



COLLEGE OF DIETITIANS
OF ALBERTA

REGULATED MEMBER HANDBOOK

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Information Sources

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Documents

The Regulated Member Handbook integrates information from the *Health Professions Act*, the *Registered Dietitians and Registered Nutritionists Profession Regulation* and the *College of Dietitians of Alberta Bylaws*. All documents can be accessed on the College of Dietitians of Alberta's website under [About Us – Regulatory Documents](#).

For copies of the *Health Professions Act* or the *Registered Dietitians and Registered Nutritionists Profession Regulation* contact:

Alberta King's Printer

Phone: 780-427-2711
Toll free: 310-0000 (in Alberta)
<https://www.alberta.ca/alberta-kings-printer.aspx>

Government Website – Alberta Health

<https://www.alberta.ca/health.aspx>

Drug Schedule Information

Alberta College of Pharmacy
<https://abpharmacy.ca/>

National Association of Pharmacy Regulatory Authorities
<https://www.napra.ca/>

Continuing Education Opportunities and Resources

Dietitians of Canada - <https://www.dietitians.ca/>



About the Regulated Member Handbook

The handbook is a resource for regulated members that integrates information from the *Health Professions Act*, the *Regulations*, the *Bylaws*, and the Policies and summarizes the critical information from each of these sources.

This resource provides an overview of the rules by which the College is required to regulate under the *Health Professions Act*. The handbook details information about the rights, obligations, and responsibilities of both the College and its regulated members. It also outlines the consequences when these responsibilities are not met.

The content of the handbook will change as the College, government, other professions, and employers move through the groundbreaking work of interpreting and implementing the legislation. While changes will occur and policy will adapt and evolve, the handbook provides information about the regulatory environment for the dietetic profession in Alberta as it is currently understood.

Any additions to the chapters within the handbook will be noted with the updated year along the bottom of the page.



I. Legislation & Regulation



Professional Legislation & Regulation

The purpose of regulation is public protection. The government, through legislation, grants regulating status to a profession when the profession has demonstrated that it has the financial and human resources required to protect the public by regulating the practice of its regulated members.

By making professional regulatory bodies (colleges) accountable for establishing registration standards, standards of practice, codes of ethics and conduct, and continuing competence programs, the public is offered assurance that a regulated practitioner is competent to practice. The College ensures only qualified, competent individuals are allowed to practice as regulated members of the profession and protects the public from unsafe practices, and incompetent or unethical practitioners. The public is also provided with a means of recourse, through the college's complaint and mediation processes, if professional standards are not met.

Registered Dietitians and Registered Nutritionists have the privilege and responsibility of being a regulated profession in the Province of Alberta.



Health Professions Legislation Reform

Reform of the Health Professions Legislation in Alberta began in 1994 with the formation of the Health Workforce Re-balancing Committee. The report of this Committee recommended that five principles be used to guide the change in the regulatory system for health professions in Alberta.

These principles are:

1. The public must be protected from incompetent or unethical health professionals.
2. The health professional regulatory system should provide flexibility in the scope and roles of professional practice so the health system operates with maximum effectiveness.
3. The health professional regulatory system should be transparent to the public. Information about its workings and purpose should be both credible and easily available to Albertans.
4. The regulatory process for health professions must be demonstrably fair in its application. The principles of natural justice must be observed throughout and decision-makers should be accountable for the decisions they make.
5. The health regulatory system must support the efficient and effective delivery of health services.

The report of the Health Workforce Re-balancing Committee led to the development of the *Health Professions Act*. On May 19, 1999, the *Health Professions Act* came into force. This marked two major changes in the regulatory model that governs health professions in Alberta.

The first major change was a move to omnibus or umbrella legislation. This means the *Health Professions Act* will govern all 30 regulated health professions under one statute. The Legislation provides for a more consistent approach to regulation between colleges and facilitates public understanding of professional regulation. It identifies common processes for the registration and discipline of regulated health professionals.

The second change was the introduction of overlapping and non-exclusive practice statements and the concept of restricted activities. In the past the health care system relied on a profession's scope of practice to determine who could do what in the health care system. The *Health Professions Act* recognizes that health services are not exclusive to particular professions and may be provided by more than one health profession. In the *Health Professions Act*, scopes of practice are now called "practice statements". They are not exclusive to any one profession and may overlap between professions.

Restricted activities are health services identified by the Government that expose the public to identifiable risk and require specific professional competence to be performed safely. The regulation for each college will list the restricted activities that its regulated members may be authorized to provide. Restricted activities are a key public protection mechanism of the legislation.

"Under the new legislation health professionals are not bound by exclusive scopes of practice but by their abilities and the range of services they can provide in a safe and competent manner subject to the standards of their regulatory college."¹

¹Alberta Health and Wellness, *Health Professions Act - A new law for regulated health care professionals*, 2002, pg. 11.



In Alberta, 29 Colleges regulate 31 different health professions.

The regulated health professions in Alberta are:²

Acupuncturists
Chiropractors
Combined Laboratory and X-Ray Technologists
Dental Assistants
Dental Hygienists
Dental Technologists
Dentists
Denturists
Hearing Aid Practitioners
Licensed Practical Nurses
Medical Diagnostic and Therapeutic Technologists
Medical Laboratory Technologists
Midwives
Naturopaths
Occupational Therapists
Opticians
Optometrists
Paramedics
Pharmacists, Pharmacy Technicians
Physical Therapists
Physicians, Surgeons and Osteopaths
Podiatrists
Psychiatric Nurses
Psychologists
Registered Dietitians and Registered Nutritionists
Registered Nurses
Respiratory Therapists
Social Workers
Speech Language Pathologists, Audiologists

² Ibid, pg.7,8.



Key Regulatory Mechanisms

The *Health Professions Act* contains a number of regulatory mechanisms designed to protect and serve the public interest.

The *Health Professions Act* will govern all regulated health professions. The unique aspects of each profession are identified in the Act as schedules. There is a schedule for each regulatory college and the schedule includes the profession's practice statement and protected titles.

Practice Statements

In the *Health Professions Act* practice statements describe in plain language, the day-to-day practice of the regulated members of a profession. The practice statement informs the public about the type of services they can expect a profession to provide. They can also be used to determine when an individual is practicing a profession. The practice statements are non-exclusive and overlapping. This means that certain activities may be found in more than one profession's practice statement. The practice statement for Registered Dietitians and Registered Nutritionists is found in Schedule 23 of the *Health Professions Act* and states:

"In their practice, registered dietitians and registered nutritionists do one or more of the following:

- (a) assess nutritional status and develop, implement and evaluate food and nutrition strategies and interventions to promote health and treat illness,
- (b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products,
- (c) promote optimal health, food security and food safety through the development and delivery of food and nutrition education programs and policies, and
- (c.1) teach, manage, and conduct research in the science, techniques, and practice of dietetics, and
- (d) provide restricted activities authorized by the regulations."

Protected Titles

Consumers choose the type of health service providers they wish to use, and the use of professional titles helps them to make informed choices. Protected titles assure the public that health professionals authorized to use these titles are competent to practice and adhere to the standards of practice and codes of ethics of their professional regulatory body. Titles distinguish between qualified practitioners who are regulated members of regulatory colleges and others who perform similar services who are not regulated by a college. They ensure that unregulated individuals may not represent themselves as a regulated member of a college.

The protected titles of the College are:

- Registered Dietitian
- Registered Nutritionist
- RD
- Dietitian
- Nutritionist
- Dietetic Intern
- Provisional Dietitian

Please see the "Registration & Practice Permits" section of the Handbook for more information.



Registration Requirements

The *Regulations* of a college detail the standards for education and training that are required for entry into a profession. Being a regulated member of a college lets the public know that these practitioners have met the standards for academic and practical experience required to practice in the profession.

Please see the “Registration & Practice Permits” section of the Handbook for more information.

Mandatory Registration

The *Health Professions Act* requires that individuals who have the training to be a regulated member of a profession and are working in the profession, must be registered with their college.

Please see the “Registration & Practice Permits” section of the Handbook for more information.

Competence Program

As a public protection mechanism, the *Health Professions Act* requires that colleges establish a continuing competence program that provides for regulated members to maintain competence and enhance the provision of professional services. Under this legislation, competence programs are mandatory and regulated members are required to participate to ensure that they maintain their competence to practice. Colleges are responsible for monitoring the competence of their regulated members. The *Health Professions Act* links renewal of practice permits to meeting the continuing competence requirements.

Please see the “Competence Program” section of the Handbook for more information.

Restricted Activities

A restricted activity is a procedure or service that requires specific professional competence to be performed safely.³ The Government gives colleges the authority in regulation to authorize their regulated members to perform the restricted activities that are a part of current professional practice. Registered Dietitians and Registered Nutritionists who practice in specialized areas such as nutrition support and medical nutrition therapy may perform a range of six restricted activities.

Please see the “Restricted Activities” section of the Handbook for more information.

Public Access to Regulated Member Information

To ensure public access to information, the government has stated that a college must provide the following information on a public register:

- whether an individual is a regulated member
- the regulated member’s full name
- the regulated member’s registration number
- any practice permit conditions
- the status of a regulated member’s practice permit: active, suspended or cancelled
- the regulated member’s practice specialization recognized by the college
- whether the regulated member is authorized to provide restricted activities.

A college must also provide information regarding whether or not a hearing is scheduled with respect to the regulated member. A college, on request, is required to provide information on any disciplinary action pertaining to a regulated member for a period of five years following the action.

³Alberta Health and Wellness, *Health Professions Act - A new law for regulated health care professionals*, 2002, pg. 16.



Government Access to Regulated Member Information

A college must provide demographic and practice information to the Minister of Health, on request, for the purposes of health workforce planning, policy development and related research. However, the information may not include the name of the regulated member to whom the information relates or any information that would enable the regulated member to be identified.

The College will release individual demographic and practice information, under any of the following conditions:

- when required by legislation
- in a summarized or statistical form
- with the consent of the specified regulated member.

Public Representation

To ensure college processes are open and transparent to the public and that there is accountability for decision making, the *Health Professions Act* requires that at minimum fifty percent of the voting members of each of a Council, a Hearing Tribunal and a Complaint Review Committee are public members appointed by the Minister.

Professional Conduct

The *Health Professions Act* creates a detailed, structured process that colleges must follow to address public complaints about practitioners. Complaints against a regulated member must be dealt with in a process that is open, fair, timely and which protects the public from incompetent or unethical practitioners.

The principles of natural justice must prevail throughout the complaint and disciplinary process. Hearings of a college must be open unless there are compelling reasons to hold a closed hearing.

Colleges may address complaints through alternative complaint resolution, which is a mediated process, or through the more formal process of a hearing.

If a regulated member's practice permit is suspended, cancelled, or has conditions imposed on it under the Registration or Professional Conduct sections of the *Health Professions Act*, the Registrar is required to notify employers, facilities where the regulated member is on staff, the Minister of Health, and other regulatory colleges. Colleges are required to publish this information in accordance with Legislation and the policies of the college.

Employers are required to inform colleges when an employee is suspended, terminated, or resigns due to unprofessional conduct.

Appeal Processes

Decisions made by a college with respect to registration, practice permit renewals, reinstatement of a practice permit, and disciplinary decisions may all be appealed by a regulated member by submitting a written request for review by Council within thirty days of receiving the decision.

