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I. Rationale, Definition & Use of Professional Practice Standards

Rationale for Developing Professional Practice Standards

The *Framework for Standards of Professional Practice* will help exercise the College's mandate to regulate the profession of dietetics in Ontario in the public interest. Section 3 of the *Health Professions Procedural Code* under the *Regulated Health Professions Act (1991)*, articulates the College's objects. This includes the requirement for Colleges to develop Standards of Professional Practice for the purpose of public protection:

3. "To develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession;
4. To develop, establish and maintain standards of knowledge and skill and programs to promote continuing evaluation, competence and improvement among the members;
 - 4.1 To develop, in collaboration and consultation with other Colleges, standards of knowledge, skill and judgment relating to the performance of controlled acts common among health professions to enhance interprofessional collaboration, while respecting the unique character of individual health professions and their members;
5. To develop, establish and maintain standards of professional ethics for the members; and
10. To develop, establish, and maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues."¹

Section 95 of the *Health Professions Procedural Code* under the *Regulated Health Professions Act*, (1991), also gives authority to Colleges to develop regulations which articulate standards. The areas that are most relevant to Standards of Professional Practice include the following:¹

- a) Performance and delegation of controlled acts;
- b) Conflict of interest;
- c) Professional misconduct and acts of professional misconduct that must be reported;
- d) Promotion or advertising;
- e) Standards of practice of the profession and prohibiting members from acting beyond their scope of practice when practising the profession;
- f) Record keeping; and
- g) Use of title.

Standards can be published as a formal College regulation or outside of a regulation in what can be termed a Standards document. Formal regulations require a more lengthy process working with the Ministry of Health and Long-Term Care and significant investment of College resources, often taking ~3-5 years for Ministry and Cabinet approvals. For the purpose of this *Framework for Standards of Professional Practice*, when we use term 'Standard' we mean a requirement expressed outside of a formal College regulation.

Colleges may also develop policies, position statements and guidelines; however, considering all the characteristics of the different types of College documents (refer to Appendix I), Standards offer an efficient and effective approach to outline the specific professional practice expectations for Registered Dietitians (RDs) in Ontario for public protection.

Definition of Professional Practice Standards

Standards are created by Colleges for the purpose of public protection. The College's Standards of Professional Practice describe the required behaviours by which an RD's performance can be evaluated and serve as a basis for assessing whether RDs fulfill their professional responsibilities to provide safe, ethical and competent client-centred services.

- Standards of Professional Practice articulate the minimum expectations for RDs to fulfill their professional responsibility to provide safe, ethical and competent client-centered services;
- Standards of Professional Practice are defined as the required behaviours for which RDs are held accountable;
- Standards of Professional Practice are high-level statements that can be generalized across varying practice situations; and
- Standards of Professional Practice are expressed using the terms "must, shall, require, expect."

Regulatory Standards of Professional Practice are separate and distinct from the appropriate standards of clinical care for a specific condition or area of dietetic practice (e.g., renal diets for nephrology patients).

Standards are developed through consultation with other professions in Ontario as appropriate and other dietetic jurisdictions, the use of experts and would, in most cases, reflect what would be deemed to be behaviours commonly accepted by the profession as being a standard in their practice.

Use of Professional Practice Standards

Standards of Professional Practice are used for a number of purposes including:

1. To fulfill the College's regulatory mandate of public protection;
2. To inform the public, employers, other health care providers and College members about the minimum expectations that RDs must meet in their dietetic practice to provide safe, ethical and competent services;
3. To provide performance assessment criteria for the College's Quality Assurance Program;
4. To help guide the College's decision-making in matters related to professional conduct and competence; and
5. To support compliance with the required behaviours and performance expectations of RDs practicing the dietetic profession in Ontario.

The College recognizes that many RDs will strive to exceed the expectations as described in the Standards of Professional Practice. However, the standards are intended to define the minimum performance expectations for RDs practising dietetics in the province of Ontario.

II. Core Professional Practice Expectations for RDs

The following are over-arching principles that apply to all areas of dietetic practice and will be considered when developing Standards of Professional Practice. These core principles apply to all areas of dietetic practice and have been compiled from several resources including: the *Professional Standards for Dietitians in Canada*,² the *Standards of Practice* set out by other Colleges,³⁻⁵ and the *Common Principles of Shared Controlled Acts that Apply to Regulated Health Care Professionals in Ontario* (adopted by Council in Nov 2010 as a foundational document for development/incorporation into future College work).⁶

In all areas of professional practice, RDs are accountable for:

1. Building effective interprofessional collaboration and communicating with colleagues to achieve the best possible outcomes;

2. Respecting client autonomy and individuality;
3. Working within the dietetic scope of practice or what is reasonably related to it;
4. Working within his/her individual competence (level of knowledge, skill and judgment);
5. Using an evidence-based approach to practice;
6. Ensuring a systematic approach to decision-making;
7. Ensuring appropriate documentation relevant to area of dietetic practice; and
8. Monitoring and evaluating dietetic services for continuous quality improvement.

