



COLLEGE OF DIETITIANS  
OF ALBERTA

## Q&A from the Update on Bill 21 Webinar (June 2019)

During the live presentation of the College's webinar "Update on Bill 21: An Act to Protect patients", the College received a number of great questions from regulated members. We have included the questions and the College's responses below. We encourage all regulated members to review this Q&A, the Update on Bill 21 webinar ([available here](#)) as well as the posted *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* found on the College website under [About Us – Regulatory Documents](#) for more information.

Please note that this webinar, as with all previously delivered webinars, is archived on the College website for your viewing for 365 days following the event. It will be available until early June of 2020.

**Q Can you please send a copy of the slides?**

A The link to the webinar and a copy of the slides has been posted on the College website under [For Dietitians – Regulated Member Resources](#), College Webinars.

**Q I wish to review touching in the context of conducting an assessment such as ECG. A female patient may keep her brassiere on but be touched close to the breast during placement of the tabs. I assume explaining this in advance and obtaining consent will support the appropriateness of an interaction like this?**

A Absolutely. Touching a patient for the purposes of collecting data/conducting an assessment may be completely appropriate in certain settings. Another example is completing a Subjective Global Assessment (SGA) as part of a nutrition assessment. Obtaining consent from the patient prior to completing the assessment and explaining each part of the process to the patient as you go through it are ways to help the patient understand the relevance of what you are doing, so that misinterpretation is minimized. These are examples where touching the patient is not of a **sexual nature** (as defined by government and in the glossary of our *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*) and are appropriate to the services provided.

Please refer to the *Standards of Practice* on Boundaries, and the chapter Professional Boundaries found in the *Professional Practice Handbook for Dietitians in Alberta* for more information on maintaining professional boundaries with clients/patients.

## FAQ from the Bill 21 Webinar (June 2019)

**Q Can you please comment on a participant of a class that an RD teaches? (as many RDs teach classes, whether to clinic patients, the public, workplace wellness presentations etc.) Would this be considered ‘episodic care’ or would class participants be consider ‘patients’?**

A To start, you would work through the criteria that would identify an individual as a patient or not. From the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* (summarized for ease of discussion):

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 services to the individual, charged or received payment
- b) The Registered Dietitian has contributed to the health record
- c) The individual has consented to the service recommended by the RD

In the examples provided, a clinic patient who you know from an individual appointment and who also attends a class would be considered a patient because all three criteria above would have been met.

An individual you “teach” in a group setting, and do not provide individual counseling/services to would likely not be considered a patient because you would not have received payment for an individual consultation, you likely did not contribute to that individual’s health record (because you don’t know enough about them to do so, or to provide individualized guidance) and although the individual would have provided “implied consent” because they willingly showed up to the class, they did not consent to a one on one interaction. It would not likely be considered episodic care because that requires an “interaction with a patient in which professional services are provided”, even though there is no expectation of ongoing follow-up or interactions.

Regardless, the individuals in the examples here likely would not be considered patients.

**Q Is there any recourse for someone who has a mistake made on their record on the website, since it is public facing and can destroy an RDs practice?**

A Yes. As noted in the presentation, a regulated member may request correction of information on the register/posted publicly on the website that is inaccurate or incomplete.

## FAQ from the Bill 21 Webinar (June 2019)

**Q What will the format of the training be? Webinar, e-learning module etc.?**

A At this time, the training for regulated members has yet to be developed. As part of the Alberta Federation of Regulated Health Professions, we are working together to develop materials with the company Yardstick that will be relevant for all health professionals in Alberta. The College will keep in touch with regulated members about this training as things evolve.

**Q Can you clarify the “spouse” section?**

A The definition of spouse within Standard 1 states “An individual is not a patient if” they are in an ongoing, pre-existing sexual relationship, or the individual is the RD's spouse, and/or the RD treated the person in an emergency situation (this could also be the RD's spouse), and/or if the RD is doing their due diligence to transfer the care of the individual (could be the RD's spouse) to another RD.

“Spouse” refers to someone the RD is legally married to, in a common law relationship with, or is otherwise considered the RD's adult interdependent partner.

What this means is that an RD cannot provide professional services to their spouse (unless it is an emergency, and/or the RD is referring their spouse to another RD). This is the case because RDs cannot have a sexual relationship with a patient, and if an RD has a sexual relationship with someone (spouse), that person cannot become their patient.

Further, the College's *Code of Ethics* re-enforces this point and reads “the dietitian does not engage in a sexual relationship with a client when a professional relationship exists”.

Additionally, providing support or assistance for food and nutrition matters as part of everyday life is not considered providing professional services to one's spouse. Again, to be considered a patient, the RD requires the person's consent to treatment/services, the RD must receive payment for the services provided, and the RD must document in the health record of the individual. Therefore, providing support to one's spouse is not considered providing professional services (and therefore the spouse is not a patient).

**Q For annual Continuing Competence Program submissions, can today's webinar and mandatory training coming in the fall be used?**

A Any and all webinars or content provided to regulated members by the College may be used as an activity towards meeting a learning goal, if it fits the goal set. The webinar itself is not a “goal”, however if it contributes to your learning related to a specific goal set, please feel free to use it as a learning activity.

## FAQ from the Bill 21 Webinar (June 2019)

**Q** If there is a complaint and hearing for sexual abuse/misconduct, would AHS liability insurance cover the costs (e.g. legal costs) or should RDs obtain third party liability insurance on top of the employer's coverage?

**A** Regulated Members are strongly encouraged to contact their employers' Human Resources departments to determine if their employer will cover the legal costs of a complaint filed against a Registered Dietitian to the College.

Referring to information on the College website under [For Dietitians – Liability Insurance](#), we note that many employers' insurance programs do not cover legal expenses or criminal defense reimbursement and the health practitioner will be responsible to pay this cost. It is also noted that without Errors & Omissions (E&O) insurance, defense and settlement costs could bankrupt an individual. The most obvious reason for carrying E&O insurance is to cover the costs associated with legal proceedings and legal representation arising from complaints brought against the individual.

In the case where an employer does not cover the legal costs of a complaint, it is strongly recommended that regulated members look into third-party liability insurance to ensure they are properly covered.