Provincial Ombudsman

The Ombudsman reviews complaints made with respect to actions taken by a college under the *Health Professions Act* when formal appeal processes have been exhausted and may make recommendations to the college. However, the Ombudsman does not act as an appeal body for disciplinary decisions.



Annual Report

Colleges are required to submit an annual report of their activities to the Minister of Health including the following information:

- the number of complaints made and their disposition
- the number of hearings that were closed to the public
- the number of appeals
- the number of regulated members dealt with due to incapacity
- registration information
- description of the college's continuing competence program
- the committees and tribunals established under the *Act*
- audited financial information.



Health Professions Act Amendments

Bill 21: An Act to Protect Patients

In 2018, the Alberta government introduced *Bill 21: An Act to Protect Patients* to amend the *Health Professions Act* (HPA). Bill 21 speaks specifically about sexual abuse and sexual misconduct by regulated health professionals and introduced a number of new requirements for regulatory health colleges and its regulated members. The new rules ensure consistent penalties are applied to all health professionals regulated under the *Health Professions Act* for findings of sexual abuse or sexual misconduct. Bill 21 received Royal Assent on November 19, 2018, with some portions of the Bill coming into force on April 1, 2019.

The changes to the *HPA* occasioned by Bill 21 required colleges to create a new patient relations program, new standards of practice and to review current procedures respecting registration and the complaint/discipline process (including processing complaints, investigations, hearings, appeals and disclosure of information). Colleges may also have been required to amend their bylaws in relation to their websites and update those websites to bring themselves into compliance with the new requirements.

Standards of Practice

The amendments to the *HPA* included a requirement for health colleges to develop Standards of Practice to address sexual abuse and sexual misconduct. The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, developed in consultation with regulated members, were adopted by Council and approved by the Alberta Government.

The *Standards of Practice* can be found on the College website under [About Us – Regulatory Documents](#). All regulated members are encouraged to review the *Standards of Practice* carefully.

Patient Relations Program

Within Bill 21 amendments to the *HPA*, all colleges must increase transparency by posting health professionals' discipline history on their public website.

As well, the College was required to establish a patient relations program to "include measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members." These measures must include, but are not limited to:

- Educational requirements for regulated members;
- Educational guidelines for the conduct of regulated members towards patients;
- Training for trauma informed practices for College staff, councils and hearing tribunals;
- Information for persons respecting the College's complaints processes; and
- Assistance in directing persons to appropriate resources, persons or organizations that may be able to assist them.

The College must also provide funding for patients who have alleged unprofessional conduct in the forms of sexual abuse and/or sexual misconduct against a regulated member.

Bill 46: Health Statutes Amendment Act, 2020

In 2020, the Alberta government introduced *Bill 46: Health Statutes Amendment Act, 2020* which updated 4 pieces and repealed 1 piece of health legislation to improve governance and accountability and ensure the health-care system and health professionals meet the health needs of Albertans. Bill 46 is the largest change to the *Health Professions Act* (HPA) since its introduction in 1999. Specifically, Bill 46 updated the *Health Professions Act* to include separation of colleges and associations for combined organizations, a review and change in legislation for Restricted Activities, and moving items from the *HPA* to the College's *Standards of Practice* and to *Bylaws*, requiring revision of these guiding documents. Bill 46 received Royal Assent on December 9, 2020, and came into force the same day.



The changes to the *HPA* included a requirement for regulatory colleges to divest themselves of any association type functions. For the College of Dietitians of Alberta, this means we will no longer offer job postings or continuing education listings. The College awards and bursary program has also ceased as these activities have been identified as association functions. Overall, the College did not provide many services or functions that would be considered association functions.

Under *Bill 46*, Continuing Competence Program Requirements were relocated from the *Registered Dietitians and Registered Nutritionists Profession Regulation* to the College's *Standards of Practice*, however the program details were not changed. The Standard underwent review by regulated members and was accepted by Alberta Government.

Additionally, the College worked with the Alberta Government to develop new regulations to reflect the removal of provisions from *Regulations* to the *HPA*. The College continues to review and revise legislative documents as necessary to comply with the requirements under *Bill 46*.



II. College Organization & Operation



Organizational Foundation

This section addresses governance of the College and the management and conduct of college affairs including the organization and operation of the council, committees, and staff.

How the College functions is determined by the Legislation, the Regulations, Bylaws and Policies of the College.

- **Legislation** - Professional regulation is a provincial jurisdiction and the legislation that governs health professions is established by the Government of Alberta. The *Health Professions Act* sets out in law the powers, duties, and responsibilities of the College, its regulated members, employers, and others with respect to professional regulation.
- **Regulations** - The *Registered Dietitians and Registered Nutritionists Profession Regulation* describes how the College of Dietitians will apply the Legislation to the practice of the profession. In developing regulations, colleges work with the Government to reconcile the unique requirements of the profession with the legislative and policy requirements of the Government. The Government must approve regulations before a college can be proclaimed under the *Health Professions Act* and must approve any changes or amendments to the *Regulations*.
- **Bylaws** - The framework and scope for college *Bylaws* are specified in legislation. They are a further application of the Legislation and Regulations and refer more specifically to the organization of the College and how it will conduct its business. *Bylaws* are established by Council and specify procedural matters such as election of council, the appointment of committees and tribunals, quorum, rules of order, fees, and notices.
- **Policies** - The Policies describe the way the College interprets and implements all the legislative layers under which the College is governed, including the Legislation, the *Regulations*, and *Bylaws*. Policies are established by Council and guide the decisions that are made by the College.

Please refer to the “Information Sources” pages at the front of the Handbook if you would like to obtain copies of any of these documents.



The Role of the College

In defining the role of a college, the *Health Professions Act* states:

“3(1) A college:

- (a) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,
- (b) must provide direction to and regulate the practice of the regulated profession by its regulated members,
- (c) must establish, maintain and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,
- (d) must establish, maintain, and enforce a code of ethics, and
- (e) must carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and
- (f) may approve programs of study and education courses for the purposes of registration requirements.

(2) A college may not set professional fees, provide guidelines for professional fees or negotiate professional fees on behalf of some or all of its regulated members.

(3) A college or a council or committee of a college may not be a certified bargaining agent as defined in the *Labor Relations Code*.

(4) A college may carry out functions other than those set out in subsection (1) or elsewhere in this Act if those functions are consistent with the college’s role as set out in this section.

(5) A college must not act or hold itself out as a professional association.

(6) Nothing in this section prevents a college from collaborating or cooperating with or engaging the services of a professional association, labour union or regulatory body in any jurisdiction to undertake activities that align with the role of the college, including but not limited to,

- (a) developing programs for the professional development of regulated members,
- (b) engaging the services of educational program accreditation agencies,
- (c) developing competency best practices,
- (d) promoting national standards and labour mobility, and
- (e) providing for national examinations.”

One of the recommendations made by the Health Workforce Re-balancing Committee was “a clear separation of a profession’s regulatory responsibilities and functions which protect the public, from fee and salary negotiations and other functions which are directed at the economic or social wellbeing of a profession”. The legislation requires a structural and functional separation of these conflicting interests. For the dietetics profession in Alberta, these functions are separate and are performed by two independent organizations: the College of Dietitians of Alberta (a college with regulatory responsibilities) and Dietitians of Canada (a professional association with member service responsibilities).



Mission, Vision, Values, Organizational Structure

Using direction the *Health Professions Act* provided as a foundation, the Council established the Mission, Vision, and Values for the College of Dietitians of Alberta. The mission statement articulates why the College exists and the vision and value statements express the type of organization that it strives to be and the qualities that are most important in how the College conducts its business.

Mission

Protecting Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.

Vision

Excellence in evidence-based food and nutrition practices through innovative leadership, regulation, and collaboration for the health of Albertans.

Values

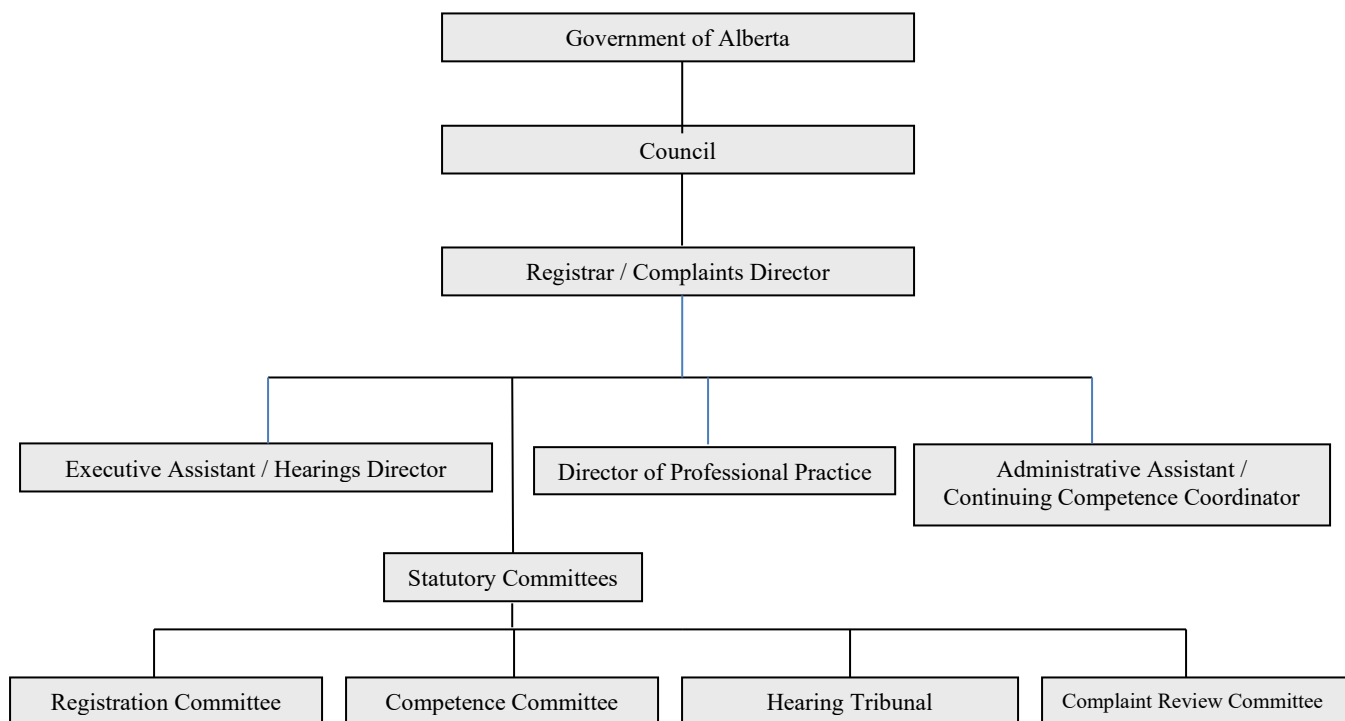
As the College's governing body, each Council member upholds these values:

- Integrity – Supporting the highest standards of excellence, honesty, and ethics in carrying out duties.
- Supportive – Dedicated to teamwork among Council, committees, and staff and being respectful, civil, and courteous even in the face of conflict or disagreement.
- Diversity of Thought – Open to new ideas, new models, and new people.
- Innovative – Proactive, creative, and productive in seeking solutions within available resources.
- Dedicated – Working steadily, effectively, and efficiently to advance the mission and strategic plan in order to serve the College's mandate.
- Impartial – Objective, reasoned, and fair in decision making.



