



**COLLEGE OF
DIETITIANS OF MANITOBA**
Registered Dietitians. Promoting Standards

PROFESSIONAL PRACTICE HANDBOOK



CDM Professional Practice Handbook

TABLE OF CONTENTS

1. Role of the College	4-5
a. What the College Can Do	
b. What the College Cannot Do	
c. Role of the Professional Association	
2. Regulatory Framework	6-9
a. Scope of Practice	
b. Title Protection	
c. Registration Requirements	
d. Public Access to Information	
e. Public Representation	
f. Professional Conduct	
g. Maintaining Competence	
3. College Structure and Function	10-14
a. Purpose	
b. Vision	
c. Mission Statement/Core Values	
d. Organizational Chart	
e. Role of Staff, Council and Committees	
f. Additional Functions of the College	
<u>National Initiatives</u>	
• Alliance of Canadian Dietetic Regulatory Bodies	
• Partnership for Dietetic Education and Practice	
• Canadian Practice Advisory Group	
<u>Provincial Initiatives</u>	
• Manitoba Alliance of Health Regulatory Colleges	
• RD Network of Manitoba	
• Practice Advisory Service	
4. Regulated Health Professions Act (RHPA)	15-16
5. Registration	17-21
a. Mandatory Registration and Title Protection	
b. Registration requirements	



c. Rosters	
I. Registered Dietitian	
II. Graduate Dietitian	
III. Dietetic Intern	
IV. Temporary Roster	
d. Manitoba Labour Mobility Act / AIT	
e. Internationally Educated Dietitians	
f. Certificate of Registration	
6. Professional Practice Standards	22-26
a. Scope of Practice	
b. Professional Standards	
c. Code of Ethics	
d. Integrated Competencies for Dietetic Education and Practice	
7. Practice Directions	27
8. Continuing Competence Program	28-31
9. Liability Insurance	32-34
10. Conflict of Interest	35-38
11. Professional Boundaries	39
12. Establishing a Private Practice	40
13. Professional Conduct	41-49
a. Complaints Process	
b. What to do if involved in a complaint	
c. Top 10 Causes of Unprofessional Conduct	
d. Duty to Report	



1. Role of the College

The College of Dietitians of Manitoba is the regulatory body for dietetics in the province of Manitoba. Health regulators in Canada have been given the responsibility to self regulate which means that government has, for the most part, delegated their authority to regulate to members of the profession who act in the public interest.¹

The roles of regulatory bodies have been specified in Manitoba legislation based on the recommendations of the Law Reform Commission (1994). The purpose of the legislation is to define the role of the College, as well as establish structural and functional separation of the profession's regulatory responsibilities and its membership services. The regulatory body's function is to protect the public interest. A professional association acts to enhance the profession by promoting the interests of its members through advocacy.

Professional self-regulation is based on the premise that those within the profession are in the best position to determine, evaluate and enforce standards of practice of the profession. Self-regulation is a privilege that is afforded to a number of health professions through legislation. It is important to remember that this privilege can be taken away if the public or government loses trust in the accountability of the profession or the College.²

A. What the College can do:

Within our mandate of public protection, the College is responsible for setting standards for dietetic practice in Manitoba including scope of practice, standards of practice, continuing competence, professional conduct (through Code of Ethics) and complaints.

Dietitians in Manitoba are currently governed by the *Registered Dietitians Act (2002)*. Together the Act, Regulations, Standards of Practice and Code of Ethics provide the legal framework for dietetic practice and the provision of competent, safe professional services.³

B. What the College cannot do:

The role of the College is public protection. The College cannot engage in any activities that are viewed as serving the interests of the profession, versus the public interest. For example, the College is not involved in setting professional fees, negotiating with unions or advocating with employers for increases in Registered Dietitian EFTs.

C. Role of the professional association:

Dietitians of Canada is the professional association for dietitians in Canada and has the responsibility to advocate for dietitians. Dietitians of Canada promotes dietitians as the trusted source of food and nutrition information, shapes nutrition policy, develops resources for dietitians and provides professional development opportunities.⁴

**References:**

1. The Conference Board of Canada. *Achieving public protection through collaborative self regulation: reflections for a new paradigm*. April 2007.
2. College of Physiotherapists of Manitoba. *Transition to professional practice in Manitoba: A manual for new registrants*.
3. College of Dietitians of Alberta. *Professional practice handbook for dietitians in Alberta*. Edmonton: 2014
4. Dietitians of Canada. www.dietitians.ca.

2. Regulatory Framework

The Registered Dietitians Act (2002) contains a number of requirements which set the framework for protection of the public in the delivery of nutrition care in Manitoba.

A. Scope of Practice

The Practice of Dietetics is defined in legislation as:

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

(a) assessment, design, implementation and evaluation of nutritional interventions;

(b) integration of food and nutrition principles in the management of food service systems; and

(c) dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community.

The health care system in Manitoba is currently set up such that a professions Scope of Practice or practice statement determines who can do what in the health care system. The scope of practice for Registered Dietitians is quite broad, however, it is important to note that dietitians do not have exclusive scope of practice. This means that other regulated health professions can provide nutrition care, however, must be competent to do so and provide evidence based information. The advantage of this model is that it provides for flexibility and collaboration in the delivery of health care.¹

B. Title Protection

The protected titles of the College are:

- Registered Dietitian, including the designation R.D.
- Dietitian
- Graduate Dietitian, including G.D.
- Dietetic Intern, including D.I.

These titles are protected in legislation and may not be used by anyone other than a member of the College. This provides assurance to the public that anyone using these titles has met standards for entry into the profession of dietetics in Manitoba meets ongoing requirements for maintaining competence and adheres to the standards of practice and code of ethics for the profession. These titles also provide a mechanism for the public to distinguish between practitioners who are regulated i.e. registered with a College and those that are not.²

It is worthy to note that Manitoba was the first dietetic College across Canada to regulate dietetic interns. Other Colleges will be following suit. Although under supervision, dietetic interns are practicing dietetics and must adhere to the standards for the profession.



C. Registration Requirements

Requirements for registration with the College are specified in the regulations to *the Registered Dietitians Act (2002)*. These requirements include academic and practical training as well as successful completion of the Canadian Dietetic Registration Examination. Through use of title, the public is assured that practitioners have met standards for the practice of dietetics in Manitoba.

D. Public Access to Information

The College must provide the following information to the public on request and during normal business hours:

- Name, Business address and Business phone number for RDs and GDs
- Any conditions on the members certificate of registration
- Any suspensions or cancellations of the members certificate of registration

Exception: The College will not disclose the above information, if there is a protection order or prevention order. (The College will follow the policy 'Information to be Kept Confidential' under the Privacy Code 3.3.7)

The College must also, on request, provide information related to disciplinary proceedings where the members certificate of registration has been:

- cancelled
- suspended
- has conditions, for example, must practice under supervision
- the member was required to pay a fine and/ or
- the member was censured (formal reprimand)

E. Public Representation

One third of the members of the College Council, Complaints, Inquiry and Finance committees must be members of the public. The remaining two thirds can be either members of the public or Registered Dietitians. This provides assurance to the public that College processes are open, transparent and provides for accountability in decision making.



F. Professional Conduct

The Act specifies the processes which must be followed with respect to any complaints or concerns identified by the public in the delivery of nutrition care in Manitoba. The Complaints Committee reviews information provided by both the complainant and practitioner. Possible resolutions can range from informal resolution to a formal hearing through the courts. This process is designed to protect the public from incompetent or unethical practitioners.

G. Maintaining Competence

Members of the College of Dietitians of Manitoba must participate in the Continuing Competence Program annually, as a requirement of registration renewal. While participation in the program does not guarantee competence, it does provide reasonable assurance to the public that dietitians are competent in their area of practice and are providing up-to-date information.



References:

Adapted from College of Dietitians of Alberta - Member Handbook.

1. Conference Board of Canada. *Achieving Public Protection Through Collaborative Self Regulation. Reflections for a New Paradigm.* 2007.
2. College of Dietitians of Alberta. *Professional Practice Handbook for Dietitians in Alberta.* Edmonton: 2014.



3. College Structure and Function

A. Purpose

The College is responsible for implementing the provisions of the *Registered Dietitians Act (2002)* and Regulations. The Act specifies the duties and responsibilities of the College, such as:

- maintaining registers of members and specifying the information to be made available to the public
- establishing registration requirements
- title protection
- development of a continuing competence program
- handling complaints against members
- duty of members to report

The Act can be found at www.manitobadietitians.ca > Home > Acts & Regulations

The Act allows the College to develop regulations specific to the practice of the profession. The regulations are developed in consultation with Government and require approval before any changes can be made. Regulations specify information such as:

- education, practical experience and exam requirements for the practice of the profession
- renewal requirements
- liability insurance requirements
- standards of practice
- continuing competency
- cancellation of members registration for non-payment of fees

Regulations can be found at www.manitobadietitians.ca > Home > Acts & Regulations

Details regarding the organization and operations of the College are outlined in bylaws and policies. Bylaws are developed by the College Council and must be approved by members of the College. The bylaws deal with the operations of the College such as duties of Council members, holding of meetings, elections and committee functions.

The By-laws can be found at www.manitobadietitians.ca > Home > Acts & Regulations

Further details related to operation of the College are found in organizational policy. All policies are approved by Council.



B. Vision

The Vision statement of the College guides the work of the College Council and committees. The College strives to achieve an environment of excellence in professional dietetic practice by establishing standards of ethical practice.