III. Approach to Identifying Priorities for Development of Standards of Professional Practice

The College will take a balanced approach in exercising its authority to regulate the dietetic profession in Ontario. The goal is to attain the 'right touch' of regulation, rather than to over-regulate or under-regulate to achieve effective regulation of dietetics in Ontario. Colleges must be mindful of not unnecessarily interfering or impeding on professional judgment and dietetic practice, especially when this can affect freedoms, earnings and/or cost to health care systems. Ultimately, the College will respect its use of authority to attain the right amount of professional regulation that achieves the desired outcome to protect the public of Ontario.

Criteria for Developing Standards of Professional Practice

A Standard of Professional Practice will be considered according to the following criteria:⁷

1. Identification of need:
 - a) Identifying high-risk areas that warrant Standards of Professional Practice development through the College's Risk Framework which will consider analysis/assessment of risk, impact, public expectations and frequency of performance; and
 - b) Identification of issues through member consultation and/or via frequency of inquiries received through the College's Practice Advisory Service;
2. There is a reasonable expectation that the professional practice issue places clients at risk (e.g., physical, emotional, financial, etc.) thus requiring public protection. The risk must be real, not hypothetical;
3. There is a reasonable expectation that RDs dealing with the practice issue are likely to be at risk of unprofessional or unethical conduct;
4. There is no higher level document (e.g., a statute, regulation, or sufficient entry-to-practice competency) that specifically defines the College's expectations in relation to the issue;
5. There is a reasonable belief that, if a Standard of Professional Practice is developed, it will continue to have relevance for an extended period of time; and

6. The Standard of Professional Practice will bring needed clarity to outline the behavioural expectations related to ethical/professional obligations of RDs to enable compliance and College enforcement.

IV. Process for Developing Professional Practice Standards

The College's process for developing Standards of Professional Practice is outlined in the following steps:⁸

1. **Conduct a Needs Assessment – Identify the need for a Standard of Professional Practice.**
As outlined above in the section: 'Criteria for Developing Standards of Professional Practice.'
2. **Review any existing College documents applicable to the issue being considered for a Standard of Professional Practice.**
Includes what currently exists to provide direction and guidance to RDs including, competencies, provincial/national legislation and regulations, policies, the Jurisprudence Handbook, practice advice/guidelines, ethical guidelines, and any other applicable documents that may contribute to the content of the standards.
3. **Environmental Scan**
Conduct an environmental scan of relevant standards from other health regulatory colleges, Ministry of Health and Long-Term Care, other dietetic regulatory bodies, and applicable literature.
4. **Preliminary Consultation**
Consult with those most affected by the issue being proposed for standards development to establish/confirm the appropriate issues to be addressed, including: thought leaders, experts in the field, RDs on Council, and RDs in relevant areas of practice. Electronic means could also be used to solicit input from the general membership.
5. **Develop draft Standard of Professional Practice.**
Incorporate all relevant information from current College resources, the environmental scan and preliminary consultation into a draft Standard of Professional Practice.
6. **Obtain Council approval of the general direction of the draft Standards of Professional Practice for purposes of consultation with the membership**
Council would consider the information gathered to this point and direct the content of the standard to be subject to consultation with RDs and relevant stakeholders. If the content is controversial, this step may be repeated following revisions and/or clarifications of the content.

7. Consult with RDs and relevant stakeholders.

Send out a formal consultation survey to circulate and obtain feedback from RDs and other stakeholders on the draft Standards of Professional Practice and meet as needed to engage people in considering the draft standard.

8. Review and revise the draft Standard of Professional Practice from the consultation feedback.

Incorporate any relevant feedback into to the draft Standards of Professional Practice to ensure relevancy and usefulness. Depending on the level of input/required changes, steps 6, 7 & 8, may need to be revisited prior to moving on to step 9.

9. Obtain formal Council approval of the Standard of Professional Practice.

Present to Council for final approval of the Standards of Professional Practice.

10. Publish the Standard of Professional Practice and communicate broadly.

Publish the Standard of Professional Practice and develop a communication plan for education to RDs and relevant stakeholders (refer to Section VI for further details). Incorporate the standard into college publications and program tools such as the Jurisprudence Handbook and the Jurisprudence Knowledge and Assessment Tool.