Organizational Structure

The structure of the College is established by the roles, relationships and responsibilities defined through the layers of Legislation, *Regulations*, and *Bylaws*. The structure of the College of Dietitians of Alberta is indicated below.





Roles & Responsibilities

Council

The governing body of the College is the Council.

The role of the Council is to manage and conduct the activities of the College on behalf of its regulated members. The Council provides leadership for the profession and establishes the Mission, Vision and Values that direct College affairs. The Council makes and approves *Bylaws*, establishes fees, appoints individuals as required, and hears appeals with respect to registration, practice permit renewal, and hearing decisions. The Council is also responsible for developing *Standards of Practice* and *Codes of Ethics* in consultation with regulated members.

Please see the “Codes, Standards & Guidelines” section of the Handbook for more information.

The Council is comprised of no fewer than five regulated members, including a Chair and a Chair-elect. In order to increase public transparency and accountability, the legislation requires that fifty percent of the Council are public members.

Registration Committee

The Registration Committee consists of no fewer than three regulated members who review applications for registration referred by the Registrar and applications for reinstatement with the College.

Competence Committee

The Competence Committee consists of no fewer than three regulated members who review competence programs according to criteria established by the Council.

Membership List: Hearing Tribunal, Complaint Review Committee

Council must appoint a membership list of regulated members to be used in establishing a Hearing Tribunal, or Complaint Review Committee. The Hearing Tribunal or Complaint Review Committee must consist of no fewer than two regulated members and fifty percent public members.

A Hearing Tribunal is established when a complaint with respect to a regulated member has been referred by the College to a hearing.

The Complaint Review Committee reviews and ratifies settlements under the alternate complaint resolution section of the *Act* and reviews the dismissal of a complaint under the professional conduct section when requested by a complainant.

Chair

The Chair provides leadership to the College and presides over all general meetings of the College and meetings of Council. The Chair or designate is the spokesperson for issues requiring a media response and on dietetic practice issues.

Registrar

The Registrar performs any duties designated in Legislation, as well as those delegated by the Council of the College and also serves as the Complaints Director of the College. The Registrar is the spokesperson for issues related to: education on the role of the College; interpretation of *Act*, *Regulations*, and *Bylaws*. The Registrar is the spokesperson for regulatory affairs with Government.



Complaints Director

The Complaints Director receives and investigates complaints of unprofessional conduct and determines whether the complaint should be dismissed, referred to the alternate complaint resolution process or to a hearing.

Hearings Director

The Hearings Director establishes a Hearing Tribunal or a Complaint Review Committee from the list established by Council and coordinates scheduling, production of notices and records.

Executive Assistant

The Executive Assistant coordinates registration and renewal processes. The Executive Assistant also serves as the Hearings Director of the College.

Director of Professional Practice

The Director of Professional Practice is responsible for the professional practice initiatives of the College including the Continuing Competence Program, regulated member communications, presentations, and educational sessions.

Administrative Assistant

The Administrative Assistant provides general administrative support to College staff.



Regulated Member Participation

Eligibility to Vote and Serve on Council or Committees

Regulated members on the General Register who have held a practice permit for the previous three years, meet current practice requirements and are in good standing, are eligible to be appointed to serve on the Council, Committees, or the Membership List established for Hearing Tribunals and Complaint Review Committees. All regulated members on the General Register are entitled to vote at general meetings of the College.

The Council, Committees and Public Members hold office for a term of three years and may serve a maximum of two consecutive terms.

A Hearing Tribunal or a Complaint Review Committee is established as required.

General Meetings

All regulated members will be notified at least thirty days in advance of the time, date, and place for a general meeting. The notice will also include the nature of the business to be conducted and any motions that will be presented at the meeting. All regulated members on the General Register are eligible to vote at general meetings.

Appointment to Council

Regulated members on the General Register may apply for appointment to Council by submitting a resume/CV and letter of interest based on a call for applications. Applicants are appointed based on an individual's competence and experience.

Regulated members will be notified of appointments to Council through a newsletter.

Removal of Council

Regulated members may remove a Council where significant concern with the leadership of the College exists.

Regulated members on the General Register may call for a vote of non-confidence in the Council by forwarding a request in writing to the Registrar, stating the issue that has given rise to the call. The request must be signed by ten percent of the regulated members on the General Register. Within thirty days of receipt, the Registrar must put the question of non-confidence to a mail vote. If the vote of non-confidence is passed by two-thirds of the voting regulated members, the Registrar must call for appointment of a new Council.

Contacting the Council

Meetings of the Council are open and may be attended by the public and regulated members. If a regulated member wishes to attend a Council meeting, they are requested to contact the College office to ensure seating is available.



III. Registration & Practice Permits



Registration Requirements

The College establishes the education and training that are required for entry into the profession. Registration with the College assures the public and employers that an individual has met the standards for academic and practical experience required for the practice of the profession of dietetics.

Routes of Entry

There are three entry routes for registration with the College.

The first or standard route of entry requires that an individual has obtained the combination of education and experience established by the profession. These requirements are a Bachelor of Science degree in food and nutrition and graduation from a dietetic internship, or completion of a Master of Science degree and the competency standards for graduate students that have been approved by Council.

In addition, the *Health Professions Act* provides two alternate routes for registration.

Individuals may also be registered if they come from another jurisdiction whose standards for the registration of dietitians are equivalent. In Canada, these jurisdictions are recognized under a Labour Mobility Agreement, which the College has established with other Canadian dietetic regulators.

The third avenue for registration allows an individual to demonstrate to the satisfaction of the Registration Committee that their acquired education and practical experience are substantially equivalent to the registration requirements. Generally, this involves the use of a variety of prior learning assessment strategies and tools.

Canadian Dietetic Registration Examination (CDRE)

Candidates for registration are also required to pass the national registration examination, Canadian Dietetic Registration Examination (CDRE). This exam confirms candidates have the minimal level of competence to practice. National examination committees comprised of provincial representatives set the CDRE. The College of Dietitians of Alberta along with the other Canadian dietetic regulators, as part of the Alliance of Canadian Dietetic Regulatory Bodies, approves the examination blueprint as well as policies and procedures for the administration of the examination, and monitors examination results.

The CDRE is offered in May and November each year.

Current Practice

Candidates for registration must establish that their qualifications for registration are current within three years prior to their application for registration, or they will be required to undertake academic and/or experiential upgrading.

The College policy for current practice states that all regulated members are deemed current if they have practiced dietetics at minimum 600 hours over the previous three consecutive years. During registration renewal, all regulated members will be required to declare whether they meet the current practice policy.

Additional information on Current Practice requirements for regulated members can be found on the College website under [For Dietitians – Regulated Member Resources](#), College Statement on Current Practice.

Good Character and Reputation

The *Health Professions Act* requires that every applicant for registration or renewal of a practice permit provide evidence of good character and reputation. This involves a declaration that information provided to the College is complete and accurate, that the applicant has not been disciplined by another profession or in another jurisdiction and has not been charged with or convicted of a criminal offence. If this declaration cannot be made, the application is referred to the Registration Committee to determine



whether the public is at risk and if a permit will be issued.

A current Criminal Record Check is a requirement for every applicant to the College.

Omitting or misrepresenting information to the College is a serious matter and may result in registration being refused or a practice permit being suspended or cancelled.

English Language Proficiency

Proficiency in English at the professional level is required to ensure language does not create a barrier to the applicant to practice dietetics in Alberta. Given the nature of practice by dietitians and the emphasis on oral and written communication, being proficient in the English language for reading, writing, speaking, and listening is essential for safe practice in Alberta's healthcare system. Most patients in Alberta expect their healthcare to be delivered using the English language.

The *Health Professions Act* requires applicants to the College provide evidence of English language proficiency as set out in Bylaws. Additional information on English language proficiency requirements, please access the College website under the [For Applicants – Applications – Internationally Educated Applicant - English Language Proficiency](#) page.

Eligibility to Lawfully Practice

The *Health Professions Act* requires applicants to the College provide evidence of being a Canadian citizen or a person lawfully permitted to work in Canada.

Mandatory Registration

The *Health Professions Act* requires individuals who have the training to be a regulated member of a profession, and who are working in the profession as outlined by the practice statement, to be registered. A person must apply for registration with the College if they intend to:

- provide professional services directly to the public,
- provide professional services that are used by other regulated members and individuals to provide services directly to the public,
- teach the practice of the profession to regulated members of the College or to students of the profession, or
- supervise regulated members of the College who provide professional services to the public.

If a regulated member is aware of individuals who meet the above criteria and who are not listed on the Public Register of Regulated Members, it is their responsibility to report this information to the College.

Liability Insurance

College policy states, all practicing registrants must obtain and maintain their own Professional Liability Insurance (PLI), also known as errors and omissions insurance, for their professional capacity as a Registered Dietitian or Registered Nutritionist. The PLI policy must meet the following requirements:

- must either be occurrence based (provides coverage based on when the incident occurred, regardless of when the claim is filed) or be claims based (provides coverage only if the claim is filed during the policy period) with an extended reporting period of a minimum of two (2) years purchased.
- must be a minimum of \$2,000,000 (two million dollars) per occurrence/claim.
- must be held personally by the registrant, with the name of the insured and the registrant being the same. Employer provided coverage is not acceptable.
- must carry the insurance throughout the registration year and the registrant must notify the College of any change to professional liability insurance coverage.

The *Health Professions Act* requires regulated members submit proof of insurance to the College upon request.



Many insurance companies offer professional liability insurance coverage. The College of Dietitians of Alberta has a list on our website with providers for consideration. We do not endorse any providers, and the list is not exhaustive.

For additional information on liability insurance, please access the College website under the [For Dietitians - Liability Insurance](#) page.

Jurisprudence Learning Module

Jurisprudence is defined as the science or philosophy of law. In the context of dietetics, it is the provincial legislation in combination with the College of Dietitians of Alberta's *Regulations* and *Standards of Practice* that govern practice in Alberta. To ensure every regulated member of the College understands jurisprudence, the College has developed an online learning module based on the content found within the College's *Professional Practice Handbook for Dietitians in Alberta*.

All new registrants to the College are required to successfully complete the module within one year of the time of registration. Thereafter, every regulated member on the General Register is required to complete the learning module every five years to maintain registration with the College.

Information on jurisprudence, the online learning module and how to complete the module can be found on the College website under the [For Dietitians - Jurisprudence](#) page.

Mandatory Training Program for *Bill 21: An Act to Protect Patients*

Within *Bill 21: An Act to Protect Patients* amendments to the *Health Professions Act (HPA)*, all colleges were required to establish a patient relations program which included measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members through education, training, and public information.

The Alberta Federation of Regulated Health Professionals developed online mandatory training programs for all regulated health professionals as well as for all staff, council, and hearing tribunal members. Completion of the training programs are mandatory, as required under legislation, and submission of certificates received at the conclusion of training demonstrate completion to the College. Failure to submit the certificate to the College will require registrants to complete the training program again.

