



Practice Scenario

Is Exercise Training within the Dietetic Scope of Practice?

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A group of RDs in a Diabetes Education Centre (DEC) have researched the value of health professionals recommending exercise regimens for their clients as a means to improve blood glucose control. The RDs are exploring the idea of delivering exercise classes to DEC clients. The RDs would be leading the clients through the exercise routine, including a warm-up and a cool-down session.

Is delivering exercise classes within the dietetic scope of practice?

To work through the scenario we used the RD Role & Task Decision Framework developed for the 2011 CDO Workshop: The Evolving Role of RDs in Changing Practice Environments (résumé, winter 2012, p. 9).

According to the Dietetics Act and CDO's Definition of Practising Dietetics, recommending general exercise as part of the overall health and nutritional recommendations is within the dietetic scope of practice as it promotes health and prevents disease through nutrition and related means.

While recommending general exercise is within the dietetic

scope of practice, leading exercise classes and the actual demonstration of techniques falls outside the parameters of the above definitions of dietetic practice. Demonstrating specific exercises does not enhance a nutrition assessment, nor is it providing nutrition care or education by nutritional means. In addition, fitness assessments/testing would also be considered outside of the dietetic scope of practice.

It is important that the DEC RDs recognize that they may conduct fitness assessments and teach specific exercise classes, but when doing so they are not practicing dietetics.

The DEC clients and the RDs' employer should also be made aware of this important distinction.

Client consent would be required. RDs can rely on implied consent if clients attend the exercise class.

ARE THERE ANY LEGAL BARRIERS OR ORGANIZATIONAL RESTRICTIONS?

There are no legal barriers for RDs in the DEC to recommend general exercise as part of the nutrition care plan, teach individual/group exercise classes, and demonstrate exercise techniques. RDs may also write down exercise recommendations for clients to take home as a reference tool.

RDs will need to consult any organizational restrictions to determine whether they are permitted to teach exercise classes. If a program is funded through government or other external sources, RDs should examine whether exercise instruction falls within the program mandate.

Risk Management

The College requires that all RDs practicing dietetics in Ontario hold professional liability insurance in the amounts defined in CDO's By-Law No. 5, *Professional Liability Insurance Coverage Requirements for Members*. (<http://www.cdo.on.ca/en/pdf/BylawsRegs/Bylaws/Bylaw%205%20Liability%20Insurance.pdf>) This insurance can come from an RD's employer coverage or an independent policy as long as the coverage meets the minimum College requirements.

Since the DEC RDs would not be considered practising dietetics, their dietetic professional liability insurance may not cover them if a client were to be injured while they were teaching or demonstrating exercises. Although not a College-specific requirement, RDs may wish to explore coverage for conducting exercise training either through their employer's policy or an additional individual insurance policy that covers liability for exercise instruction.

When anyone starts an exercise program, there may be some elements of risk. The risk to client safety may increase with co-morbidity. The DEC RDs may wish to obtain

RD Scope of Practice

Dietetics Act, (1991).

"The assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means." http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d26_e.htm

CDO Definition of Practising Dietetics:

"Practising dietetics is paid or unpaid activities for which members use food and nutrition specific knowledge, skills and judgment while engaging in:

- the assessment of nutrition related to health status and conditions for individuals and populations;
- the management and delivery of nutrition therapy to treat disease;
- building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means;
- management, education or leadership that contributes to the enhancement and quality of dietetic and health services"

<http://www.cdo.on.ca/en/members/practice/CDO%20Definition%20of%20Practising%20Dietetics.pdf>

confirmation from the primary care physician or nurse practitioner that it is safe to provide exercise instruction to a client.

RDs may also wish to consult their organization's legal counsel to determine whether clients should sign a client waiver prior to the exercise instruction classes.

DO THE RDS HAVE THE REQUIRED SKILLS AND COMPETENCE TO PERFORM THE NEW TASK?

The key question is whether the DEC RDs have the required competence to teach exercise classes. It is important to recognize that competence includes knowledge, skill and judgment. The latter is especially important for risk assessment and determining which clients may be at risk if

they partake in the exercise class and/or if they do specific exercises. Obtaining competence is the responsibility of the RDs and may include attending courses, workshops, obtaining specific exercise certification, reading articles, as well as updating practice when evidence changes.

WHO IS THE BEST PERSON TO COMPLETE THIS TASK & WHAT ARE THE IPC POSSIBILITIES?

The *Regulated Health Professions Act, 1991*, was intentionally created to enable overlapping scopes of practice to enhance client-centered care and interprofessional collaboration (IPC). The College encourages RDs to work with other health care team members to provide safe, effective and client-centred care.

As long as the RDs are competent to provide such instruction, it would be efficient client-centred care for them to teach exercise classes. This is because RDs have presumably established a rapport with clients and may be more familiar with any medical history and/or current condition(s).

The decision on 'who' is the best person to teach and demonstrate exercises should be made in the clients' best interest, acquisition of competence and organization capabilities. Having RDs and other health care providers within the DEC recommend exercise and conduct exercise classes not only promotes IPC, but may also send a clear and consistent message to the clients on the importance of exercise in managing diabetes.

WHAT SHOULD RDS DO IF ASKED TO PERFORM A TASK OUTSIDE OF THE DIETETIC SCOPE OF PRACTICE?

If RDs are asked to perform a task that falls outside the dietetics scope of practice, they may wish to work through the

Need to Know

RDs are encouraged to consider requests & opportunities for new tasks and roles that promote client-centered care and interprofessional collaboration (IPC). There are four key questions RDs should ask themselves:

1. Is the new task or role within the RD scope of practice?
2. Are there any legal or organizational barriers that restrict an RD from performing the new task?
3. Does the RD have the required skills & competence to perform the new task?
4. Who is the most appropriate healthcare professional to perform the task/role and what are the IPC possibilities?

College's *RD Role & Task Decision Framework* and talk about their concerns with their manager and team. This may be a great opportunity to educate their workplace about the dietetic scope of practice and professional responsibilities.

For an additional viewpoint, please feel free to contact the College's Practice Advisory Service:
practiceadvisor@cdo.on.ca
416-598-1725/1-800-668-4990 ext. 397

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