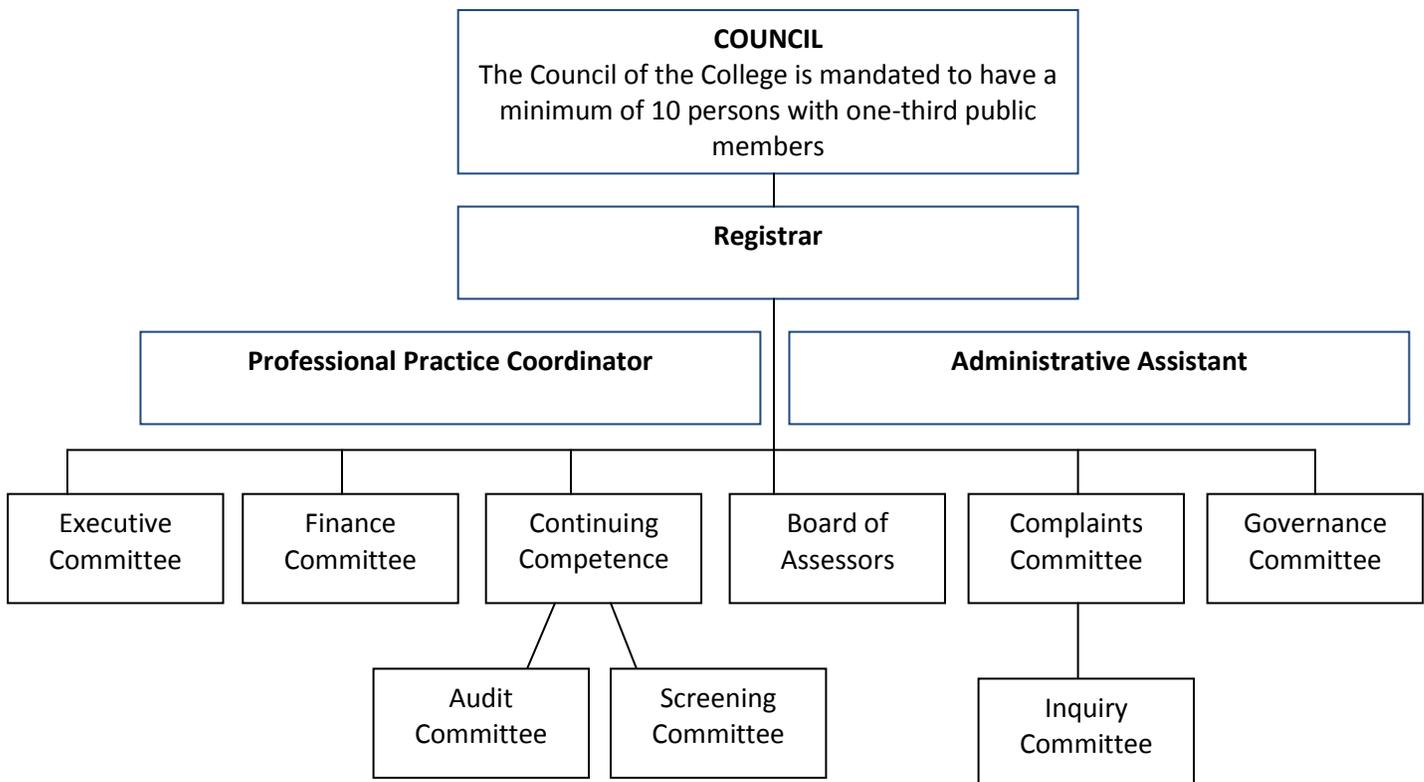
The vision of the College of Dietitians of Manitoba is *"optimizing health and well-being for all Manitobans through excellence in nutrition practice"*.

C. Mission Statement

CDM's Mission Statement describes the fundamental purpose of the organization, describing why it exists and what it does to achieve its vision

The mission of the College of Dietitians of Manitoba is *"To protect the public through regulation, by setting standards of practice and ensuring competency of all registrants with the College of Dietitians of Manitoba"*

D. Organizational Chart





E. Role of Council, Committees and Staff

As outlined in the organizational chart above, there are three main groups within the College structure, Council, Committees and staff.

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 in accordance with the Act, Regulation and Bylaws. The Council is comprised of Registered Dietitians and public members. Public members participate in the decision making process for the College to ensure transparency and accountability.

Committees

There are several committees within the College structure. Some of these committees are required through legislation, also known as statutory committees. The statutory committees for the College of Dietitians of Manitoba are the Board of Assessors, Complaints Committee and Inquiry Committee.

As outlined in our bylaws, the College has also established committees to assist with carrying out the duties of the College. To date, these committees are:

- Executive
- Governance
- Continuing Competence Screening
- Continuing Competency Audit
- Finance

Staff

The staff of the College are the Registrar, Professional Practice Coordinator and Administrative Assistant. The Registrar manages the office of the College and conducts the affairs of the College in accordance with the direction of Council. The Professional Practice Coordinator is responsible for providing support and administration related to the professional practice initiatives of the College. The Administrative Assistant provides support to all initiatives of the College.

F. Additional Functions of the College

The College is involved in a number of other initiatives at the national, provincial and local level.

National Initiatives

Alliance of Canadian Dietetic Regulatory Bodies (the Alliance)

The Alliance of Canadian Dietetic Regulatory Bodies is comprised of registrars from each of the ten dietetic regulatory bodies across Canada. This group addresses common dietetic regulatory issues on a national level to advance dietetic regulation in Canada. The Alliance develops principles and frameworks to support consistent standards of public protection and dietetic practice in Canada.



The objectives of the Alliance are to:

- Develop common frameworks to establish standards for entry to practice, continuing competence, professional practice and conduct
- Share tools and resources to carry out regulatory responsibilities
- Facilitate labour mobility for dietitians
- Communicate with external groups on matters related to the regulation of dietitians in Canada
- Administer the Canadian Dietetic Registration Examination¹

As of June 2016, Alliance members regulate over 11, 390 Registered Dietitians in Canada. The registrar of the College of Dietitians of Manitoba is chair of the Alliance.

Partnership for Dietetic Education and Practice (PDEP)

The Alliance of Canadian Dietetic Regulatory Bodies, Dietitians of Canada, and dietetic educators from academic and practicum programs across Canada have come together as the Partnership for Dietetic Education and Practice to advance excellence in dietetic education and practice. PDEP works in those areas where the goals and achievements of the professional association, regulatory bodies, and educators depend on each other's work.

The Partnership undertakes projects in areas of common interest to benefit the safety and quality of dietetic services and the advancement of the dietetic profession in Canada.

To date, PDEP has:

- completed an analysis of job tasks undertaken by dietitians in all areas of practice;
- developed national validated Integrated Competencies for Dietetic Education and Practice;
- established new national dietetics education Accreditation Standards to be implemented autumn 2014; and
- agreed to a revitalized partnership paradigm for enhanced communication and governance.²

Canadian Practice Advisory Group

The Canadian Practice Advisory Group is a national group of practice advisors/professional practice coordinators for dietetic regulators. The purpose of this group is to increase communication and collaboration amongst practice advisors and discuss issues affecting dietetic practice. Where possible, this group will work on projects of common interest to establish consistency in practice.

The Professional Practice Coordinator for the College of Dietitians of Manitoba participates on this group.



Provincial Initiatives

Manitoba Alliance of Health Regulatory Colleges

This group is made up of all health regulatory professions in Manitoba. Their mission is to advance best practices in health regulation in Manitoba.³ The registrar of the College of Dietitians of Manitoba co-chairs this group.

Registered Dietitians Network of Manitoba

The Registered Dietitians' (RD) Network is a network of Manitoba registered dietitians practicing or interested in the all areas of dietetic practice. The purpose is to increase communication and collaboration amongst registered dietitians practicing in or who have an interest in any aspect of dietetics: public health, long term care, primary care, tele-dietetics, non-profit organizations or private practice as examples. Long term goals are to provide a networking opportunity to share collaborative practice-based recommendations, knowledge and experiences or ideas, support for standardization of nutrition practice, share research opportunities and results, highlight regional programs or projects and to decrease gaps in the continuum of nutritional care. The Professional Practice Coordinator co-chairs this group.

Practice Advisory Service

Through the Practice Advisory Service, the Professional Practice Coordinator provides support to dietitians by providing information and guidance on issues related to dietetic practice. Most inquiries come from dietitians; however, employers, managers, and other allied health practitioners have contacted the College as well. In some cases, there may not be a clear cut answer to the inquiry, however, discussing the issue and reviewing guiding documents such as the Code of Ethics, Standards and practice directions may assist the RDs and others to choose the best course of action for their client/practice environment.

The number of inquiries to the Practice Advisory Service has steadily increased over the past few years. Dietitians are encouraged to contact the College with any questions or concerns related to their practice.

References:

1. <http://www.dieteticregulation.ca/en/>
2. <http://www.pdep.ca/about>
3. <http://www.mahrc.net/#top>



4. Regulated Health Professions Act

The *Regulated Health Professions Act* (RHPA) is umbrella or omnibus legislation which is slowly being implemented for all regulated health professions in Manitoba. With omnibus legislation, the provisions which apply to all regulated health professions are specified one act (i.e. mandate of the college, composition of Council, Complaints) with further details specified in profession specific regulations.

For example, the educational requirements for dietitians would be specified in our regulations.

The health profession groups in Manitoba that will be covered by this legislation are:

- Audiologists and Speech Language Pathologists
- Chiropractors
- Dentists
- Dental Hygienists
- Denturists
- Licensed Practical Nurses
- Physicians
- Medical Laboratory Technologists
- Midwives
- Naturopaths
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Physiotherapists
- Podiatrists
- Psychologists
- Registered Dietitians
- Registered Nurses
- Registered Psychiatric Nurses
- Respiratory Therapists

This type of legislation makes it easier for individuals to navigate the health care system and have a consistent understanding of the role of a regulatory body. The College of Dietitians of Manitoba already has many of the processes in place that are required under the RHPA. For example, all health professional colleges are required to have a continuing competence program, Code of Ethics and Standards of Practice. The College of Dietitians of Manitoba has had these processes in place for several years.



A significant change for dietitians in Manitoba however, will be the reserved acts. Reserved acts are acts, done in the course of providing health care, that are limited to certain regulated health professions and members of those professions who are qualified and competent to do them.¹

These are acts that have the potential to cause harm to the public if not performed by a competent regulated health professional.

Examples of reserved acts include:

- Prescribing a drug
- Delivering a baby
- Selecting the ingredients for an enteral formula.
- Ordering lab work

The College has consulted with dietitians and reviewed which reserved acts apply to dietitians.

Colleges are going through the process of coming under this new legislation one by one, generally starting with the larger colleges i.e. physicians and nursing.

This legislation is not currently in effect for dietitians; however, the College continues to work on various projects and processes necessary to ensure a smooth transition. As dietitians will hear about this legislation from their colleagues and other members of the health care team, it is important to have a general understanding of the RHPA. Further information will be communicated as the College moves through the process of moving to this new legislation.

References

1. Province of Manitoba. *Regulated Health Professions Act*. 2009

5. Registration

Through the *Registered Dietitians Act* and Regulations, the College has established the education and training requirements for dietetic practice in Manitoba.

A. Mandatory Registration and Title Protection

Registration with CDM is required to use the titles of Registered Dietitian, Dietitian, Graduate Dietitian or Dietetic Intern. Protected titles assure the public that individuals using these titles are health professionals, have met the College's requirements for education and practical experience, are competent to practice and adhere to the professional standards and Code of Ethics for the profession.¹

In Canada, health is governed provincially therefore, protected titles vary across the country (see table 1). While "Dietitian" is consistently a protected title across Canada, "Nutritionist" is not. In Manitoba, the *Registered Dietitians Act* does not protect the title of Nutritionist. Similarly, protected designations can vary nationally.

Table 1: Protected titles and designations – Canada

Province	Protected Title(s)	Protected Designation(s)
BC	Registered Dietitian, Dietitian	RD
AB	Registered Dietitian, Registered Nutritionist, Dietitian, Nutritionist	RD
SK	Registered Dietitian, Dietitian	RD, P.Dt.
MB	Registered Dietitian, Dietitian, Graduate Dietitian, Dietetic Intern	RD
ON	Registered Dietitian, Dietitian	RD
PQ	Dietitian, Nutritionist	RD, P Dt.
NB	Dietitian, Professional Dietitian, Registered Dietitian-Nutritionist, Registered Dietitian	P Dt, RD, RDN
NS	Dietitian, Nutritionist	P Dt
NF	Dietitian, Registered Dietitian	RD
PEI	Dietitian	RD



Titles are not portable. Registered Dietitians must be registered with the regulatory body in the province where they practice in order to use title. That is, registration with the College of Dietitians of Ontario does not give a dietitian the legal ability to practice in Manitoba. They must be registered with the College of Dietitians of Manitoba to use title and practice in Manitoba.