Information on Bill 21, the mandatory training module and how to complete the module can be found on the College website under the [For Dietitians - Bill 21 Mandatory Training](#) page.



College Registers

The College maintains General, Temporary and Courtesy Registers.

General Register

Individuals who have met all the criteria for registration are entered into the General Register.

Regulated members who are authorized to perform restricted activities are listed on the General Register. The Register will identify the restricted activities each regulated member is authorized to perform.

Regulated members on the General Register have the right to use all protected titles of the College.

Temporary Register

The Temporary Register is for applicants who have met academic and practical training requirements but have not yet written the Canadian Dietetic Registration Examination or are waiting for results. Temporary registration with the College allows graduates to practice under the supervision of a Registered Dietitian or Registered Nutritionist while waiting to write the CDRE. Registration on the Temporary Register expires 8 weeks after the date of the registration examination.

Temporary registrants may only use the protected title “Dietitian”. A Registered Dietitian or Registered Nutritionist must supervise the practice of an individual on the temporary register. The supervision requirement is designed to provide mentorship and practice advice to temporary registrants until they are fully registered with the College. Supervision requires the temporary registrant to have regular weekly communication (in person, telephone or electronic) with the RD to review practice, practice-based issues and activities that have been undertaken during the week.

Courtesy Register

The Courtesy Register accommodates Dietitians registered in another jurisdiction that is recognized by Council, who may be practicing in Alberta on a temporary basis. Practice on this register is limited to the specific purpose for which the registration is granted and is time limited.

Individuals on this register may use all the protected titles of the College.



Use of Protected Titles

Under the *Health Professions Act*, the protected titles of the College are:

- Registered Dietitian
- Registered Nutritionist
- RD
- Dietitian
- Nutritionist
- Dietetic Intern
- Provisional Dietitian

As per the *Regulations*, regulated members on the general and courtesy registers may use the titles Registered Dietitian, Registered Nutritionist, Dietitian, Nutritionist, and the initials RD; regulated members on the temporary register may only use the title Dietitian.

The *Health Professions Act* also protects use of the words: college, registered, regulated, and regulated health professional. Only regulated members of colleges regulated by the *Health Professions Act* may use these titles.

Titles are not portable. Health professionals must be registered in the province where they practice to have a right to use title. Registration in one province does not mean title may be used while working in another province.

Membership with Dietitians of Canada does not confer the right to use professional titles. Only registration with a provincial regulatory body allows professionals to use protected titles.

Regulated members on the General Register are eligible to wear the “RD” pin of the College, identifying them as fully qualified regulated members who have the right to use all protected titles of the College. Wearing the RD pin assures the public, colleagues, and employers that an individual is a regulated health professional.

It is every regulated member’s responsibility to protect the integrity of the profession by reporting misuse of title to the College. The Public Register of the College lists regulated members of the College and is available online on the [College website](#). It is updated throughout the year so regulated members and the public will know who is authorized to use the protected professional designations.



Practice Permits

The practice permit is a license to practice dietetics and use the protected titles of the College in Alberta. An individual may not practice or use the protected titles of the College (Registered Dietitian, Registered Nutritionist, Dietitian, Nutritionist, or RD) without a practice permit.

The College issues an online practice permit to regulated members each year. The permit will indicate the following: the name of the College and that the permit is issued under the *Health Professions Act*, the regulated member's full name and registration number, the category of register the regulated member is on, any conditions on the regulated member's practice permit, whether the regulated member provides any restricted activities, and the expiry date.

The *Health Professions Act* requires that the practice permit be on display where the regulated member provides service or that the regulated member makes the practice permit available for inspection on request of employers and the public.

The practice permit registration fee is tax deductible, and online income tax receipts are issued by the College along with the practice permit, available for regulated members to access in the [Registrant Portal](#).

Renewal of Practice Permits

Practice permits expire every year on March 31. Regulated members cannot practice without a current practice permit.

Each year, regulated members must submit a complete online registration renewal to the College which includes the registration renewal form, Continuing Competence Program submissions and fees in order to renew their practice permit. Regulated members will receive an email from the College prior to accessing the online registration renewal forms March 1. Regulated members must ensure the College has up-to-date contact information and should contact the College if they do not receive the email with renewal information by the end of February.

The College must receive the complete application for renewal online by the end of March 31.

The *Act* requires that employers be notified when a practice permit is suspended or issued with conditions, including when a regulated member has missed the registration renewal deadline.

The following suggestions are made in order to prevent any interruption in the ability of a regulated member to practice:

- set a portion of registration fees aside each month for next year's renewal
- ensure the continuing competence program submissions are completed prior to March 1 (for submission online)
- submit all requirements for registration renewal as soon as possible after they are available online - if paying by cheque, they can be post-dated to March 31 but must be received no later than March 31 (if March 31 falls on a weekend or holiday, cheques must be received in the College office before the close of the last business day prior to March 31).

Late Renewal

According to the *Health Professions Act*, if a complete application for renewal of a practice permit is not received by March 31, the practice permit is automatically suspended, and the regulated member may not practice. The late renewal penalty fee will be automatically applied.

Please refer to the "List of Fees and Assessments" in this section for more information.

Resigning from the College

Regulated members who are no longer in dietetic practice or no longer wish to maintain their registration status can resign in good standing by completing the online renewal form to the Inactive register, which includes submission of a Resignation Letter informing that they are resigning from the College. Resignations must be received online by March 31 to be in good



standing.

Regulated members who resign may no longer practice dietetics or use the protected titles of the College.

Regulated members who resign from the College and wish to reapply for registration at a future date must meet all registration criteria in place at the time of the application, including examination and current practice requirements.

Notices and Information

The College must keep regulated members informed of changes to regulation or other issues that impact practice and is required to provide current information to the Government and the public. The College must also be able to contact regulated members or employers on regulatory issues.

The *Regulations* lists the demographic, education, training, and practice information that must be provided by a regulated member of the College. This is the information that is requested on applications for registration or renewal of a practice permit. The *Regulations* also requires that regulated members must inform the Registrar of any changes to any of the information they give the College including any change to name, home or work address, employer, or practice information.

A regulated member's file consists of official documents and verification is required in order to make appropriate changes to records. Notifications of changes may be submitted online by uploading the appropriate documentation in a Profile Update, or may be made in writing and mailed, emailed, or faxed to the College. Regulated members may access and edit their own Profile information online within the [Registrant Portal](#), to ensure that it is correct.

It is imperative that regulated members provide information that is complete and accurate. Refusal to supply information, intentional omission, or misrepresentation of any information to the College constitutes unprofessional conduct.

The *Health Professions Act* also requires employers to notify the Complaints Director of the College if the employment of a regulated member is terminated or suspended, or the regulated member resigns, due to unprofessional conduct.

Registering in Another Province

The Labour Mobility Agreement is an agreement between provincial regulatory bodies in Canada that is based on common requirements for registration and competence.

Registration is based on verification of the regulated member's registration in good standing with one of the parties to the Agreement, along with the completion of an application form, payment of fees, and meeting any requirements such as criminal record checks that are unique to that province. The Labour Mobility Agreement does not apply to non-regulated categories of members.

It is very important that a regulated member maintain their registration with their current regulatory body if planning a move to another province. Registration with a regulator must be maintained to have access to registration under the Agreement.

All dietetic regulatory bodies in Canada are part of the Agreement. Dietitians of Canada is not part of the Agreement because it is not a regulatory body.

Reciprocity Agreements

The College has not entered into any current reciprocity agreements with international regulatory bodies. All dietitians who are registered or credentialed outside of Canada must apply through the Substantial Equivalency Route.



Continuing Competence Program

The *Health Professions Act* requires that all colleges have a Continuing Competence Program in place to monitor the ongoing competence of their regulated members and enhance the provision of professional services. Under this Legislation it is mandatory for all regulated members on the general register to participate in the program. The requirements for maintaining competence in practice of Registered Dietitians and Registered Nutritionists in Alberta are stated in the *Code of Ethics*, the *Standards of Practice*, and *Standard. Continuing Competence Program Requirements*.

The legislative document noted above can be found on the College website under [About Us – Regulatory Documents](#).

The Continuing Competence Program of the College of Dietitians of Alberta focuses on maintaining professional competence with respect to the *Standards of Practice* (2018). In addition to monitoring continuing competence, the program is flexible, outcomes based and designed to support the professional growth and development of regulated members in a way that enhances their career and personal goals. It was created to be adaptable to each regulated member's unique practice, learning style and practice setting, and to integrate with employer quality assurance programs and performance management systems.

CCP Manual

The College has developed a Continuing Competence Program (CCP) Manual which all regulated members should be familiar with. The CCP Manual contains comprehensive information on the following:

- What is the Continuing Competence Program
- Legislation and Regulatory Documents
- Continuing Competence Requirements
- How to Meet CCP Requirements
- Resources Available to Regulated Members

It is the responsibility of all regulated members to ensure they have read the CCP Manual and are meeting all requirements of the program each year of registration.

The CCP Manual can be accessed on the College website, under [For Dietitians – Registration Renewal – Continuing Competence Program](#).

Program Requirements

One of the public protection mechanisms in the *Health Professions Act* is mandatory participation in continuing competence programs. Fulfillment of the program requirements is linked to the annual application for renewal of a practice permit. Regulated members will be required to declare and demonstrate that they have participated in the program during the previous year.

The College recognizes that regulated members are already involved in several learning activities as part of their personal ongoing professional development. The Continuing Competence Program enables regulated members to formalize, reflect on, and report these learning activities to the College.

Regulated members have electronic access to the Continuing Competence Program (CCP) Learning Plans through the Registrant Portal throughout the year. In March, regulated members have access to online registration renewal where CCP submissions are to be made. To obtain their practice permit, regulated members must meet the following requirements of the Continuing Competence Program annually, by March 31:

- Completion of the Self-Assessment online through the Registrant Portal
- Completion of two (2) Continuing Competence Learning Plans online, each including a learning goal, benefit to practice, record of competence activities and reflection on learning
- Completion of one (1) Continuing Competence Learning Plan for each Restricted Activity (if applicable) online
- Identify online the required Continuing Competence Program learning goals for the upcoming registration year, based on the completed CCP Self-Assessment



Special Requirements

In addition to the program requirements for two Competence Learning Plans each year, dietitians who are **authorized to perform restricted activities** must also develop one Competence Learning Plan for each restricted activity that they are authorized to perform.

Regulated members who are returning to practice after an absence of three or more years will be required, as part of their continuing competence program, to focus their goals to ensure their knowledge and skills are current.

Regulated members may be required to complete workshops or self-study modules from time to time as set out by the Council.



