹

Boundary violations are deliberate behaviours that are inappropriate and violate the professional – client relationship. Such behaviours are always unacceptable: they are abusive and are not in the best interest of the client.²

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.³

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.⁴

Collaboration refers to interprofessional team process skills that synergistically influence the achievement of common client-centred professional goals.^{5, 6}

Communication refers to “a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour.”⁷ Communication includes, but is not limited to, face to face interactions, email, social media, use of virtual communication technologies, and formats for written communication/documentation.

¹ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

² College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

³ Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

⁴ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁵ Adapted from University of Alberta Health Sciences Council. (2017). *Interprofessional Learning Pathway Competency Framework*. Available at: <https://www.ualberta.ca/health-sciences-education-research/ip-education/interprofessional-pathway>

⁶ Adapted from Alberta Health. (2012). *Collaborative Practice and Education Framework for Change*. Available at: <http://www.health.alberta.ca/initiatives/collaborative-practice-education.html>

⁷ Adapted from Merriam-Webster. (2017). *Online Dictionary*. Available at: <https://www.merriam-webster.com/dictionary/communication>

Conflicts of interest refer to the “real or perceived situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties as a professional. In other words, a conflict of interest occurs when a professional has an obligation to promote one interest, but promotes a competing interest instead. Most conflicts of interest arise when a person (or their friends, relatives, or business associates) stands to profit personally/financially by promoting a competing interest.”⁸

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented.⁹

Corrective Actions refers to possible follow-up actions determined by the Registrar following a review or document audit when a regulated member’s continuing competence plan does not meet the requirements. Corrective follow-up actions include but are not limited to: submission of the practice profile, revision and resubmission of online program components such as learning goals, verification documentation supporting learning activities, and/or reflections on learning.

Competence Plan refers to an annual Learning Plan which outlines two Continuing Competence Learning Goals, Benefits to Practice, Learning Activities (Activity Record) and Reflection on Learning. The Competence Plan also includes additional Learning Plans for each Restricted Activity a regulated member is authorized to perform.

Competence Plan Evaluation refers specifically to the reflections on learning the regulated member completes at the end of the learning cycle. Each reflection on learning includes a summary of what the member learned, how it was applied in practice and/or how the member’s competence has been enhanced by completing the learning goal.

Document audits refer to the process of auditing a regulated member’s entire Continuing Competence Learning Plan (as for Review audits), including the uploaded verification of learning activities documentation.

Duty to report refers to the Registered Dietitian’s legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).^{10, 11}

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

⁸ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁹ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

¹¹ Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Available at: <http://www.saskdietitians.org/wp-content/uploads/2015/11/Code-of-Ethics-SDA.pdf>

Episodic care is a single interaction with a patient in which professional services are provided, however past this interaction, neither the Registered Dietitian nor the patient have the expectation of an ongoing professional relationship.¹²

Evidence-informed dietetics practice refers to “asking questions, systematically finding research evidence, and assessing the validity, applicability, and importance of that evidence. This evidence-based information is then combined with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics.”¹³

Female Genital Mutilation, as defined in the HPA s.1(1)(m.1), means “the excision, infibulation or mutilation, in whole or in part, of the labia majora, labia minora, clitoral hood or clitoris of a person, except where valid consent is given, and

- (i) a surgical or other procedure is performed by a regulated member under [the HPA] for the benefit of the physical health of the person or for the purpose of that person having normal reproductive functions or normal sexual appearance or function, or
- (ii) the person is at least 18 years of age and there is no resulting bodily harm.”

Immediate family refers to a spouse/adult interdependent partner (as defined by Government of Alberta), child, parent, guardian, sibling, grandchild or grandparent, foster child, foster parent, dependent relative, and/or any person who lives with the patient as a family member.¹⁴ For example, having a sexual relationship with a pediatric patient's parent may constitute sexual abuse.

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

Minimum of one year: Although one year is the minimum time frame, greater than one-year may be required based on how long the professional relationship existed and the degree of vulnerability of the former patient. Registered Dietitians should consider the factors noted in Standard 16.2. A Registered Dietitian might resolve that it would never be appropriate to engage in a sexual relationship with a former patient.

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

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

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

¹² Adapted from College of Physicians and Surgeons of Alberta (2015). *Episodic Care Standard of Practice*. Available at: <http://www.cpsa.ca/standardspractice/episodic-care/?highlight=Episodic%20care>

¹³ International Confederation of Dietetic Associations. (2010). *Evidence-based Dietetics Practice*. Available at: <http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx>

¹⁴ Adapted from Government of British Columbia. (2018). *Definitions Immediate Family*. Available at: <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/igm/esa-definitions/esa-def-immediate-family?keyword=definition&keyword=immediate&keyword=family>

Practice Profile refers to a regulated members defined professional practice profile where they can reflect on their practice role, challenges and changes that will affect current and future competence. The Practice Profile is an optional component of the annual CCP process, however, may be requested as part of a document audit. Completion of the Practice Profile may assist in focussing learning on activities that relate to a dietitians practice.

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

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”¹⁶

Quality of health care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety”¹⁷ of the services provided.

Review audits refer to the process of auditing regulated members’ CCP Learning Plans to ensure they are adequately completed, and that reflections match and are appropriate to their set learning goals.

Risk management refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”¹⁸

Self-Assessment refers to both the tool and the process for identifying learning needs for the upcoming registration year. The Self-Assessment is based on the *Standards of Practice*; regulated members are asked to reflect honestly on each indicator and to identify if each is either: a) an area for development and learning, or b) not identified for learning at this time.

Sexual Abuse refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member’s patient; encouraging a regulated member’s patient to masturbate; touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member.¹⁹

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour, or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or

¹⁵ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁶ College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

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

¹⁸ Hubbard, D. (2009). *The Failure of Risk Management: Why it is Broken and How to Fix it*. John Wiley & Sons. P. 46.

¹⁹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.1) HPA)

humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.²⁰

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided;²¹ if inappropriate to services provided, it is considered sexual abuse.

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

Spouse refers to someone the Registered Dietitian is legally married to, in a common-law relationship with (as defined by Government of Canada) or is otherwise considered the Registered Dietitian's adult interdependent partner.²²

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

Testimonials refer to "a published endorsement by an individual patient about the skills and qualities of a regulated member. While typically positive, a testimonial can also be negative. Testimonials are a problem for several reasons, most notably because patient privacy is compromised, and selection bias may lead to misconceptions by the public. While publication by an independent party of all feedback (good and bad) collected in a transparent and fair manner may be acceptable, publication of selected testimonials might not fairly reflect most patients' experience."²³

Virtual dietetic practice is defined as the provision of dietetic services (e.g., counseling, consultation, monitoring, teaching, etc.) which involve any type of intervention with a client who is remotely located from the dietitian providing the service. It can include videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within jurisdiction but also across borders within Canada. Refer to other Canadian regulatory bodies' registration requirements outside of Alberta.²⁴

²⁰ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.2) HPA)

²¹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.3) HPA)

²² Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Available at: <https://open.alberta.ca/publications>

²³ College of Physicians and Surgeons of Alberta. (2015). *Advice to the Profession – Advertising*. Available at: www.cpsa.ca/wp-content/uploads/2015/09/AP_Advertising.pdf

²⁴ Alliance of Canadian Dietetic Regulatory Bodies. (2017). *Cross Border Dietetic Practice in Canada Position of Alliance of Canadian Dietetic Regulatory Bodies*. Available from: <https://collegeofdietitians.ab.ca/>