It is also important to note that membership with Dietitians of Canada does not provide the right to use a professional designation or title. Membership with a provincial dietetic regulatory body is **legally required** to use professional titles in the province you practice.

B. Registration Requirements

In order to be eligible for registration with the College as a *Registered Dietitian*, applicants must have:

- Completed a baccalaureate degree majoring in Human Nutritional Sciences
- Successfully completed a dietetic internship program approved by the Council
- Successfully completed the Canadian Dietetic Registration Exam (CDRE)

The CDRE is a national exam which confirms that candidates have the competence required for entry level practice of dietetics in Canada. This exam is written twice per year in May and November.

Legal Declaration

To ensure protection of the public, the College requires all applicants to answer the following questions regarding legal activity:

- Have you plead guilty to or been convicted of an offense under the Food and Drug Act (Canada), the Controlled Drugs and Substances Act (Canada), the Criminal Code (Canada), or any other federal or provincial statute?
- Have you plead guilty to or been convinced of an offense under the any statute of a jurisdiction other than Canada?
- Have you been found guilty of professional misconduct or found to have been incompetent or incapable in relation to the practice of dietetics or any profession?
- Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity?
- Do you have any addiction, condition (medical or otherwise) or other circumstances, which compromise your ability to practice dietetics?

A current criminal record check with a vulnerable sector search as well as Child and Adult Abuse registry check is required for every applicant to the College. These documents are considered current for six months.



Language Requirement

If the applicants first language is not English or French, they must be able to speak and write either English or French according to the language fluency requirements set out by Council.

Currency

Applicants' qualifications and/or work experience must be current within three years prior to application or they may be required to undertake upgrading as assessed by the College Board of Assessors.

C. Rosters

The College of Dietitians of Manitoba has 4 rosters or categories of registrants. They are Registered Dietitians, Graduate Dietitians, Dietetic Interns and a Temporary roster.

- I. *Registered Dietitians* have met all requirements for registration.
- II. *Graduate Dietitians* are those individuals that have met the requirements set out above but are waiting to write the Canadian Dietetic Registration Exam. There are some limitations on a Graduate Dietitian license as follows:
 - Graduate Dietitians may not supervise dietetic interns
 - Graduate dietitians may not provide supervision for training purposes (i.e. practicum assessment, upgrading)
 - May only use the title Graduate Dietitian or GD and must use this title when communicating with patients/clients and when documenting.
 - May not use the title Registered Dietitian, RD, or dietitian
 - Must inform clients that third party insurance companies may not accept billing/client reimbursement for nutrition counselling services from Graduate Dietitians
 - Graduate dietitians are not eligible for election to Council
 - Are not entitled to vote at meetings of members
 - Are not eligible for election to Council
- III. *Dietetic Interns* must be enrolled in a dietetic education program approved by the council in order to be eligible for registration with the College of Dietitians of Manitoba. At this time, Manitoba is the only province across Canada that regulates dietetic interns.

The restrictions on a dietetic intern license are as follows:

- May practice dietetics under supervision only
- Are not eligible for election to Council
- Are not entitled to vote at meetings of members

- •
•
•
•
•
- IV. The College *Temporary* roster is for dietitians who are qualified to practice dietetics in another jurisdiction and wish to provide dietetic service to the public in Manitoba for a specific purpose and for a limited time period. For example, a dietitian registered in Ontario who is coming to Manitoba to provide a presentation to the public would need to be registered with CDM on the temporary register. A dietitian who is providing a session to professionals would not need to be registered.

D. Manitoba Labour Mobility Act/Agreement on Internal Trade

The *Agreement on Internal Trade* and *Manitoba Labour Mobility Act* require that workers who have been certified in an occupation by a regulatory authority in another province or territory are recognized as being qualified in that occupation by the appropriate Manitoba authority.^{2,3} This means that once a dietitian is fully registered, and in good standing (i.e. no conditions or limitations), in any province or territory across Canada, they can move to another jurisdiction and upon application to the dietetic regulatory body of that province, be licensed to practice without having to undertake any additional requirements such as education, experience, training or examination. Registrants may be required to pay application or processing fees as well as provide additional information to the regulatory body in the destination province/territory such as:

- Obtain insurance
- Undergo a criminal background check
- Demonstrate knowledge of legislation, regulations and standards which govern the practice of a profession in the destination province i.e. jurisprudence

These requirements may not be more onerous than any requirements placed on a province or territory's own members.

E. Internationally Educated Dietitians

Internationally Educated Dietitians must have their credentials assessed to determine if their education and training is substantially equivalent to the education provided to Canadian dietitians. Since there can be variation in dietetic education programs worldwide, the College must ensure that internationally educated dietitians are able to work at a Canadian standard.

In Manitoba, we also have a Fairness Commissioner who works cooperatively with Manitoba regulators to ensure that registration practices comply with THE FAIR REGISTRATION PRACTICES IN REGULATED PROFESSIONS ACT⁴. This act stipulates that registration practices must be transparent, impartial, objective and successfully recognize all competent applicants.

Internationally educated dietitians must have their University degrees assessed by a comparative education service to determine if their university degree is equivalent to a Canadian University degree. This assessment is completed by a third party agency, not the college. Once this assessment is complete, the College Board of Assessors reviews the content of the candidate's university degree to determine currency and if upgrading is required.



The candidate may be required to participate in a panel interview with RD representatives from various practice areas. A practicum assessment may also be required where the candidate would be assessed by dietitians in each of the main practice areas of clinical, community and food service. The candidate would work alongside the dietitian and have their skills assessed in a practical environment. Although this assessment provides the opportunity for candidates to have some exposure to the Canadian Health Care System, it is not a training program.

F. Certificate of Registration

Once fully registered with the College, dietitians will receive a Certificate of Registration, which must be available for public display in their place of employment. Dietitians must be able to produce their Certificate of Registration should a member of the public ask. If additional copies are required, please contact the College. Dietitians are also be able to print off a wallet size registration card from the CDM website.

References

1. College of Dietitians of Alberta. *Professional practice handbook for dietitians in alberta*. Edmonton: 2014.
2. Province of Manitoba. *Labour Mobility Act*. 2009. <https://web2.gov.mb.ca/bills/39-3/pdf/b021.pdf>
3. Government of Canada. *Agreement on Internal Trade*. 1995. http://www.ait-aci.ca/en/ait/ait_en.pdf
4. Province of Manitoba. *The Fair Registration Practices in Regulated Professions Act*. 2009. <http://web2.gov.mb.ca/laws/statutes/ccsm/f012e.php>



6. Professional Practice Standards

A. Scope of Practice

The scope of practice for Registered Dietitians, as defined in legislation is:

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

- (a) assessment, design, implementation and evaluation of nutritional interventions;*
- (b) integration of food and nutrition principles in the management of food service systems; and*
- (c) dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community.¹*

This statement describes the practice of dietetics for members of the public and health professionals. It is important to note that in Manitoba, dietitians do not have exclusive practice. What does this mean for dietitians? Members of other regulated health professions can provide nutrition advice provided they do not represent themselves as being licensed or registered as a dietitian. However, they must be competent to do so and provide evidence based advice.²

It is important to note that there is a difference between professional scope and personal scope. The above statement is the professional scope of practice for dietitians; however, a dietitian's personal scope may differ from this statement. For example, it may not be within the personal scope of practice for a dietitian working in a strictly clinical capacity i.e. a dietitian working with clients requiring dialysis to provide information on an administrative task such as food cost analysis.

B. Professional Standards

Dietitians have a responsibility to provide the public with nutrition care in accordance with the PROFESSIONAL STANDARDS FOR DIETITIANS IN CANADA. This document was developed by Dietitians of Canada and describes the six (6) core standards that describe professional characteristics and guide dietitians in daily practice.



Standard 1: Provision of Service to a Client

The dietitian uses a client-centered approach to provide and facilitate an effective dietetic service.

Indicators:

To apply Standard 1, each dietitian

1. collaborates with the client and/or appropriate others
2. manages available resources effectively and efficiently in meeting the needs of the client
3. applies a research-based approach in providing a dietetic service
4. uses critical thinking to analyze, synthesize, and apply information to improve the quality and effectiveness of service
5. creates a client-centered environment conducive to achieving client outcomes.

Standard 2: Unique Body of Knowledge

The dietitian has an in-depth scientific knowledge of food and human nutrition, and integrates this knowledge with that from other disciplines including health and social sciences, education, communication and management.

Indicators:

To apply Standard 2, each dietitian

1. has the knowledge relevant to her/his area of practice
2. knows how and where to locate needed information
3. shares knowledge and information with appropriate others
4. is informed about the unique body of knowledge possessed by dietitians in a variety of roles, and the contribution of dietitians as related to other service providers
5. seeks to strengthen innovation and excellence in practice by supporting the development and use of new knowledge in dietetics
6. creates an environment that assists individuals to acquire new knowledge and skills.



Standard 3: Competent Application of Knowledge

The dietitian competently applies the unique body of knowledge of food and human nutrition, and competently integrates this knowledge with that from other disciplines including health and social sciences, education, communication and management.

Indicators:

To apply Standard 3, each dietitian

1. uses the skills necessary to apply the knowledge relevant to her/his area of practice
2. collaborates with clients and/or appropriate others
3. identifies food and nutrition issues through the assessment of data, documentation from the literature and critical analysis of information
4. formulates goals and objective, and develops an action plan designed to meet these goals and objectives
5. implements, monitors, and modifies the action plan
6. evaluates the action plan through critical appraisal of the process and outcomes
7. establishes and maintains appropriate information and communication systems
8. applies knowledge gained from experience, clinical judgments, and research findings to professional practice.

Standard 4: Continued Competence

The dietitian is responsible for life-long learning to ensure competence in her/his area of practice.

Indicators

To apply Standard 4, each dietitian

1. uses an organized and focused approach in: assessing her/his level of competence, determining her/his strengths and competence gaps/learning needs, and developing a plan to meet those needs
2. strives for excellence in the profession by participation in, supporting and promoting the use of self-assessment methods and feedback from appropriate others to review and implement changes to practice
3. invests the time, effort, and other resources needed to maintain and/or improve the knowledge, skills, attitudes, and judgments required for her/his practice.



Standard 5: Ethics

The dietitian practices in accordance with the ethical guidelines of the profession.

Indicators

To apply Standard 5, each dietitian

1. demonstrates, through example and behaviour, adherence to the code of ethics for the dietetic profession
2. practices within her/his level of competence
3. recognizes her/his knowledge or skill limitations, and when necessary seeks the help, guidance, and expertise of others
4. reports unsafe practice or professional misconduct to the appropriate person or agency
5. protects a client's right to autonomy, respect, confidentiality, dignity, and access to information
6. promotes and supports ethical behaviour in practice and in research
7. uses discussions with colleagues as a means to resolve or interpret ethical issues and conflicts in practice.

Standard 6: Professional Responsibility and Accountability

The dietitian is accountable to the public and is responsible for ensuring that her/his practice meets legislative requirements, and Standards of Practice for the profession.