Fees & Assessments

For the purposes of the *Health Professions Act*, the Regulations and the Bylaws, the following fees and assessments have been established:

Application Fees

Graduates of Canadian accredited programs and other programs	\$105.00
Internationally Educated Applicants	\$210.00
Courtesy Register	\$ 52.50

Practice Permit Fees

Annual Practice Permit fee	\$598.50
Temporary Practice Permit fee	\$236.25
Courtesy Practice Permit fee (30 days)	\$ 52.50
Labour Mobility Practice Permit fee – April 1	\$598.50
Labour Mobility Practice Permit fee – July 1	\$448.88
Labour Mobility Practice Permit fee – October 1	\$299.25
Labour Mobility Practice Permit fee – January 1	\$149.63

Late renewal fee (no GST)	\$150.00
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Assessment Fees

International/Return to Practice Assessment (no GST) (due at the time of assessment)	\$600.00
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Administrative Fees

NSF Cheques	\$ 26.25
Restricted Activity Application fee	\$ 26.25
File copying & transfer	\$ 26.25
Labour Mobility Verification of Registration for Regulatory Bodies	\$ 26.25

Examination Fees

Canadian Dietetic Registration Examination (CDRE) fee (no GST)	\$525.00
CDRE appeal	\$ 78.75

Reviews and Appeals

Registration review	\$262.50
Practice permit review	\$262.50
Review or appeal of decision under the <i>Health Professions Act</i>	\$262.50

Note: Fees Charged by the College include 5% GST.





IV. Restricted Activities



Restricted Activities Defined

The government has defined a restricted activity as a procedure or service that requires specific professional competence to be performed safely. The *Health Professions Act* recognizes that one or more professions can have the competence necessary to perform the same restricted activity. The term “restricted” means that only competent healthcare practitioners may perform these activities, not that they are “restricted” to a particular profession.

The 17 restricted activities identified by the Government include a range of health services such as performing surgical procedures, setting a fractured bone, or prescribing drugs and are found in Part 0.1 of the *Health Professions Act*.

The restricted activities that have been authorized in the *Health Professions Restricted Activity Regulation* by the government for Registered Dietitians and Registered Nutritionists are:

- 59(1)(a) “to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow or beyond the pharynx for the purposes of inserting or removing nasoenteric tubes, if in the provision of nutrition support the regulated member is providing enteral nutrition.”
- 59(1)(b) “to insert instruments, devices, fingers or hands into or remove them from an artificial opening in the body if, in the provision of nutrition support, the regulated member provides enteral nutrition to patients and inserts or removes gastrostomy or jejunostomy tubes.”
- 59(1)(c) “to prescribe a Schedule 1 drug for the purpose of providing nutrition support.”
- 59(1)(d) “to prescribe parenteral nutrition if the regulated member is providing nutrition support and the member is authorized to prescribe a Schedule 1 drug.”
- 59(1)(e) “to prescribe and administer oral diagnostic imaging contrast agents if, in the provision of medical nutrition therapy, a regulated member performs a video fluoroscopic swallowing study or assists with the study.”
- 59(1)(g) “to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by the *Pharmacy and Drug Act* and pursuant to a prescription, if required by the *Pharmacy and Drug Act*.”

These restricted activities relate to dietetic practice and are described in detail later in this section under the heading *Restricted Activities in Dietetic Practice*.

In addition to outlining which health services **are** restricted activities, the legislation also states very clearly which activities **are not** restricted. The following are **not** restricted activities:

- activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf
- giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups and
- drawing venous blood.
- using medical nutrition therapy, various supportive behaviour modification techniques, strategies and psychosocial interventions when working with clients/patients with disordered eating patterns and/or eating disorder diagnoses

Psychosocial Intervention Restricted Activity

59(1)(f) “to perform psychosocial intervention if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns.”

Although it remains in *Regulations*, following a review in 2017, dietitians are no longer required to seek authorization from the College to work with clients with disordered eating or eating disorders.



Performance of Restricted Activities

The legislation clearly states that no person can perform a restricted activity or a portion of it, on or for another person unless they are **authorized** to do so, or they are **supervised** under specific conditions.

Authorized means:

- the person is a regulated member of a college under the *Health Professions Act* and is authorized by the regulation of a college to perform restricted activities or
- the person is authorized by regulations made by the Minister of Health under the *Health Professions Act* to perform restricted activities or
- the person is authorized to perform restricted activities by another enactment.

Supervised means:

- the person is authorized by a regulation of a college under the *Health Professions Act* to perform the restricted activity under supervision, and the regulation of the college states how supervision is to be provided, and
- the person has the consent of, and is supervised by a regulated health professional who is authorized to perform the restricted activity.

Only a person authorized to perform a restricted activity may provide supervision of, or consent to supervise, another person performing the restricted activity or a portion of the restricted activity.

Limitations

No one may require another person to perform a restricted activity or a portion of it if that person is not authorized to perform the restricted activity.

If an authorized person is not available, an individual may provide a restricted activity or a portion of the restricted activity to provide comfort to, or to stabilize a person who is ill, injured, or unconscious as a result of an accident or other emergency.

Contravention

Contravention of the Legislation with respect to restricted activities is a serious offence. If the Legislation, the Regulation, or any other guidelines established by the College for the performance of restricted activities are contravened for any reason, the College must be notified immediately.

Development of the Regulatory Framework

Under the *Health Professions Act*, the Government gives colleges the authority to regulate the restricted activities that are a part of current professional practice. Colleges then authorize regulated members to provide the restricted activities.

In developing its framework for the regulation of restricted activities, the College consulted with internal and external stakeholders throughout the development process to identify:

- the restricted activities for which the College would seek authorization in regulation
- the public safety and policy issues associated with these activities
- and validate the competencies required to perform each restricted activity safely
- and validate the ways that these competencies are developed and would be demonstrated to the College for regulated members to receive authorization.



Roles & Responsibilities

A number of participants have different roles and responsibilities with respect to restricted activities:

The College

The College is responsible for regulating the safe performance of restricted activities, authorizing practitioners, and issuing practice permits to allow performance of restricted activities.

The College establishes the competencies, standards, and guidelines for the performance of restricted activities, and determines how competence will be demonstrated and authorized.

The College is also responsible for monitoring the ongoing competent performance of restricted activities and tracking trends in dietetic practice to assess changes in the restricted activities provided by regulated members.

Regulated Members

Regulated members have a responsibility to know which restricted activities are authorized by the College, and to identify when restricted activities are being performed.

Regulated members will decide whether to provide restricted activities or not, based on the context of their practice and the requirements of their workplace. If a regulated member decides to provide a restricted activity, it is the regulated member's responsibility to obtain authorization from the College to perform the activity as part of their practice.

Accountability rests with the regulated member performing a restricted activity to ensure that they are authorized and competent to perform restricted activities.

Regulated members are responsible for maintaining ongoing competence to perform a restricted activity and for upgrading or refreshing skills when required.

Employers

Employers are responsible for the provision of health services and health programs, and for the distribution and appropriate mix of skills in the health workforce.

Employers have accountability as health service providers to ensure employees and students are appropriately authorized or supervised when performing restricted activities.

Employers have a key role in providing opportunities for employees to receive training and demonstrate competence to perform restricted activities, and for removing any barriers to performance of restricted activities by authorized practitioners.

Universities, Internship Programs, Dietitians of Canada

Universities and internship programs ensure that undergraduate education and training keep pace with changes in dietetic practice and provide a foundation for the development of the competencies required for dietetic practice.

Dietitians of Canada provides support through the development of continuing education programs and resources.



Development of Competence

The *Health Professions Act* defines competence as “the combined knowledge, skills, attitudes and judgment required to provide professional services”.

Within their practice, regulated members provide the services they are competent to perform, and as professionals, identify and continually develop and maintain the skills necessary to maintain competence. The College has identified competency indicators for the knowledge, skills, attitudes, and judgment required to perform each of the restricted activities. These competencies must be developed, demonstrated, and verified in order for a regulated member to be authorized by the College to perform the activity.

While undergraduate education and training establishes a foundation for the performance of these activities, Registered Dietitians and Registered Nutritionists generally develop the specialized expertise to do restricted activities in the workplace.

The method for developing competence will vary from one workplace to another, from one dietitian to another, and from one restricted activity to another.

The College sets out guidelines for the development and demonstration of competence that must be met by a regulated member to be authorized to perform restricted activities. The guidelines accommodate a variety of training methods while ensuring the safe practice of restricted activities.

The College does not approve specific education or training programs for restricted activities, but recognizes combinations of the following methods of competence development as appropriate:

- attending, observing, and assisting with procedures in the presence of authorized practitioners
- receiving individualized training from RDs and other authorized practitioners
- participating in clinical teaching presentations, clinical case conferences, teaching rounds, and case studies
- taking part in site-based education/training
- self-study, including research and literature review
- completing competency-based education
- ongoing clinical exposure to the restricted activity, patient involvement and follow up.

As regulated members plan their competence development activities they will need to consider:

- the nature of each specific restricted activity they want to be authorized to perform
- the competence indicator being developed
- the availability and appropriateness of training methods
- the consent, supervision and performance requirements and
- access to appropriate authorized practitioners.

Notification

In order to address safety of the public, the College must be able to inform employers and the public that a restricted activity is being performed by an authorized practitioner, or a practitioner who is being supervised while training, or that a practitioner should not be performing the restricted activity.

A regulated member must notify the College prior to training to perform any restricted activity and must complete and submit the required forms. All individuals who are training will be noted on the internal College restricted activity register.

Supervision Requirements

A regulated member who performs a restricted activity on a person during competence development (training) must have the consent of and be under the supervision of a RD and/or a Regulated Health Professional on the General Register authorized to perform the restricted activity. The supervisor must be available to consult with and assist when the restricted activity is being performed by the regulated member in training.



Supervision by a Regulated Health Professional is **not required** during competence development (training) when the restricted activity is **not being performed on a person**.

Students

According to Regulation and criteria established by the College of Dietitians of Alberta, students must be enrolled in an accredited internship, or program approved by the College, to perform restricted activities as part of their training.

Students may perform a restricted activity as part of their training but must have the consent of and be under the supervision of a Regulated Health Professional on the General Register authorized to perform the same restricted activity. The supervisor must be onsite and available to consult with and assist when the activity is being performed on a person.

Authorization

Authorization by the College to perform a restricted activity is based on the regulated member demonstrating that they are competent to perform the restricted activity, and that the competent performance of the restricted activity has been verified. Regulated members can contact the College to obtain the required forms.

The number of procedures needed to demonstrate competence depends on factors including:

- the particular restricted activity
- frequency of exposure to the restricted activity and
- the ability of the individual practitioner.

The College has not set a specific number of procedures that must be performed to demonstrate competence. Competence in the performance of a restricted activity is met when the combined knowledge, skills, attitudes, and judgment to perform the restricted activity have been developed, demonstrated and verified. Once the competent performance of the restricted activity has been observed and verified by an authorized health professional, the regulated member must submit the completed competency checklist and verification forms and the required restricted activity application fee, at which time the regulated member on the General or Courtesy Register will be issued a practice permit that authorizes them to practice the restricted activity.

Regulated members with a temporary practice permit may be permitted to train for a restricted activity. Authorization to perform a restricted activity is restricted to General or Courtesy registrants once competent performance has been demonstrated and verified.

Ongoing Competence

Regulated members must be competent every time they perform a restricted activity. Authorization to perform restricted activities must be renewed annually and will require a declaration by the regulated member when they apply to renew their practice permit that the competence requirements continue to be met.

However, if skills have lapsed during the year for any reason, it is the responsibility of the regulated member to either upgrade or refresh skills before continuing to perform a restricted activity, or relinquish the restricted activity authorization.

The process of maintaining competence to perform restricted activities is part of the competence program of the College. As part of this program, a regulated member who performs restricted activities must complete the self-assessment process and develop one learning plan for each restricted activity that they are authorized to perform. It should be noted that development of learning plans related to the performance of restricted activities is done in addition to the regular competence program requirements.



Performing Restricted Activities

Only Registered Dietitians and Registered Nutritionists who are authorized by the College, or who have notified the College and are supervised appropriately while training, may perform restricted activities, or any portion of a restricted activity.

Regulated members not currently performing restricted activities, who wish to incorporate them into their practice, may begin the process of becoming authorized to perform a restricted activity at any time after notifying the College and completing the required forms.

Referral

The *Code of Ethics*, *Standards of Practice* and the *Integrated Competencies for Dietetic Education and Practice* require regulated members to “provide services within scope of practice and personal competence” and to “recognize limitations in practice qualifications and own level of competence”.

When a client requires treatment beyond a regulated member’s level of competence or expertise, or whose care reaches a boundary defined by a restricted activity that the regulated member is not authorized to perform, the regulated member will refer the patient to a practitioner who can provide the specialized expertise required.

A referral does not necessarily mean the component of care the referring regulated member is competent to provide ends. Involvement may be ongoing but may need to be coordinated or integrated with the treatment determined by the practitioner or interdisciplinary team the client is referred to for further treatment.

Restricted Activities in Dietetic Practice

The *Health Professions Restricted Activity Regulation* describes the restricted activities for the profession and the specific components of a particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. For example, a restricted activity in the *Health Professions Act* reads:

“to dispense, compound, **provide for selling** or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act*”

The component of this restricted activity that Registered Dietitians and Registered Nutritionists are given authority in *Health Professions Restricted Activity Regulation* to perform is to **provide for selling**. They may not dispense, compound, or sell a Schedule 1 or Schedule 2 drug. Because the *Act* defines “sell” to include “distributing and giving away...”, the provision of Schedule 1 or 2 drugs to clients, free of charge, becomes a restricted activity.

The Restricted Activities that have been authorized in the *Health Professions Restricted Activity Regulation* by the Government for Registered Dietitians and Registered Nutritionists are listed in the following pages. Detailed descriptions, definitions, and examples of these activities as they relate to dietetic practice have been included.



The Insertion and Removal of Tubes

The Regulations

59(1)(a)

“to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow or beyond the pharynx for the purposes of inserting or removing nasoenteric tubes, if in the provision of nutrition support the regulated member is providing enteral nutrition;”

59(1)(b)

“to insert instruments, devices, fingers or hands into or remove them from an artificial opening in the body if, in the provision of nutrition support, the regulated member provides enteral nutrition to patients and inserts or removes gastrostomy or jejunostomy tubes;”

Relevant Definitions

Nutrition support

The term “nutrition support” means the provision of appropriate nutritional therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Enteral Nutrition

Feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing these restricted activities when they insert or remove nasoenteric tubes or insert or remove replacement gastrostomy and jejunostomy tubes into a well-established site, when providing nutrition support.

Setting: Registered Dietitians and Registered Nutritionists working in acute and chronic care, in inpatient, outpatient, and hospital clinic settings, and occasionally in homecare settings perform these activities.

Required Competence Indicators

Knowledge

- anatomy and physiology of upper airway, nasal passages, GI tract
- the physiology of normal swallowing, and gag reflex
- the theory behind and mechanism for enteral nutrition
- types of tubes and methods of insertion and removal
- when to change tubes
- common and unusual patient responses to the treatment
- potential complications with tube placement
- universal precautions
- patient restrictions that may preclude proper positioning of patient
- procedures or disease process that may preclude tube insertion
- required charting

Skill

- positioning the patient
- measuring for proper placement
- checking for proper placement of tube
- aseptic technique
- inserting/ removing tube



- securing placement (taping and stabilizing techniques)
- identifying potential complications with tube placement
- demonstrating and teaching proper care of insertion site and tube care to patient
- addressing patient anxiety
- educating patient and family
- obtaining informed consent
- documenting in the patient record

Attitude

- empathetic with patient
- comforting/reassuring
- confident in own skill level
- responsive and alert to patient discomfort
- interested in learning new skills and knowledge
- collaborative with other team members and practitioners
- committed to accuracy
- proactive in problem-solving
- client-centered

Judgment

- assess patient readiness and anxiety level
- assess patient capacity to care properly for tube and tube insertion site
- detect and problem-solve equipment misplacement or blockage
- observe carefully for allergic responses to materials, e.g. tape, tubing and latex
- monitor patient adaptation to equipment
- refuse to replace tube if potentially contraindicated or professionally uncomfortable with the request
- recognize need to consult with other professionals as required



Prescribing Parenteral Nutrition

The Regulations

59(1)(c)

“to prescribe a Schedule 1 drug for the purposes of providing nutrition support.”

59(1)(d)

“to prescribe parenteral nutrition if the regulated member is providing nutrition support and the member is authorized to prescribe a Schedule 1 drug.”

Relevant Definitions

Nutrition Support

The term “nutrition support” means the provision of appropriate nutritional therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Parenteral Nutrition

The term “parenteral nutrition means the intravenous administration of nutrients, fluids and other pharmacologic agents either by means of a large central vein (usually the superior vena cava) or a peripheral vein (usually in the hand or forearm).

Prescribe

The description of “prescribing activity” that is widely accepted across professions is: determining the right dose, the right drug, the right route, the right time for the right person.

In the *Pharmacy and Drug Act*, prescription means “a direction given verbally or in writing by a ...practitioner who is authorized to prescribe drugs directing a pharmacist...to dispense, for the person named in the direction, a stated amount of a drug specified in the direction”.

Drug Schedules

The drug schedules are created by the provincial and federal governments and reflect an assessment of risk to the public from the drug and the level of professional control required for a patient’s safe and effective drug use. Drugs can be moved between the drug schedules due to changes in the assessment of risk and may be found on any or all three of the drug schedules depending on factors such as the concentration of the drug; for example, vitamin and mineral supplements which may come in oral, parenteral or intramuscular formulations. For this reason, Registered Dietitians and Registered Nutritionists must regularly review drug schedules to ensure they are familiar with the scheduled drugs relevant to their practice.

Schedule 1 Drugs

Drugs found on Schedule 1 require a prescription.

Schedule 2 Drugs

Schedule 2 drugs do not require a prescription but are available only from a pharmacist or practitioner who is authorized to provide them. They are located in pharmacies and institutions to which there is no public access and no opportunity for self-selection.

Schedule 3 Drugs

Schedule 3 drugs do not require a prescription and are available in the self-selection area of the pharmacy.

Drug schedule information may be found on the Alberta College of Pharmacy website: <https://abpharmacy.ca/>

Link to Dietetic Practice



Registered Dietitians and Registered Nutritionists are performing the restricted activity when they prescribe parenteral nutrition, a schedule 1 drug, when providing nutrition support.

Registered Dietitians and Registered Nutritionists may prescribe schedule 1 drugs required in the provision of parenteral nutrition.

No other schedule 1 drugs may be included in the prescription by Registered Dietitians and Registered Nutritionists because there is no authorization in Legislation to do so. Schedule 2 drugs may be included in the formula as they do not require a prescription.

Setting: Registered Dietitians and Registered Nutritionists working in acute and chronic care, in inpatient, outpatient, home care, and rehabilitation hospital settings perform these activities.

Required Competence Indicators

Knowledge

- normal and therapeutic nutrition requirements, including fluid, macronutrient and micronutrient needs, electrolytes, H₂ receptors.
- clinical understanding of how nutrition is generally affected by disease, and the effects of TPN complications
- how medications can influence and interfere with nutritional requirements
- a variety of medical, surgical, and diagnostic procedures that affect or help to assess nutritional status
- diagnostic tests and ability to interpret implications of results for nutritional requirements of blood gases, microbiological and biochemical reports, and other diagnostic results
- actions, interactions, pharmacological mechanisms, side effects, and adverse effects of drugs
- prescribed and/or compounded into TPN
- how the TPN formulation can affect the metabolic condition of the patient
- the drug schedules and where to access drug schedule information
- understand delivery systems

Skill

- mathematical skills to calculate proper dosages
- problem anticipation and problem-solving skills
- ability to assess patient adaptation to TPN
- equipment handling skills
- altering TPN management based on complications and/or lab results
- educating patient and family
- documenting in the patient record

Attitude

- confident in own skill level
- committed to accuracy
- proactive in problem-solving
- non-judgmental regarding patient lifestyle
- interested in learning new skills and knowledge
- reviews current research
- collaborative with other team members and practitioners
- client-centered

Judgment

- capacity to weigh risks and benefits
- ability to determine when to stop treatment
- ability to assess indicators of treatment impact
- ability to monitor and analyze metabolic changes in the patient
- awareness of situational assessment of numerous factors re: decision to treat or discontinue treatment
- ability to judge when a situation has turned from chronic to acute, or stable to critical
- recognizes need to consult with other professionals as required



Prescribing or Administering Diagnostic Imaging Contrast Agents

The Regulations

59(1)(e)

“to prescribe and administer oral diagnostic imaging contrast agents if, in the provision of medical nutrition therapy, a regulated member performs a video fluoroscopic swallowing study or assists with the study;”

Relevant Definitions

Medical nutrition therapy

The term “medical nutrition therapy” means the use of specific nutrition services to treat an illness, injury, or condition. It involves: (a) assessment of the patient’s nutritional status, and (b) treatment, which includes nutrition therapy, counseling, or use of specialized nutrition supplements.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they determine the amount of barium contrast agent a patient receives, and/or administer the contrast agent, by way of mouth, during a video fluoroscopic swallowing study while providing medical nutrition therapy.

Setting: Registered Dietitians and Registered Nutritionists in acute and chronic care, and in inpatient, outpatient, and rehabilitation settings (primarily geriatric) perform these activities.

Required Competence Indicators

Knowledge

- anatomy, physiology and normal mechanisms of swallowing
- the range of swallowing difficulties
- disease processes resulting in swallowing difficulties and pathology
- cognitive, oral, motor, and pharyngeal impairments contributing to dysphagia
- risk factors associated with the procedure
- complications of the procedure
- proper positioning of patient for procedure
- radiological exposure/safety rules
- safe, appropriate levels of contrast agents
- pharmacological/chemical nature of contrast agent and possible side/adverse/interactive effects

Skill

- assess tolerance for test
- assess cognitive ability to comply with test instructions
- prevent/reduce radiation exposure
- position patient properly
- obtain informed consent
- monitor aspiration risk during test
- interpret test results
- communicate with and reassure patient during procedure
- communicate with team during procedure
- perform CPR and Heimlich maneuver
- educate patient and family
- document in the patient record



Attitude

- confident in own skill level
- responsive to patient response and discomfort
- attentive-constantly watching patient during test
- non-judgmental
- interested in learning new knowledge and skills
- review current research
- collaborative with other team members and practitioners
- client-centered

Judgment

- capacity to anticipate likelihood that test results will be used in determining treatment
- able to analyze risk/benefit
- seeks help immediately if problems or complications arise during test
- insists on safety protocols
- consults with other professionals as required



Provision of Drugs, Including Samples

The Regulations

59(1)(g)

“to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmacy and Drug Act* and pursuant to a prescription, if required by the *Pharmacy and Drug Act*.”