Indicators

To apply Standard 6, each dietitian

1. assumes responsibility and accountability for her/his own professional actions
2. ensures that her/his practice complies with current legislation, and the Standards of Practice of the professional
3. follows and continually strives to make changes to pertinent legislation, guidelines, and policies and procedures to ensure consistency with Standards of Practice
4. advocates for improvements in practice
5. acts to ensure that public safety is maintained.



C. Code of Ethics

The College is required in legislation to have a Code of Ethics governing the conduct of dietitians. The *Code of Ethics for Dietitians in Manitoba* provides guidance for decision making serves as a means of self-evaluation and provides a basis for feedback and peer-review. While our Code of Ethics outlines what RDs must know about their ethical responsibilities, it also provides guidance to other health care professionals and the public about the ethical commitments of dietitians.

The Code of Ethics can be found in Appendix V.

The Code of Ethics provides direction on issues for dietitians such as consent, confidentiality, collaboration with other members of the health care team and advertising. The College does provide further guidance to members through practice directions on specific issues. This is discussed further in *Chapter 7 - Practice Directions*.

D. Integrated Competencies for Dietetic Education and Practice

The *Integrated Competencies for Dietetic Education and Practice (ICDEP)* delineates the national entry-to-practice standard for registered dietitians in Canada. The standard is implemented through education programs and the Canadian Dietetic Registration Examination (CDRE). This standard is a minimum requirement, designed to ensure safe, effective and ethical entry-level practice. Education programs are encouraged to exceed the content required by ICDEP. Dietitians, even at entry-to-practice, are encouraged to higher-level achievement. Once a dietitian achieves registration and enters the workplace, their competencies will evolve, based upon experience and further education.³

The ICDEPs can be found at www.manitobadietitians.ca > Members Only > Professional Standards for Dietitians > Integrated Competencies for Dietetic Education and Practice

References:

1. Province of Manitoba. *Registered Dietitians Act*. Winnipeg: 2002.
2. The Conference Board of Canada. *Achieving public protection through collaborative self regulation: Reflections for a new paradigm*. April 2007. [online] <http://www.conferenceboard.ca/e-library/abstract.aspx?did=1960>
3. Partnership for Dietetic Education and Practice. *Integrated competencies for dietetic education and practice*. 2013 [online] <http://www.pdep.ca/de.aspx?id=300>

7. Practice Directions

Practice directions describe practices recommended by College of Dietitians of Manitoba (CDM) as part of ensuring excellence in dietetic practice for the nutritional health of Manitobans.

Practice directions are intended to be useful resources for dietitians. These documents do not supersede other guiding documents of the College, such as the *Registered Dietitians Act* and Regulations. Practice Directions are not intended to be comprehensive or exhaustive, rather to provide guidance to select issues affecting daily practice. Practice directions are reviewed every five (5) years, per CDM policy or as issues/concerns emerge.

Practice Directions are developed based on legislation, information received from dietitians in Manitoba as well as information from other regulatory bodies regarding issues which may affect dietetic practice. CDM practice directions are distinct and separate from clinical practice guidelines found in various practice areas i.e. *Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes*.

Dietitians employed by facilities/health regions are responsible for adhering to facility/regional policy as well as CDM practice directions.

To date, the College has the following practice directions posted on the CDM website. As new practice directions are developed, they are highlighted in the CDM newsletter and posted on the website for dietitian's reference.

- Advertising by RDs
- Conflict of Interest (see Chapter 10 - Liability Insurance)
- Critical Results Reporting
- Delegation of Function
- Duty to report (see Duty to Report section in Chapter 11 - Professional Conduct)
- Dysphagia Assessment and Management by RDs
- Electronic Practice
- Health Records: Documentation and Records Retention
- Health Records: Storage Requirements for Planned and Unplanned Closure of Practice
- Health Records: Responsibilities of Custodian of Health Records
- Liability Insurance (see Chapter 9 - Liability Insurance)
- Nutrigenomics
- Prescribing by RDs
- Protection of Personal Health Information in Electronic Format
- Social Media
- Supervising Students by an RD
- Professional Boundaries with Family Members

All practice directions can be found on the CDM website > Members Only > P&P & Practice Directions.



8. Continuing Competence Program

A. Purpose, including Legislated and AIT Requirements

The *Registered Dietitians Act* as well as the *National Labour Mobility Agreement (Agreement on Internal Trade)* requires the College to set, monitor and enforce a continuing competence program for dietitians. This provides reasonable assurance to the public that those who are licensed to practice as registered dietitians are competent. The National Labour Mobility Agreement with Canadian Dietetic Regulators stipulates that a provincial continuing competence program must meet five mandatory fundamentals:

- Mandatory
- Monitored
- Consequences for non-compliance
- Annual reporting
- Activities that are related to dietetic practice and professional standards

Maintaining competence is the responsibility of each Regulated Health Professional. Competence is more than the accomplishment of discrete and isolated tasks. Rather, it involves the interaction and integration of knowledge, critical thinking, judgement, abilities, attitudes, skills, values and beliefs. It also includes the ability to generate learning and evolve and adapt to changing situations and different environments.

When entering the dietetic profession, competence is measured by the Canadian Dietetic Registration Exam. This exam is designed to confirm competence to practice dietetics – this means that dietitians' practice-based knowledge and ability to employ critical thinking by analyzing, interpreting and applying knowledge are at the level of minimal competence and that the dietitian is safe to practice.

Dietitians are required to remain competent throughout their career. Participating in professional development activities contributes to achieving competence as do other activities such as self-assessment and performance appraisals.

Failure to submit continuing competence documentation as required in the regulations may result in conditions or limitations being placed on a dietitians' license to practice.

B. Program Overview

The College of Dietitians of Manitoba Continuing Competence program requires each dietitian to set goals for professional development and demonstrate participation in professional learning activities to achieve these goals.



Each dietitian must submit their completed continuing competence program on an annual basis in order to renew their license to practice.

In order to meet CDM CC program criteria, activities must be targeted to professionals and related to an area of dietetic practice. The College has provided guidelines to assist dietitians in choosing activities and assigning a point value, however, it is not possible to include every professional development activity in the guidelines. If further information is required, we encourage dietitians to contact the Professional Practice Coordinator regarding which activities are suitable for submission.

The steps in the CDM CC program are as follows:

1. Self-Assessment - Reflecting on where you are in your professional development and where you would like to be in the future is an important component of professional development. Assessing your areas of strengths and areas for further development can assist you in formulating professional development goals. Your professional development activities will be guided by your professional development goals.

As a Registered Dietitian, you are held accountable to the *Professional Standards for Dietitians in Canada*. These standards, as well as *the Integrated Competencies for Dietetic Education and Practice*, can be used to assess your current level of competence as well as areas for further improvement. In addition, dietitians can refer to updated guidelines and resources i.e. 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes, PEN, ASPEN Clinical Guidelines, etc. Registered Dietitians practice in very diverse areas. The knowledge and skills you need to further develop will depend on your area of practice and your future professional goals.

When writing your goals, consider the SMART criteria (specific, measurable, achievable, time). While your goals should guide your learning over the upcoming year, you may submit other professional development activities that arise during the course of the year.

The goals you submit may or may not be completed in a one year period. It is acceptable to carry over a goal from one year to the next. Some goals may take several years to achieve or an individual may find that although they planned on working on a particular goal this year, circumstances prevented that and yet it is still a goal they have planned for themselves.

2. Recording Activities - The College of Dietitians of Manitoba uses an online format for recording professional development activities. This section of the CDM website can be found on the 'Members Only' side. It is important to note that activities can be entered at any time throughout the year. **The College encourages dietitians to record activities as they are completed rather than waiting until renewal.**

When recording activities, please include sufficient detail so that a screening assessor or member of the audit committee would be able to have an understanding of the content of the event, and will be able to determine if the activity meets program guidelines i.e. is at a professional level and related to an area of dietetic practice.



The Points Allocation Guideline Form is provided as a reference however certain activities have point limits, for example, journal readings, internet based research and job shadowing all have limits of four (4) points per year. Again, if you are unsure of how to allocate points, please contact the Professional Practice Coordinator at the College.

For activities where different sessions are offered, i.e. DC conference, CDA conference, sessions attended must be listed. In simply listing the conference as an activity, no information on a dietitian's professional learning has been provided.

Courses and activities that are completed as part of internship or as a registration requirement or for remediation are not eligible for the continuing competence program. For example, dietitians cannot claim successful completion of the Canadian Dietetic Registration Exam as part of their CC points. Conferences that are held in June and not a requirement of internship education is an exception to this policy as interns are near completion of their program.

You may carry over points/activities for one year, if you have achieved more than 15 points for submission on one renewal period, however, please keep in mind that activities may only be submitted once. For example, if you have 20 points of professional development for the 2015-2016 renewal year, you may claim 15 points and save the other 5 points for the following year (2016-2017). However, if you claimed all 20 in 2015-2016, you will require another 15 new points the following year. Each member is responsible for maintaining their own records, submitting a minimum of 15 points annually and ensuring that professional development activities are submitted only once.

You are also required to provide the relevance to practice for all activities. In this section, please describe the knowledge and/or skills gained, how the activities are relevant to your practice/professional development and how they impacted your practice/professional development.

Retain all supporting documents in your files. If you are chosen for random audit, you will be required to submit the appropriate supporting documents, as listed on the "Guidelines for Points Allocation" form.

C. Screening

All CC submissions are screened to ensure they have met the minimum standards of the program.

It is not the purpose of the screening program to review all professional development activities. This is the responsibility of the audit committee, for those that are selected for audit.

The purpose of screening is to:

1. Ensure that all registrants have submitted a minimum of two professional development goals for the reporting year and two professional development goals for the upcoming year.

2. Ensure that activities reported on the "summary of professional development activities" meet the criteria for acceptable professional development activities.
3. Ensure that each registrant has submitted a minimum of 15 points of acceptable professional development.
4. Forward any submissions that do not meet the above screening criteria to the Board of Assessors for review.

If the Board of Assessors reviews the submission and agrees with the concerns identified by the screening assessors, the Board of Assessors may renew the registration, subject to terms and conditions for up to one year.

D. Audit

5% of dietitians are selected randomly for audit of their continuing competence submission. If audited, you are required to submit verification of participation in the continuing competence activities to the College. This information must be submitted within 14 business days of notification of random audit.

E. Records Retention

Dietitians must retain all records and supporting documentation related to their continuing competence for a period of 7 years. Continuing competence activities are archived on the CDM website for 2 years. Dietitians are advised to retain a paper copy of their submission.

The Continuing Competence Handbook and Points Allocation Guideline can be found at www.manitobadietitians.ca > Members Only > Continuing Competence Program > Handbook

Reference:

College of Dietitians of Manitoba. *Continuing competence program handbook*. Winnipeg:2014

Alliance of Canadian Dietetic Regulatory Bodies. *Canadian Dietetic Registration Exam (CDRE) Preparation Guide*: 2016.