Relevant Definitions

Sell (distributing and giving away)

In the Act the definition of sell includes “distributing and giving away...” The provision of Schedule 1 or 2 drugs to clients, free of charge, becomes a restricted activity because of the definition of “sell” in the Legislation.

Medical Nutrition Therapy

The term “medical nutrition therapy” means the use of specific nutrition services to treat an illness, injury, or condition. It involves: (a) assessment of the patient’s nutritional status, and (b) treatment, which includes nutrition therapy, counseling, or use of specialized nutrition supplements.

Drug Schedules

The drug schedules are created by the provincial and federal governments and reflect an assessment of risk to the public from the drug and the level of professional control required for a patient’s safe and effective drug use. Drugs can be moved between (or off) the drug schedules due to changes in the assessment of risk and may be found on any or all three of the drug schedules depending on factors such as the concentration of the drug, for example, vitamin and mineral supplements.

Schedule 1 Drugs

Drugs found on schedule 1 require a prescription.

Schedule 2 Drugs

Schedule 2 drugs do not require a prescription but are available only from a pharmacist or practitioner who is authorized to provide them. They are located in pharmacies and institutions to which there is no public access and no opportunity for self-selection.

Schedule 3 Drugs

Schedule 3 drugs do not require a prescription and are available in the self-selection area of the pharmacy.

Drug schedule information may be found on the Alberta College of Pharmacy website: <https://abpharmacy.ca/>

Link to Dietetic Practice

This restricted activity is not about prescribing drugs, but it is about distributing drugs listed on a drug schedule. The Regulation does not permit Registered Dietitians and Registered Nutritionists to sell drugs.

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they provide Schedule 1 or Schedule 2 drugs such as insulin, and oral hypoglycemic agents to their patients when providing medical nutrition therapy. In the case of schedule 1 drugs, they must be given out in accordance with a prescription or written order.

All regulated members of the College must be aware that providing drugs including samples as part of practice may be a restricted activity. It is a regulated member’s responsibility to determine whether the drugs they are providing are controlled by drug schedule 1 or 2. If so, authorization from the College to perform this restricted activity is required.

If the drugs or samples being provided are not found on one of these two drug schedules, then authorization is not required as



this is not a restricted activity.

Setting: Registered Dietitians and Registered Nutritionists, in acute and chronic care, in outpatient, community or clinic settings perform this activity.

Required Competence Indicators

Knowledge

- which drugs, including samples, require authorization to be provided
- indications, contraindications, actions, interactions, side effects, adverse effects of the drug
- drug-drug and drug-food interactions
- the importance of administration factors such as timing
- different types of a drug, e.g. different insulins
- how to intervene with drug allergies
- patient conditions (i.e. pregnancy) or disease processes
- disease states and pathology
- patient situation with respect to diet, exercise and illness, which may influence required dose
- the drug schedules and where to access drug schedule information

Skill

- ability to assess appropriateness/safety for drug distribution
- ability to assess patient ability to understand and comply with instructions for drug use
- ability to demonstrate administration of drug
- ability to educate patient re: drug and its use
- ability to instruct patient re: side and adverse effects
- provide appropriate documentation in patient record

Attitude

- uses caution with appropriate use of drugs and samples
- accepts full responsibility for patient education re: drug
- collaborates with other team members and practitioners
- displays confidence in own skill level
- client-centered
- displays interest in learning new skills and knowledge

Judgment

- anticipates likelihood that patient will comply with appropriate use of drug sample
- determines when to give drug -e.g. time or financial problems accessing the drug; trial dose
- assesses patient circumstances (diet, exercise and illness) are compatible with drug dose
- consults with other professionals as required



COLLEGE OF DIETITIANS
OF ALBERTA

Regulated Member Handbook



V. Public Register & Communications



Public Register

The Public Register of the College provides a searchable list of regulated members of the College and is available online on the [College website](#). It is updated throughout the year so members of the public and employers can verify that an individual is registered with the College of Dietitians of Alberta.

The College offers Private Practice Dietitians the option to have their contact information published on the Public Register for public access. Interested regulated members are requested to email the College office to provide consent to publish contact information on the Public Register.

Notice of Change

The College reminds regulated members that as regulated professionals, Registered Dietitians have a duty to update their profile within 30 days of any change in the information required for the College's Register. If you have had a change of contact information, employment, or practice information, please update your information by accessing the [Registrant Portal](#) and submit a Profile Update.

Your practice permit is your license to practice dietetics in Alberta. Therefore, the name on your practice permit **must** match your legal name (including middle names). If you have had a change of name, please change your name within the Profile Update online.

Regulated Member Communications

Canada's Anti-Spam Legislation (CASL) requires the College to obtain regulated member consent to send non-regulatory emails about the College's activities, including news, notices, and general information.

Regulated members are requested to indicate their consent on the [Registrant Portal](#). If consent is provided, regulated members will receive emails related to College registration which include newsletters (College Briefings), notices for College events and award celebrations and videos.

Regulated members are able to unsubscribe from College non-regulatory emails at any time by accessing the [Registrant Portal](#) and updating consent or by emailing the College office directly.



VI. Codes, Standards, Competencies & Guidelines



Legislative Requirements

The *Health Professions Act* requires colleges to establish, maintain and enforce standards of practice for regulated health professions. The Government also requires that they be developed by colleges in consultation with their regulated members, the Minister of Health and other stakeholders. The *Standards of Practice* (2018) were developed through a collaborative effort by the College of Dietitians of Alberta (CDA) and the Saskatchewan Dietitians Association (SDA). The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* (2019) were developed as required under *Bill 21: An Act to Protect Patients*. The *Standard. Continuing Competence Program Requirements* was developed in 2022 as required by Government. The *Integrated Competencies for Dietetic Education and Practice* (2013) were developed by the Partnership for Dietetic Education and Practice, a joint venture of the Alliance of Canadian Regulatory Bodies, Dietitians of Canada and Canadian academic and practicum dietetic education programs.

These documents were created under the authority of the *Health Professions Act* and the *Registered Dietitians and Registered Nutritionists Profession Regulation* and support the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists. Together, the act, regulations, *Standards of Practice*, *Standard. Continuing Competence Program Requirements*, *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics* provide the legal framework for dietetic practice and for the provision of competent, safe, professional services.

The *Code of Ethics*, *Standards of Practice*, *Standard. Continuing Competence Program Requirements*, *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice* must be made available to regulated members and to the public upon request. All documents are available on the College website under [About Us – Regulatory Documents](#).



VII. Professional Conduct



The Top Ten Causes of Unprofessional Conduct

By James T. Casey, Q.C. of Field LLP¹

Based on my experience over the years with hundreds of unprofessional conduct cases in a broad range of professions, the following is my unscientific list of the top ten causes of unprofessional conduct. In no particular order:

1. Failure to maintain currency of professional knowledge and competence:

Professions and the health care system evolve. Professionals must keep pace with the change.

There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence.

“That’s how we did it when I was trained 20 years ago”, is not a valid defence.

- **What you can do:**

- Maintaining competence on an ongoing basis is a central tenet of professionalism.
- Maintain a current knowledge base.
- Continuing Competence Programs are ideal tools. Use them.
- Take advantage of continuing education opportunities.
- Be familiar with your employer’s policies and procedures.
- Understand the standards of practice for your profession.
- Be active in professional organizations; read professional publications.

2. Failure to seek assistance or make appropriate referrals.

Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.

- **What you can do:**

- Recognize that we all have limitations.
- Realize that seeking assistance is not a form of weakness; it is a sign of professional strength.
- Where necessary seek assistance from trusted colleagues or from your supervisor. Don’t be afraid to ask a colleague for a second opinion. Where appropriate, refer the patient to someone with the necessary skills.

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

We rarely have “water-tight compartments” in our lives. Our work can affect our personal and home-life and difficulties in our personal and home-life can negatively affect our work.

Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression.

It is common for serious personal difficulties being experienced by a professional to “spill-over” into the workplace giving rise to a risk of unprofessional conduct.

¹ This paper is based on a workshop presented by James T. Casey, Q.C. to the College of Dietitians of Alberta and is reproduced with the permission of James T. Casey, Q.C. and the College of Dietitians of Alberta.



- **What you can do:**

- If you are experiencing serious difficulties in your personal or home-life, then realize the potential for the “spill-over effect.”
- Also realize that you might not be the most objective person with respect to whether your work is being adversely affected.
- If you are having difficulties coping with problems in your personal life and there begins to be a “spill-over” to work, then get help. Seek out family, friends, trusted colleagues. Consider taking some time off work. Consider counselling through Employee Assistance Programs.

4. Alcohol and drug addictions

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

- **What you can do:**

- Keep yourself well.
- Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
- Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
- Get help. Seek counselling. Contact Employee Assistance programs.
- There are addiction recovery programs in Alberta specially designed for health care professionals.

5. Poor communication

Many unprofessional conduct complaints are caused by poor communication between the professional and the patient or between a professional and their colleagues.

- **What you can do:**

- Appreciate that part of being a true professional is being a good communicator.
- Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
- Realize that effective communication is at the heart of the “informed consent” process.
- Consider how your remarks are perceived by others. Avoid cavalier or “smart-aleck” comments in the presence of patients. These types of comments tend to startle and alarm patients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the presence of patients. “Don’t wash your dirty laundry in public.”
- You care about your patients. Do your patients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanour but demonstrate to your patients that you do care. How would you want to be treated if the situation was reversed and you were the patient? What would you expect if the patient was one of your family members? Very few patients file unprofessional conduct complaints about health professionals who they perceived to be caring. Patients who leave a health care facility feeling, “No one cared about me”, are more likely to file complaints.

6. Failure to appropriately address patient concerns.

A patient or a family member with a concern about a patient’s care or a professional’s conduct will typically first approach the professional or a manager about their concerns. Many unprofessional conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.

What you can do:

- Take all concerns and complaints seriously. “Actively listen” to the person making the complaint.
- Be careful of labelling a patient as a “whiner” or a “complainer”. Patients, and their families, can often be difficult and sometimes unreasonable. However we must remember that the patient and their family are often under



significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.

- Understand the power of the “15 second apology” acknowledging the feelings of the person complaining. Example: “I am so sorry that all of this has resulted in you being distressed about your daughter’s care. I will advise my manager of your concerns.” You can often effectively address a person’s concerns without getting into a long debate about who was wrong or right.
- Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

7. Environmental Factors

Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.

What you can do:

- Remember that regardless of the environment, it is the professional’s personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defence of “that’s how we all do it at work” is unlikely to be successful.
- If you have concerns about the environment’s effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

8. Personality conflicts escalate to unprofessional conduct.

It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a patient. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.

What you can do:

- Understand that there will always be colleagues, supervisors, and patients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanour and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
- If you are experiencing a personality colleague with a colleague, deal with the issue privately and not in the presence of patients.
- If there is a serious personality conflict with a patient, consider arranging for the patient’s care to be provided by a different person. If you have been assigned to provide exclusive care to the patient, then you should obtain the patient’s consent to the transfer.