9. Liability Insurance

It is a requirement of Manitoba Health that all dietitians who are practicing dietetics, as outlined within the scope of practice of our Act, must carry liability insurance. This coverage must be in the amount of \$ 5,000,000.¹

The *Registered Dietitians Act* defines the practice of dietetics as:

“the translation and application of scientific knowledge of foods and human nutrition through

- (a) assessment, design, implementation and evaluation of nutritional interventions;
- (b) integration of food and nutrition principles in the management of food service systems; and
- (c) dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community.”²

Each dietitian is responsible for determining if they are engaged in the practice of dietetics. The College cannot make this decision. Dietitians know best what is involved in their day-to-day responsibilities. Factors to consider when making this decision include; whether or not nutrition advice is being provided to the general public and whether or not the dietitian’s actions will affect the public in any way.

There are two reasons for requiring liability insurance, to protect the public and to protect the dietitian.

1. Protecting the public - Professional liability insurance provides financial compensation for the public in the event of damages caused by the dietitian. Clients need to know they have recourse in the event of harm. Knowing that they can access a professional’s insurance, by way of a claim or law suit against a professional’s liability insurance, provides them with a sense of security when they seek treatment.
2. Protecting the Dietitian – Professional liability insurance protects dietitians from having to pay personally for any harm that clients suffer as a result of their conduct. If the dietitian does not have insurance and is successfully sued for negligence, they would be personally liable for any damages awarded to the client. Even in cases where the dietitian was found not to have been negligent, they would still have to finance the cost of defending themselves. Funding the defence is something else that professional liability insurance will cover.³



Employer Provided Liability Insurance

Dietitians may have liability insurance coverage through their employer. This can be confirmed with the employer/human resources department. There are circumstances where coverage may not be provided, i.e. contract employees. For these situations, third party professional liability insurance should be purchased.

Questions to ask regarding liability insurance coverage include:

- 1. Am I covered under the facility's policy?**
- 2. What is the maximum I am covered for?**
- 3. What, if any, are the exceptions to my coverage?**

- An employer's insurer will not defend claims that arise due to activities outside of the workplace and outside of company time. For instance, you might be putting yourself at risk with an uninsured lawsuit for casual advice given in a social setting – especially when you are known to possess a high degree of knowledge, education or training in the subject of the advice.

To further protect yourself, you may also want to ask the following questions:

- 4. What losses am I covered for? Am I covered only for claims and actions for negligence or for criminal and disciplinary proceedings as well?**
 - Negligence - a failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is a duty to the client (e.g. a failure to request a test or examination, or make a referral to another specialist, when indicated, which results in injury to the client).⁴
 - A person may be prosecuted criminally for any offense found in the Criminal Code or any federal statute containing criminal offenses. Examples of criminal offenses include theft, fraud, criminal negligence, assault.⁵
 - Criminal negligence is defined in section 219 of the criminal code of Canada as doing anything, or omitting to do anything that it is your duty to do, and show wanton or reckless disregard for the lives or safety of other persons.⁴
 - Disciplinary proceedings would involve any complaints brought forward to the College regarding your actions.



5. Are my legal fees covered?³

Once you have the answers to these questions, you will be able to decide whether or not you require additional coverage.

What options are available outside of employer provided insurance?

1. Dietitians of Canada - liability insurance is available to members of Dietitians of Canada. Further information can be found at www.dietitians.ca
2. Sheppard Insurance - CDM members are able to access liability insurance through Sheppard Insurance (out of Alberta). Information and application forms are available on the CDM website www.manitobadietitians.ca, members only, professional standards, liability insurance.

References:

1. Province of Manitoba, Registered Dietitians Regulation. 2004. Section 23.1
2. Province of Manitoba. *Registered Dietitians Act*. 2002. Part 2.
3. Martin, J J. *Liability Issues and Collaborative Practice*. Resume. College of Dietitians of Ontario. Fall 2007
4. <http://www.law.cornell.edu/wex/negligence>. Accessed January 28, 2014
5. <http://laws-lois.justice.gc.ca/eng/acts/C-46/section-219.html>. Accessed January 28, 2014

10. Conflict of Interest

A conflict of interest occurs when, in the mind of a reasonable person, a dietitian has a personal interest that could improperly influence their professional judgment.¹ Our Code of Ethics describes dietitians responsibilities with respect to conflict of interest:

7.3 The dietitian should avoid real or perceived conflict of interest in which her or his professional judgment could be compromised. When circumstances make it impossible to avoid a conflict of interest it shall be disclosed to the client.

7.4 The dietitian shall not sell or promote any product, or act as an agent for the sale or promotion of any product, in such a manner as to mislead or create a false impression.²

Most conflicts of interest arise when a person stands to profit personally by promoting a competing interest. However, a conflict of interest can also occur when the interests of friends, relatives or other business associates are promoted.³

Examples of situations with *potential* for conflict of interest include:

- Receiving a benefit from a supplier - This could range from small gifts such as pens or a box of chocolates to larger gifts such as vacations. Many organizations have policies in place related to these types of gifts. The question that will arise is whether the gifts will influence purchasing decisions made by the dietitian. If acceptable within organizational guidelines, smaller gifts may be acceptable but should be made available to all staff. Larger gifts however, could certainly be perceived as influencing decisions and should be avoided.
- Selling products for profit - Selling products for profit requires caution. Dietitians must always ensure that the products are evidence-based. Clients should be informed that the product is sold for profit and that they should feel free to shop around. Dietitians could also provide direction as to other locations where the products are available. Clients should also be reassured that their care will not be affected should they choose to purchase the products elsewhere.
- Referrals for profit - For example, referring a client to a business establishment owned by a member of the dietitians family. This could include grocery stores, restaurants, supplement suppliers etc. The dietitian could mention the businesses owned by family, but should disclose this fact and again, the client should be made aware of alternatives and that the client's choice regarding which businesses to shop or purchase meals at will not influence the care provided by the dietitian.¹



The College has received inquiries regarding selling and/or promoting nutritional products. This is one of the more common potential conflicts that dietitians will come across and has generated much discussion amongst dietitians.

Dietitians considering adding nutritional products to their business need to ask the following questions:

- Is the product evidence based?
- Do I stand to gain personally or financially from the sale of this product?
- If so, has this been fully disclosed to my client?
- Are there any other options/alternatives for my client? Have I explained these alternatives?
- Have I assured my client that choosing an alternative product or service will not affect the quality of care I am providing? ¹

Consider the following scenario:

Shirley has recently left a full time position to focus on her private practice. She has been promoting her business at the clinic, local gym, and with local doctor's offices but so far, things are going pretty slow. At a recent neighborhood gathering, one of Shirley's neighbors, Fred, approached her about his new business venture. Fred owns a large fitness facility and is planning to start selling a weight loss supplement that has "proven results". Fred said he had research to demonstrate how effective these supplements are but what he showed Julie was a promotional pamphlet by the manufacturer. Fred wants Shirley to move her private practice to his fitness facility and he will promote the nutrition counseling and supplement at the same time. He says it is "win-win" situation.

Does the situation described above put Julie in a conflict of interest?

Looking back at the questions above, there are a few issues for Julie to consider.

- Julie would need more information on the product to determine whether it is evidence based.
- If we assume that the weight loss product is NOT evidence based, advertising Julie's services as a registered dietitian, in conjunction with a product that does not meet professional standards is misleading for the public. This is a concern that Julie would need to address. She may not be able to prevent the gym from selling and promoting this product, however, any clients must be aware that she is an independent contractor and does not approve/endorse the products sold through the gym.

Consider this change to the scenario:

Fred, the gym owner, decides that Julie must approve any products that are sold through the gym. He also offers her a "cut" of the profits if her clients purchase these products.



How would Julie avoid conflict of interest in this situation?

Dietitians have a professional responsibility to recommend approaches to nutrition care that are based on client need. That is, the needs of the client must be placed before any personal or financial benefit for the dietitian.⁴ If Julie determines, through her assessment, that products available through the gym would be beneficial for her client (s), she must also inform them of:

- Alternatives to purchasing these products
- Should the client decide to purchase elsewhere, the quality of nutrition care will not be affected.

The best way to manage conflict of interest in this situation is for Julie to decline the "cut" of the profits. Taking a look at this scenario from a different point of view:

The supplement company is interested in hiring a registered dietitian to work with their research and development team and promote their product line. Julie is interested, but is concerned about the potential for conflict of interest in this situation.

In this situation, Julie would be an employee of the supplement company and would not be providing direct client care. Julie's professional responsibility would be to ensure that any nutrition information provided in relation to the products represented is evidence based. Should Julie have any interaction with the public, she must identify herself as a representative of the company and avoid making (or creating the perception of making) any clinical recommendations to the public.³

Treatment of Family Members

It is generally not appropriate for registered dietitians to provide care to family friends or acquaintances, due to the differences between a professional and non-professional relationship as well as the inherent conflict of interest. Ideally family, friends and acquaintances should be referred to another practitioner. This presents a challenge, however, for practitioners located in a rural community or situations where they may be the only practitioner for a specialized area of practice. Where no other options are available, registered dietitians must manage the situation by:

- disclosing the relationship to employers, the client's health insurance providers and relevant others, where there may be a conflict of interest
- being aware of the potential for difficulties in maintaining professional boundaries between personal and professional relationships
- taking steps to manage professional boundaries and ensure the client's needs come first in the professional relationship
- assuring clients that information obtained in the course of providing care will remain confidential, even after the professional relationship ceases^{5,6,7,8}
- Dietitians shall not charge fees for providing dietetic services to immediate family members

- EXCEPTION: Where no other registered dietitian, with the specific skills required, is available in the community, a fee may be charged.⁹

Multi-Disciplinary Clinics

Multi-disciplinary clinics provide settings where members of several different professions work together in one location. Cross-referrals between professionals are common. However, patients must be informed of additional treatment locations¹⁰. Dietitians must also ensure that any shared advertising adheres to the CDMs Code of Ethics and Practice Direction: Advertising by an RD.

References:

1. Steinecke R. College of Dietitians of Ontario. *The Jurisprudence Handbook for Dietitians in Ontario*. Toronto: 2012.
2. College of Dietitians of Manitoba. *Code of Ethics for Registered Dietitians*. Winnipeg:2005.
3. College of Dietitians of Alberta. *Professional Practice Handbook for Dietitians in Alberta*. Edmonton: 2014
4. College of Dietitians of Ontario. 2014. *Keeping Pace with Innovations in Care*. Resume. winter 2014. Accessed from [https://www.collegeofdietitians.org/Resources/Client-Centred-Services/Client-Centred/Keeping-Pace-with-Innovations-in-Nutrition-Care-\(2.aspx](https://www.collegeofdietitians.org/Resources/Client-Centred-Services/Client-Centred/Keeping-Pace-with-Innovations-in-Nutrition-Care-(2.aspx).
5. College of Registered Nurses of Manitoba (2011). *Professional Boundaries for Therapeutic Relationships*.
6. College of Physical Therapists of Alberta (2007). *Therapeutic Relationships: Establishing and Maintaining Professional Boundaries*.
7. College of Dietitians of Alberta (2008). *Professional Practice Handbook for Dietitians in Alberta, Chapter 12 Professional Boundaries*.
8. College of Physical Therapists of British Columbia (2015). *Where's the Line: Professional Boundaries in a Therapeutic Relationship*.
9. College of Physiotherapists of Manitoba. *Practice Statement: Conflict of Interest in Practice*. Winnipeg: 2002
10. College of Physiotherapists of Manitoba. *Position Statement: Conflict of Interest in Practice*. Winnipeg: 2002

11. Professional Boundaries

Health care professionals must recognize and understand the differences between a therapeutic or professional relationship and a non-professional relationship. A professional relationship is a planned, goal directed and contractual relationship between a dietitian and a client and/or substitute decision maker. This relationship is established for the purpose of providing safe, ethical and effective care and services to meet the individual needs of each client. In the professional relationship, the needs of the client are foremost.^{1,2}

Differences Between Professional and Non-Professional Relationships

Professional relationships are different from social relationships. It is crucial for dietitians to have an understanding of these differences in order to establish and maintain appropriate boundaries with their clients^{3,4}

Characteristic	Professional Relationships between dietitian and client	Non-professional Relationships (Casual, personal, social, friendship, romantic etc.)
Remuneration	Dietitian paid to provide care/services to the client	No payment for being in the relationship
Length of Relationship	Time limited for the length of the clients need for care/services by the dietitian	May last a lifetime
Location of Relationship	Place defined and limited to where the dietitian provides care/services	Place unlimited; often undefined
Purpose of Relationship	Goal directed to provide care/services to client	Pleasure, interest-directed
Structure of Relationship	Established for the dietitian to provide care/services to client	Spontaneous and unstructured
Power Balance	Unequal power - dietitian has more power due to authority, knowledge, influence and access to privileged information about the client	Relatively equal
Responsibility for the Relationship	Dietitian responsible for establishing and maintaining the professional relationship, not the client	Equal responsibility to establish and maintain
Preparation for the Relationship	Dietitian requires formal knowledge, preparation, orientation and training	Does not require formal knowledge, preparation, orientation or training



Characteristic	Professional Relationships between dietitian and client	Non-professional Relationships (Casual, personal, social, friendship, romantic etc.)
Time Spent in the Relationship	Dietitian employed under contractual agreement that outlines hours of work for contract between dietitian and client	Personal choice for how much time is spent in relationship

Adapted from British Columbia Rehabilitation Society ⁵ and Milogrom ⁶, Cited in College of Dietitians of Alberta 2008 ³

Components of a Professional Relationship

There are several components of the professional relationship which must be considered by dietitians when establishing and maintaining professional boundaries. These components include:

Power

There is an imbalance of power in the professional relationship due to:

- The dietitian's authority in the health care system
- The dietitian has specialized knowledge
- The client is dependent on care provided by the dietitian
- The dietitian has access to the private information about the client
- The dietitian has the ability to influence the clients care

Clients may be reluctant to compromise the relationship by challenging the dietitian's knowledge and expertise. Clients may also feel vulnerable in a professional relationship where they are dependent on the dietitian and must trust that the dietitian will act in their best interests.

The onus is on the dietitian to remain aware of the purpose of the professional relationship, recognize this power imbalance and create a safe and positive environment to meet the needs of each client. ^{1,2,3}

Trust

Clients trust that dietitians have the required knowledge, abilities and skills to provide safe and competent care. Clients also trust that dietitians will protect the confidentiality of information obtained in the context of providing care. Dietitians have a responsibility to safeguard this trust by always acting in the client's best interest. ^{1,2,3}



Respect

It is the dietitian's responsibility to respect the clients right to:

- professional services regardless of ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs, or physical or mental disability
- physical modesty and psychological privacy
- consult their nutrition record and, if requested, obtain a copy
- refuse treatment or withdraw consent for care at any time, or to request a second opinion.
- informed consent and voluntary choice in treatment decisions. ⁷

Closeness

In the professional relationship, individuals may be placed in an environment that requires physical, emotional and psychological closeness that is not usually found in other, everyday, relationships. This closeness differs from that found in a social, romantic or sexual relationship. Closeness that occurs during the provision of care by a registered dietitian may include, but is not limited to:

- physical closeness i.e. when a dietitian is completing a subjective global assessment
- varying degrees of undress i.e. when a dietitian is completing subjective global assessment.
- disclosure of personal health information
- expression of emotions

These practices are acceptable when carried out appropriately within the professional relationship, but they may increase a client's feelings of vulnerability.^{2,3} Dietitians must always ensure their clients have been provided with a complete explanation of the care to be provided and are aware they may refuse or withdraw consent at any time. ⁷

Boundaries of Professional Relationships

Professional boundaries separate the therapeutic behaviour of dietitians from other behaviours which, well-intentioned or not, could reduce the benefit of care to clients. Dietitians are responsible for establishing and managing the boundaries of a professional relationship, regardless of the client's actions or requests. Setting professional boundaries promotes safe and effective care which meets the client's needs. ^{1,3,4,8}



Boundary Crossings

A boundary crossing is an action or behaviour that deviates from an established boundary in the professional - client relationship.⁸ A boundary crossing may be acceptable within the context of further meeting the client's therapeutic needs. However, even when the circumstances seem appropriate, it is not acceptable when the action or behaviour benefits the dietitian at the expense of the client.^{1,8}

The following activities may cross the boundaries of a professional relationship:

- *Self Disclosure*

It is normally inappropriate in a professional relationship for a dietitian to disclose details of their personal lives; however, careful and limited disclosure could be considered useful when it is for the purposes of providing reassurance, building rapport or for supporting a client to meet their health care goals. Dietitians should be cautious about self disclosure. Self disclosure should not be lengthy, intimate or irrelevant. Rather, any disclosure should meet the client's health care needs.^{1,2,3,8}

- *Accepting Gifts from Clients*

In most cases, gift giving is part of a personal relationship not a professional relationship. Clients may wish to provide a small gift to a dietitian as a token of their appreciation; however dietitians should exercise professional judgment in deciding whether or not to accept the gift, considering factors such as organizational policy and therapeutic value to the client. Larger or more frequent gifts should be declined as they indicate the relationship is moving from professional to personal.^{1,3,4,9}

- *Entering a Therapeutic Relationship with Family, Friends or Acquaintances*

It is generally not appropriate for dietitians to provide care to family friends or acquaintances, due to the differences between a professional and non-professional relationship as well as the inherent conflict of interest. Ideally, family, friends and acquaintances should be referred to another practitioner. This presents a challenge, however, for practitioners located in a rural community or situations where they may be the only practitioner for a specialized area of practice. Where no other options are available, dietitians must manage the situation by:

- disclosing the relationship to employers, the client's health insurance providers and relevant others, where there may be a conflict of interest
- being aware of the potential for difficulties in maintaining professional boundaries between personal and professional relationships
- taking steps to manage professional boundaries and ensure the client's needs come first in the professional relationship



- assuring clients that information obtained in the course of providing care will remain confidential, even after the professional relationship ceases^{1,2,3,9}
- Reviewing CDM practice direction 16.12 "Treatment of a Family Member" which prohibits dietitians from charging fees for providing dietetic services to immediate family members. However, registered dietitians may charge a fee in situations where no other registered dietitian, with the specific skills required, is available in the community.

Developing a Social Relationship with Clients, their Family Members, or Partners

Depending on the nature of the professional relationship, clients and their family members or partners may spend significant amounts of time with a dietitian, often at a particularly stressful time in their lives, such as recovery from a critical illness. There is a possibility that a social relationship will begin to develop with the client, their family members or partners. Dietitians must consider the impact this may have on the professional relationship and the client's well-being. There is potential for conflict when a dietitian is both care provider and friend to a client, their family members or partners.^{1,2,3}

Developing a Social Relationship with a Former Client

There may be circumstances where developing a social relationship with a former client is appropriate however there are a number of factors for dietitians to consider:

- The nature of the care/services provided
- The duration for which the care/services was provided and the likelihood that care/services will be required in the future
- The amount of time that has lapsed since care/services were provided
- The degree to which the client is emotionally dependent on the dietitian as a result of the previous professional relationship
- The potential impact on the well-being of the client

In the event that a social relationship develops after the professional relationship has ceased, aspects of the professional relationship must remain in place, such as maintaining confidentiality of personal health information.^{1,2,3}

- *Social Media*

Professional boundaries also apply when using social media. Dietitians must have a clear separation between any personal and professional social media sites. Client information must never be posted on a social media site, even if measures have been taken to protect confidentiality, such as not identifying the client by name. It is not appropriate for dietitians to accept clients as "friends" or otherwise allow access to their personal social media profiles as this creates a dual relationship.^{3,4,9}



Further information can be found in CDM Practice Direction 16.10 Social Networking.

Boundary Violations

A boundary violation is an action or behaviour of a professional, which use the relationship with the client to meet a personal need of the professional at the expense of the client.⁸

Examples of boundary violations include:

- Abuse (physical, emotional, verbal, sexual or financial)
- Commencing a social/personal relationship with a client (this includes engaging with clients via social media)
- Neglect
- Acting as a representative for clients under powers of attorney or representation agreements
- Utilizing information obtained the professional relationship for the advantage of the registered dietitian or disadvantage of the client.
- Exploiting the professional relationship for the registered dietitians personal, emotional, financial or sexual advantage or benefit

Take Action When a Professional Boundary is in Question

Boundary crossings often result from fairly innocent or inadvertent comments or disclosure and escalates from there.¹¹

Warning Signs that the professional boundaries of a professional-client relationship may have become "blurred" include:

- Frequently thinking about the client when away from work and outside the context of the professional relationship.
- Frequently planning other clients' care around the clients' needs
- Spending time with the client outside of the professional relationship.
- Sharing personal information (beyond what would be acceptable for therapeutic purposes) or work concerns with the client
- Providing client with personal contact information that is not related to the provision of dietetic services
- Feeling responsible if the clients progress is limited
- Notice more physical touching than is appropriate or sexual content in interactions with clients
- Favoring one clients care at the expense of another
- Keeping secrets with a client

- Selective reporting of a clients behaviour
- Swapping client assignments
- Communicating in a guarded or defensive manner when questioned regarding interactions with client
- Changing dress style for work when working with the client
- Receiving gifts or continued contact/communication with the client after discharge from care
- Denying the fact that the client is a client
- Acting or feeling possessive about the client
- Giving special attention/treatment to this client, which differs from that given to other clients
- Denying that you have crossed the boundary from a professional to a non-professional relationship.

Adapted from Coltrane and Pugh (10) and College of Physiotherapists of Ontario (11). Cited in College of Dietitians of Alberta (3)

Actions to be taken

The dietitians primary professional obligation must always be the best interests of the client.¹² Dietitians concerned about a professional relationship with a client should ask themselves:

- Is the relationship between myself and my client consistent with the Code of Ethics for Registered Dietitians?
- Is the relationship between myself and my client consistent with my Professional Standards and the Integrated Competencies for Dietetic Education and Practice (2013).
- Am I acting in my clients best interest?
- Would I tell a colleague about this activity or behavior?
- Would another dietitian find my behavior acceptable?
- Will these actions change my clients expectation for care?
- Will these actions affect my professional decision making?
- How would I feel explaining my actions to a supervisor, manager or the College complaints committee?^{4,9}

If the answer to any of these questions is "no", refrain from the behaviour. Discuss your concerns with the College Professional Practice Advisor, a supervisor or colleague.^{4,9}

Dietitians are responsible for establishing, monitoring and maintaining professional boundaries. In the event that boundaries have been crossed, actions must be taken to clarify the roles of the professional and clients and re-establish boundaries.