9. Complacency about professional standards

Some professionals with a great deal of experience become complacent about professional standards and begin to develop “sloppy” practices.

What you can do:

- Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to a new graduate as a professional with 30 years experience.



- Regularly work on refreshing your understanding of professional standards.
- Don't count on your experience and seniority to help you get away with sloppy practices.

10. Professional Documentation

A failure to adequately chart or document causes significant problems for professionals.

If you have acted professionally and appropriately, then proper documentation will be your best defence.

Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If a case comes down to, "He said, she said," then you are at risk. Appropriate documentation can objectively demonstrate what really happened.

What you can do:

- Follow professional charting and documentation practices.
- Understand and follow your employer's documentation practices with respect to critical incidents, patient complaints, etc.
- Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialed, write in ink, use uniform terminology and correct errors in documentation openly and honestly.
- When you know that concerns are being raised by a patient or family member, ensure that every step you take is adequately documented.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as "true professionals".



E. Professional Conduct²

(1) Initial Disposition of Complaint

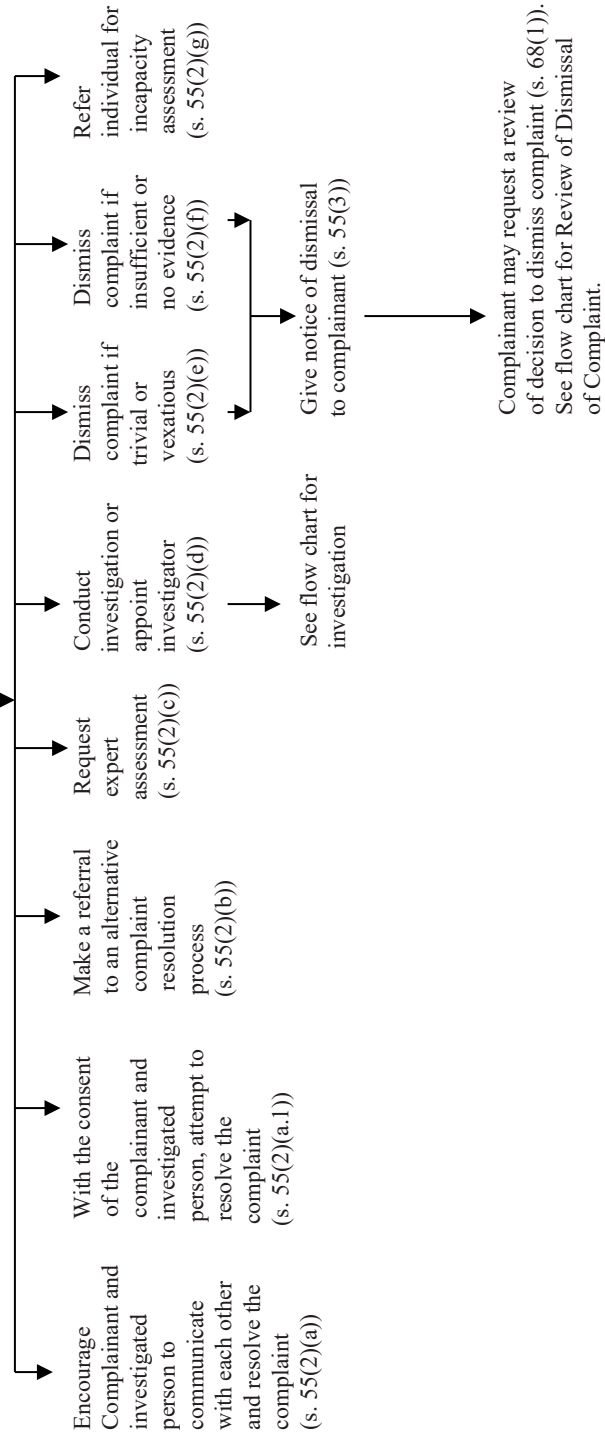
Professional Conduct Flow Chart

Initial Disposition of a Complaint

Written, signed complaint regarding a regulated member or “former member” (s. 54(1))

Complaints Director

Within 30 days the Complaints Director must advise complainant of the action taken with respect to complaint (s. 55(1))

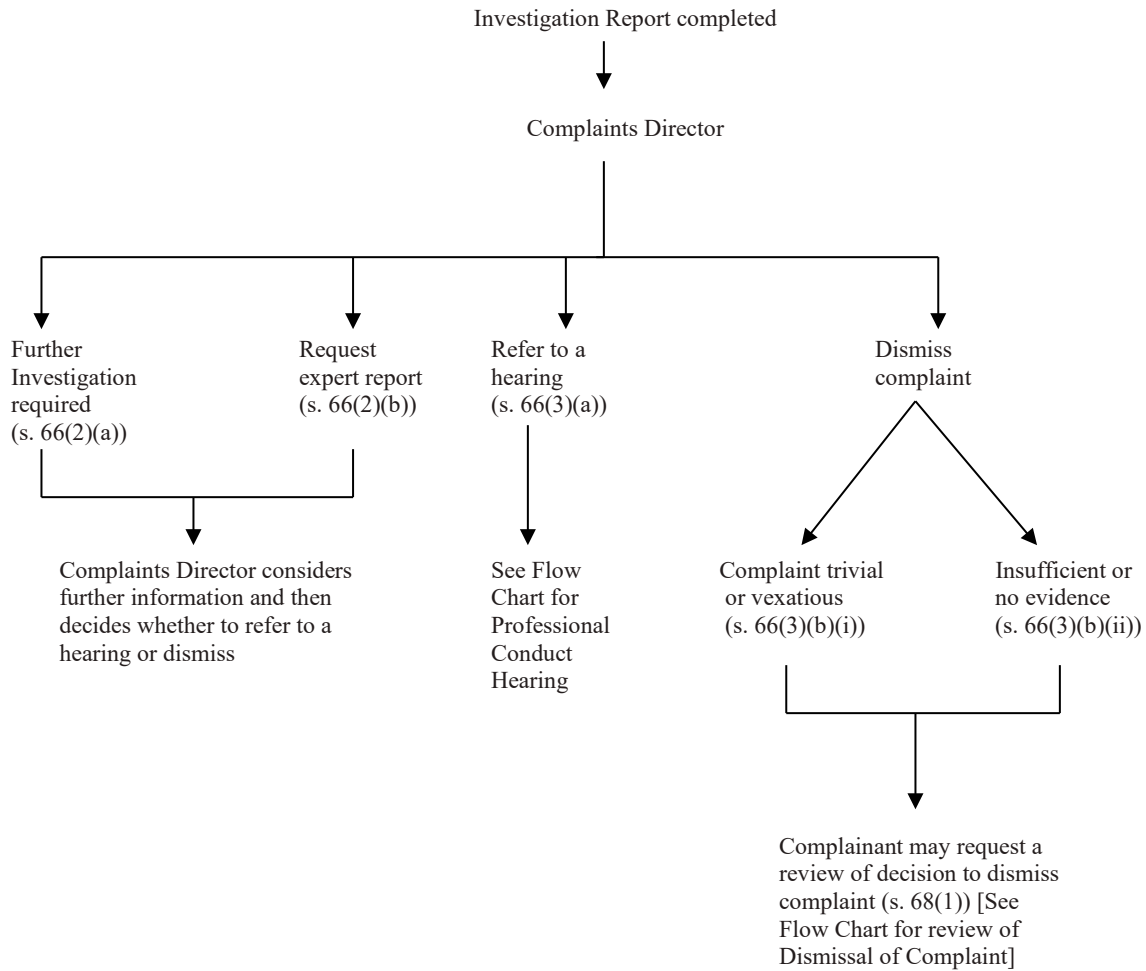


² James T. Casey, *A Guide To The Health Professions Act*. (VII – 12).



(2) Investigation³

Investigation Flow Chart

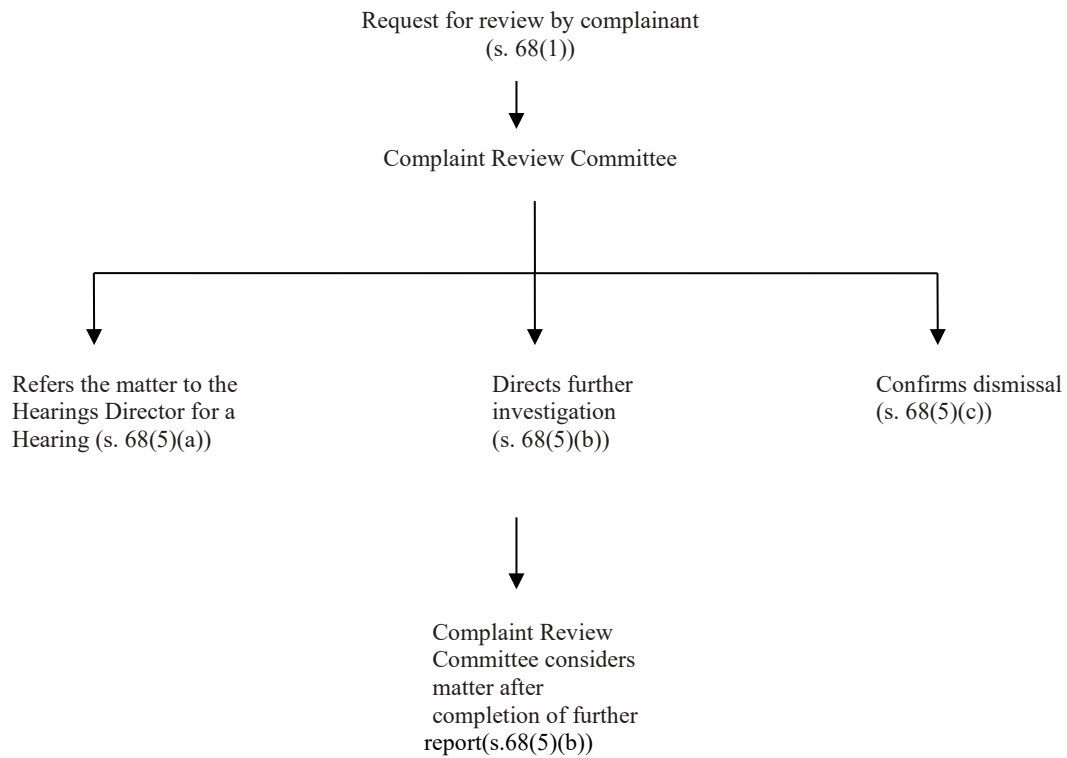


³ James T. Casey, *A Guide To The Health Professions Act*. (VII – 16).



(3) **Review of Dismissal of Complaint⁴**

Review of Dismissal of Complaint Flow Chart



⁴ James T. Casey, *A Guide To The Health Professions Act*. (VII – 18).



(4) Professional Conduct Hearings⁵

Professional Conduct Flow Chart for Hearing and Appeals

Decision of Hearing Tribunal
Completed and distributed (s. 84(2))



Investigated person or
Complaints Director
on behalf of the College
may appeal to Council
(s. 87(1))



Council hears
Appeal (s. 89)



Investigated person
may appeal decision of
Council to the Court of
Appeal
(s. 90(1))



Court of Appeal hears
Appeal
(s. 90 to 93)

⁵ James T. Casey, *A Guide To The Health Professions Act*. (VII – 20).