Should it not be possible to re-establish the professional boundaries, registered dietitians must take steps to ensure care is transferred to another dietitian, as required, with minimal disruption to the clients care.

Dietitians must also document any boundary crossing or violation that occurs as well as steps taken to re-establish the boundaries or transfer to another care provider as appropriate.⁹



References

1. College of Registered Nurses of Manitoba (2011). *Professional Boundaries for Therapeutic Relationships*.
2. College of Physical Therapists of Alberta (2007). *Therapeutic Relationships: Establishing and Maintaining Professional Boundaries*.
3. College of Dietitians of Alberta (2008). *Professional Practice Handbook for Dietitians in Alberta, Chapter 12 Professional Boundaries*.
4. College and Association of Registered Nurses of Alberta (2011). *Professional Boundaries for Registered Nurses: Guidelines for the Nurse-Client Relationship*.
205. British Columbia Rehabilitation Society. Boundaries Workshop Materials. 1992
6. Milogrom, J. *Boundaries in Professional Relationships: a Training Manual*. Minneapolis, Minnesota: Walk-In Counselling Centre; 1992.
7. College of Dietitians of Manitoba (2005). *Code of Ethics for Registered Dietitians*.
8. College of Registered Nurses of Nova Scotia (2012). *Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic*.
9. College of Physical Therapists of British Columbia (2015). *Where's the Line: Professional Boundaries in a Therapeutic Relationship*.
10. Coltrane, F., and C.D. Pugh. "Danger Signals in Staff-Patient Relationships in the Therapeutic Milleiu". *Journal of Psychiatric Nursing and Mental Health Services* 16, no. 6, (1978): 34-6. Cited in College and Association of Registered Nurses of Alberta. *Professional Boundaries for Registered Nurses: Guidelines for the Nurse: Client Relationship* (2011).
11. College of Physiotherapists of Ontario (2005). *Guide to the Standard for Establishing and Maintaining Therapeutic Relationships*.
12. College of Dietitians of Manitoba (2005). *Code of Ethics for Registered Dietitians*.



12. Establishing a Private Practice

Many dietitians have contacted the College for information on their professional responsibilities when establishing a private practice. In all aspects of practice, the *Registered Dietitians Act and Regulations*, Standards of Practice and Code of Ethics must be followed. The College provides dietitians in Manitoba with guidance related to the regulatory aspects of their practice. The Consulting Dietitians Network of Dietitians of Canada has developed a comprehensive guide for dietitians in private practice which provides information on topics such as:

- Determining your fee schedule
- Billing practices
- Business registration
- Legal Counsel
- Income Taxes
- CPP and EI
- GST

It is important to note that the dietitian's professional obligations remain the same, regardless of the size of the private practice i.e. seeing an occasional client or sole source of employment.

Skills and Experience

Dietitians working in private practice may come across a range of issues and be approached by clients with a variety of concerns. Solid clinical nutrition experience, strong business aptitude, effective organizational and record keeping skills and exceptional communication skills are required. There may not be a colleague nearby to ask questions, review a case or toss around ideas. For this reason, it is important for dietitians in private practice to have strong support networks and seek connections with other dietitians and health care providers.¹

What should I do if approached by a client whose needs are outside of my personal level of competence?

Dietitians are responsible and accountable for their personal competence in practice and are required to always practice within their own level of competence and to seek additional knowledge or skills or make referrals as appropriate when a situation is beyond their personal level of competence.² Should a dietitian in private practice come across an unfamiliar situation, they must protect the public by evaluating their knowledge, skills and experience in this area. If the dietitian does not have the competence to practice in the clients' area of concern, they must be honest with the client, explain that this is an area outside of their expertise and refer to another practitioner, who is qualified in the practice area.¹



Liability Insurance

What kind of insurance do I need to work in private practice?

In Manitoba, all dietitians engaged in the practice of dietetics are required to carry professional liability insurance in the amount of \$5 000 000. Dietitians considering establishing a private practice business should consult an insurance professional for advice on any additional insurance requirements i.e. Commercial Liability Insurance, Disability Insurance. The College is aware of two organizations which offer liability insurance to dietitians; Dietitians of Canada (DC) and Sheppard Insurance. Information on the insurance available through DC can be found on their website www.dietitians.ca. Information on Sheppard Insurance is available on the CDM website >member's only > professional standards for dietitians > liability insurance.

I work part time at the local hospital and am considering doing private practice "on the side". I have liability insurance through the hospital. Do I need anything else?

Employer provided insurance is unlikely to cover dietitians for activities they engage in outside of their employment. Additional liability insurance will be required for a private practice.

Third Party Insurance Providers

What information should I provide to insurance companies?

Dietitians must provide clients with a receipt for all payments. The receipt must include the dietitian's full name (printed), signature and CDM registration number. Insurance companies regularly contact the College to verify that dietitians are registered in good standing. The dietitians name and registration number must only be used for care they have provided directly.

Questions regarding coverage for care provided under the supervision of a registered dietitian for example, nutrition counselling by dietetic interns, should be directed to the insurance provider.

I am a Graduate Dietitian. Can my clients receive reimbursement from their insurance if I provide a receipt?

Third party insurance companies may not provide reimbursement for nutrition care provided by Graduate Dietitians. Clients must be informed and advised to confirm coverage with their insurance provider.



Documentation

Do I need to keep records for all my clients?

Documentation must be kept for all clients receiving nutrition care, with the exception of clients that are receiving public education at community presentations, public speaking events, workshops, supermarket tours, etc. However, if individual education is provided within the group setting. i.e. a weight management program that includes one-on-one sessions with the dietitian, documentation would be required. Documentation obligations may also be specified within program policies/requirements³

What type of documentation do I need to keep for dietetic counselling provided over the internet?

There is no difference in documentation requirements whether care is provided in person, via telephone or over the internet. The same professional obligations exist. Documentation must be kept for all clients receiving nutrition care.

Do I need to obtain consent for nutrition care?

Dietitians must obtain informed consent for any service.

Health Records

How long do I have to keep records on my clients?

Health records must be retained for a minimum of 10 years from the date of the last entry. Health records for pediatric clients should be retained for a minimum of 10 years and 2 years past the date the client becomes 18 years old.

Why do I have to appoint a custodian for my clients health records?

In Manitoba, we have legislation requiring all health professionals to have an arrangement in place to ensure their client records are not abandoned or at risk of being abandoned. That is, in the event that the dietitian is unable to provide access, records must be made available through a custodian, who is a regulated health professional. Arrangements must be in place for both planned and unplanned closure of a practice. Please contact the College for a form which must be completed, indicating the name and contact number of your custodian. Further information on Abandoned Health Records can be found on the CDM website, member's only, P & P and practice directions, practice direction, *Abandoned Health Records*. Also see practice direction *Responsibilities of Custodian*.

What if I use an electronic record keeping system?

Where health records are held in electronic records systems, dietitians must provide the current username and password to their custodian.



Fees

Can the College give me direction regarding fees?

Dietitians must set fair and reasonable fees, proportionate to the services rendered. Dietitians must also inform their clients of all fees for service and available methods of payment prior to providing service.² However, as stated in the Regulated Health Professions Act, the College must not set professional fees, provide guidelines for professional fees or negotiate professional fees on behalf of any or all of its members.⁴ Dietitians are advised to consult the DC Consulting Dietitians manual for guidance regarding fees.

Confidentiality of personal health information

Do I have the same obligations under PHIA if I am in private practice?

All health professionals in Manitoba are bound by the provisions of the *Personal Health Information Act* (PHIA).⁵ PHIA provides direction regarding the confidentiality of and access to personal health information as well as sets out rules for collection, use and disclosure of personal health information. RDs in private practice are required to understand their obligations under PHIA and are advised to consult this Act or the PHIA office for specific guidelines and further information. Further information can be found at <http://www.gov.mb.ca/health/phia/trustees.html>

Advertising and Marketing

Can I advertise my business?

Yes, dietitians can advertise their business however all advertisements must be consistent with dietitians professional obligations and must NOT:

- Be false, incomplete, or liable to mislead the public.
- Create false or unjustified expectations as to the results.²

Additionally dietitians must not:

- sell or promote any product, or act as an agent for the sale or promotion of any product, in such a manner as to mislead or create a false impression.
- sell products or promote dietetic products or services that are not supported by evidence-based research
- Dietitians must not use their professional designation to sell products or services unrelated to dietetics.²

Dietitians working in a joint practice with other health professionals or non-regulated individuals must ensure that any advertising is consistent with the dietitians professional obligations.



For example, if providing counselling through a gym, there is potential that consumers would assume any products or supplements sold by the gym are approved or endorsed by the dietitian. In this situation, the dietitian must advise clients that they are contracted by the gym and ensure a clear separation between any advertising/promotions done by the gym and those done on behalf or by the RD.

The College allows dietitians to use testimonials to advertise their business, however, any testimonials must fall within the guidelines above.

Conflict of Interest

Can I sell nutritional products through my business? Would this be a conflict of interest?

Most conflicts of interest arise when a person stands to profit personally by promoting a competing interest. However, a conflict can also occur when the interests of friends, relatives or other business associates are promoted.⁶ Examples of situations with potential for conflict of interest include:

- Receiving a benefit from a supplier
- Selling products for profit
- Referrals for profit⁷

Selling nutritional supplements requires caution. Dietitians considering adding nutritional products to their business need to ask the following questions:

- Is the product evidence based?
- Do I stand to gain personally or financially from the sale of this product?
- If so, has this been fully disclosed to my client?
- Are there any other options/alternatives for my client? Have I explained these alternatives?
- Have I assured my client that choosing an alternative product or service will not affect the quality of care I am providing?⁷

Can I provide counselling to members of my family?

It is generally not appropriate for dietitians to provide care to family friends or acquaintances, due to the differences between a professional and non-professional relationship as well as the inherent conflict of interest. Ideally family, friends and acquaintances should be referred to another practitioner. This presents a challenge, however, for practitioners located in a rural community or situations where they may be the only practitioner for a specialized area of practice. Where no other options are available, registered dietitians must manage the situation by:

- disclosing the relationship to employers, the client's health insurance providers and relevant others, where there may be a conflict of interest
- being aware of the potential for difficulties in maintaining professional boundaries between personal and professional relationships
- taking steps to manage professional boundaries and ensure the client's needs come first in the professional relationship
- assuring clients that information obtained in the course of providing care will remain confidential, even after the professional relationship ceases^{8,9,10,11}
- Dietitians shall not charge fees for providing dietetic services to immediate family members
- EXCEPTION: Where no other registered dietitian, with the specific skills required, is available in the community, a fee may be charged.¹²

Emerging Products or Services

What about nutrigenomics? Can I offer this type of counselling through my practice?

There are several factors that dietitians should consider with respect to emerging products or services that can be offered through their practice, for example, nutrigenomics. Companies have emerged on the market that provides dietitians with the ability to offer genetic testing, results and counselling through their practices. There is still considerable research being done in this area.

Areas to consider include:

- Is this within the scope of practice for dietitians? The College does consider nutrigenomics to be within the scope of practice for dietitians. Genetic variations which affect how clients respond to the foods, beverages and supplements they consume could certainly be included in the assessment, design, implementation and evaluation of nutritional interventions. This genetic information, however, is one aspect of a comprehensive nutritional assessment, completed by the dietitian to fully understand the clients' nutritional needs, and assist him or her to develop strategies for behavior change to achieve optimal health.
- Is nutrigenomics within my personal scope? That is, do I have the necessary skills and competencies to discuss the interplay between genetics and nutrition with my clients? Seek additional learning opportunities, review the literature and ensure you have weighed the benefits and limitations of nutrigenomics when deciding whether to offer this testing to your clients.
- Is this evidence based? Review the literature, critically appraise the information you have found and use your professional judgement to decide whether you will incorporate nutrigenomics into your practice.
- Additional considerations include protection of personal health information, consent and conflict of interest.^{13,14}



Electronic Practice

Can I provide counselling over the internet?

Dietitians planning to provide dietetic services electronically. i.e. providing nutrition counselling to clients in other jurisdictions over the internet, must check with the dietetic regulatory body in the clients jurisdiction to determine if registration is required.

Dietitians must also confirm with their insurance provider that their professional liability insurance will cover electronic practice.

Dietitians must also ensure that steps have been taken to ensure confidentiality of personal health information when providing counselling over the internet.

CDM Private Practice Registry

Please contact CDM to have your information added to the College's private practice registry.

Additional Information and Resources

The Consulting Dietitians Network of Dietitians of Canada has produced a guide for dietitians in private practice. Further information can be found on the Dietitians of Canada website www.dietitians.ca

References:

1. Nova Scotia Dietitians Association (2015). Guidelines for Self-Employed Dietitians and Nutritionists. Retrieved from: [https://www.nsdassoc.ca/images/documents/EditedPrivate%20Practice%20Information%20Sheet_NSDA_May%202015%20\(1\).pdf](https://www.nsdassoc.ca/images/documents/EditedPrivate%20Practice%20Information%20Sheet_NSDA_May%202015%20(1).pdf)
2. College of Dietitians of Manitoba. Code of Ethics for Registered Dietitians. 2005. Winnipeg.
3. College of Dietitians of Ontario. Record Keeping Guidelines for Registered Dietitians in Ontario 2014. [http://www.collegeofdietitians.org/Resources/Record-Keeping/Record-Keeping-Guidelines-\(2014\).aspx](http://www.collegeofdietitians.org/Resources/Record-Keeping/Record-Keeping-Guidelines-(2014).aspx).
4. Province of Manitoba. Regulated Health Professions Act. 2009. Winnipeg.
5. Province of Manitoba. Personal Health Information Act. 1997. Winnipeg
6. College of Dietitians of Alberta. Professional Practice Handbook for Dietitians in Alberta. Edmonton 2014.
7. Steineke, R. College of Dietitians of Ontario. The Jurisprudence Handbook for Dietitians in Ontario. Toronto. 2012.
8. College of Registered Nurses of Manitoba. *Professional Boundaries for Therapeutic Relationships*. 2011. Winnipeg.
9. College of Physical Therapists of Alberta (2007) *Therapeutic Relationships: Establishing and Maintaining Professional Boundaries*.
10. College of Dietitians of Alberta (2008). *Professional Practice Handbook for Dietitians in Alberta, Chapter 12 Professional Boundaries*.
11. College of Physical Therapists of British Columbia (2015). *Where's the Line: Professional Boundaries in a Therapeutic Relationship*.
12. College of Physiotherapists of Manitoba. *Practice Statement: Conflict of Interest in Practice*. Winnipeg: 2002
13. Dietitians of Canada. Nutrigenomics Knowledge Pathway. In: Practice-based Evidence in Nutrition [PEN]. 2011-10-26[Cited August 5, 2015]. Available from: <http://www.pennutrition.com>. Access only by subscription.
14. College of Dietitians of Alberta. Nutrigenomics in Dietetic Practice: College of Dietitians of Alberta Position Statement. March 2015.

13. Professional Conduct

A. Complaints

Within our mandate of public protection, the College of Dietitians of Manitoba must investigate all complaints regarding the conduct or action of a dietitian. The *Registered Dietitians Act* clearly outlines the steps to be followed when dealing with a complaint against a dietitian.

All complaints must be provided in writing to the Registrar. Complaints may be initiated by the public, other members of the College or the Registrar. The Complaints Committee, consisting of both Registered Dietitians and public members, reviews all complaints. Upon receipt of a complaint, a copy of the information will be given to the member.

Upon review of the complaint, the Committee may:

- take no action if there is no evidence of any infraction of the Code of Ethics, Standards of Practice or the issue is communication in nature
- resolve the matter informally by meeting with the member to review the issue
- appoint an investigator to gather further information
- refer the matter immediately to the Inquiry Panel for a legal hearing when the matter is serious enough to warrant this action and/or involves criminal activity. This would be disclosed to law enforcement agencies also

The responsibility of the committee is to ensure that a fair and thorough investigation of the complaint is conducted and that an appropriate decision is made.

Possible options for resolving the complaint include:

- accept the voluntary surrender of the members license to practice when there is sufficient evidence to indicate the member should not be practicing and the member agrees (conditions must be met prior to reinstatement).
- censure the member (formal reprimand)
- refer the matter to mediation under specific conditions which would rarely be the outcome of a typical complaint
- enter into an agreement with the member that provides for one or more of the following:
 - assessing the members fitness to practice
 - counselling or treatment
 - monitoring or supervising the members practice
 - completing a specified course of study
 - placing conditions on the members right to practice
- any other actions the committee considers appropriate under the circumstances



The Complaints Committee will likely also :

- require the member to pay all or part of the costs incurred by the College for the investigation
- require the member to pay all or part of the costs of monitoring compliance with any restrictions placed on the members right to practice
- publish the fact that the member has been censured or has voluntarily surrendered his/her registration. Publication may include the members name and description of circumstance that led to censure.

Both the member and the complainant will receive written notice of the decision of the complaints committee and the reasons for the decision. The complainant has the right to appeal the decision of the Complaints Committee. In the event of an appeal, Council reviews the information. The member does not have the right to appeal.

B. What should an RD do if involved/named in a complaint?

If named in a complaint, you will receive a letter from the College as well as a copy of the original letter of complaint. You will be asked to provide a written response to the complaint. The complaints committee will likely request:

- a meeting with you to obtain additional information and/or documents
- a meeting with you and your employer to obtain additional information and/or present possible outcomes to solve the complaint

You have the right to:

- seek legal counsel
- have the complaint dealt with in a timely manner

C. Top 10 Causes of Unprofessional Conduct

The following serves as a guide on some of the reasons for unprofessional conduct. This article was written by James T. Casey, Q.C. of Field Law LLP and provided through the College of Dietitians of Alberta.

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 defense.



What you can do...

- ✓ Maintaining competence on an ongoing basis is a central tenet of professionalism.
- ✓ Maintain a current knowledge base.
- ✓ 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.

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 counseling 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 professional 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 counseling. Contact Employee Assistance programs.
- There are addiction recovery programs 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 labeling 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 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 defense 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 conflict 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.

8. Complacency about professional standards.

- Some professional 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 professional.
- If you have acted professionally and appropriately, then proper documentation will be your best defense.
- 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 event 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 Duty to report conduct we can do our very best in ensuring that we act as “true professionals”.

D. Duty to Report

Through the course of your practice, you may come across situations that place the public at risk of harm. These situations could involve another dietitian, other health care professionals or the general public. As a dietitian, you have an ethical and legal responsibility to report such situations.

According to the Registered Dietitians Act,:

“A member who believes that another member is suffering from a physical or mental condition or disorder of a nature or to an extent that the member is unfit to continue to practice or that the member’s practice should be restricted, shall inform the registrar of that belief and the reasons for it”¹.

Our Code of Ethics also states that dietitians have a responsibility to bring forward concerns about unsafe or unethical conduct by other health care professionals to the appropriate provincial regulatory body.²

The Protection for Persons in Care Act and Child and Family Services Act also have sections describing the reporting responsibilities of health care professionals.^{3,4}

A description of dietitians’ reporting responsibilities can be found in the College of Dietitians of Manitoba document Duty to Report – Legislative Requirements.

EXAMPLE 1

A colleague recently confided to me that she has a problem with alcohol and has arrived at work still intoxicated but stated “once I get some coffee in me – I’m good to go”.

While it is certainly a difficult situation to report a co-worker, the dietitian arriving at work still intoxicated, with the intention of providing care, is clearly placing the client at risk of harm. This dietitian’s actions should be reported to the registrar as well as the employer.

Question: What will happen to me if I report this?

Answer: The act provides protection for those who report.⁵

Question: What will happen to this dietitian?

Answer: Each employer has their own policies for dealing with this type of incident. The information reported to the Registrar of the College of Dietitians of Manitoba will be forwarded to the complaints committee.

EXAMPLE 2

I recently overheard one of the other allied health professionals talking to a patient in a very “unprofessional” manner. He was yelling and swearing at this patient and was upset that she was not doing what he planned for her to do that morning. When this person saw me outside the patient’s room he said “My wife and I have been arguing a lot lately - guess I’m not quite myself today”. The patient seemed shaken when I spoke to her a few minutes later.

This would be an example of professional misconduct due to difficulties at home carrying over into the work environment. As stated in the Code of Ethics for Registered Dietitians, you do have a responsibility to bring forward any concerns about unethical practice by other health care professionals to their provincial regulatory body. This person should also be reported to the employer.

EXAMPLE 3

I work in a rural hospital and went to see an elderly gentleman admitted this morning from the nursing home next door. During the course of our conversation, this man revealed that he has been giving fairly large sums of money to one of his regular visitors at the nursing home as “she has been having a hard time and tells me when she needs a little extra cash”. He says he knows he shouldn’t give her this much money but he enjoys the visits and has no family left in town to come and see him regularly.

I know this man doesn’t have a lot of money and feel this visitor is taking advantage of him.



Question: Should I report it and who do I report it to?

Answer: According to Manitoba's Protection for Persons in Care Act you are required to report any suspected abuse immediately.³ There is a confidential toll-free number for reporting. If you are unsure if the matter should be reported you can call the Protection for Persons in Care office for assistance. No actions will be taken against you for reporting suspected abuse unless it is found that a false report was made intentionally. The Protection for Persons in Care office will investigate the matter.

References:

1. Province of Manitoba. Registered Dietitians Act. Winnipeg:2002. Section 64(1)
2. College of Dietitians of Manitoba. Code of Ethics for Registered Dietitians. Winnipeg:2005
3. Province of Manitoba. Protection for Persons in Care Act. Winnipeg:2000.
4. Province of Manitoba. Child and Family Services Act. Winnipeg:1985
5. Province of Manitoba. Registered Dietitians Act. Winnipeg:2002. Section 64(2)