11. Implement a continuous review schedule for the Standard of Professional Practice.

Document a clear date for when the Standard of Professional Practice will be reviewed and revised to ensure currency.

V. Style/Layout

The style/layout of the Standards of Professional Practice will outline the specific behavioural expectations for RDs when performing a particular activity/responsibility within dietetic practice. This includes:

- a) The required competence – knowledge, skills and judgment;
- b) Ensuring a client-centered care approach;
- c) RD responsibility/accountability;
- d) Communicating with clients;
- e) Collaborating with other members of the health care team, including appropriate referrals to other health care providers; and
- f) Documentation requirements.

Standards of Professional Practice will be laid out in the following sections:

- i. Preamble/Introduction including the purpose for developing the particular Standard of Professional Practice as well as any legislative requirements, as applicable;

- ii. Standard Statements followed by performance indicators to demonstrate adherence to the Standard of Professional Practice Statements; and
- iii. Compliance Expectations.

As an example, please refer to the College's existing [Standard of Professional Practice for Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings \(Point of Care Testing\)](#) (Appendix II).

VI. Communication & Education

Communication & education of the availability of a Standards of Professional Practice will proceed as follows:

- a) Email broadcast to RDs and relevant stakeholders.
- b) Post the Standard of Professional Practice under the 'News' and 'Standards' sections of CDO website.
- c) Include a statement of availability of the Standard of Professional Practice in the subsequent two issues of résumé newsletter.
- d) Inform RDs of the availability of the Standard of Professional Practice during the annual workshops.
- e) Incorporate the Standard of Professional Practice into the *Jurisprudence Handbook for Dietitians in Ontario*, as applicable.
- f) Incorporate the Standard of Professional Practice into the JKAT and Stage 1 & 2 of the Quality Assurance Program's Peer and Practice Assessment, as applicable.

References

- 1 *Regulated Health Professions Act*. (1991). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm#BK51
- 2 Dietitians of Canada & College of Dietitians of Ontario. (1997). *Professional Standards for Dietitians in Canada*. Available from: <http://www.cdo.on.ca/en/pdf/publications/ProfessionalStandardsforDietitians.pdf>
- 3 College of Nurses of Ontario. (2010). *Draft Nurse Practitioners Practice Standards*, unpublished document.
- 4 College of Physiotherapists of Ontario. (2009). *Standards for Professional Practice*. Retrieved from: <http://www.collegept.org/Physiotherapists/Practice%20Advice/StandardsforProfessionalPractice>
- 5 College of Dental Hygienists of Ontario. (2010). *Draft Standards of Practice*, unpublished document.

- 6 Ad Hoc Inter-professional Working Group. (2010). *Common Principles of Shared Controlled Acts in Ontario*. Unpublished document.
- 7 College of Physiotherapists of Ontario. (2005). *Criteria for the Development of Standards of Professional Practice and Guides to Standards of Professional Practice*. Unpublished document.
- 8 College of Physiotherapists of Ontario. (2012). *Standards of Practice for Physiotherapists*.

Available from:

http://www.collegept.org/Assets/registrants'guideenglish/standards_framework/standards_practice_guides/ST_Intro_Practice_for_Physiotherapists_120814.pdf

Appendix I

Appendix I is authored by Richard Steinecke, LLB. More recent revisions are pending; document will be modified accordingly.

TYPES OF PUBLICATIONS

1. **Guideline**
 - a suggestion of voluntary behaviour to assist prudent practitioners
 - ◆ e.g., how to avoid a complaint through good communication
 - ◆ e.g., process to follow in developing a medical directive

2. **Standard of Practice (must already exist in profession or be made by College regulation; cannot simply publish new standard)**
 - a minimum mandatory requirement that a professional practitioner will meet
 - ◆ e.g., performing an assessment before treating
 - ◆ e.g., a record keeping regulation

3. **Advisory Statement**
 - a notice to the profession of a legal requirement imposed upon members
 - ◆ e.g., article on mandatory reporting
 - ◆ e.g., article on the *Health Care Consent Act, (1996)*

4. **Position or Policy Statements**
 - a description of what the College will do in certain circumstances; i.e., an interpretation of existing legal options
 - ◆ e.g., what sorts of programs the Registration Committee would consider equivalent to a University course in Dietetics
 - ◆ e.g., what sorts of offences the College is likely to consider affecting the fitness of a member to practise dietetics

**CHARACTERISTICS OF DIFFERENT TYPES
OF COLLEGE PUBLICATIONS**

Type of Publication	Goal	Subject Matter Covered	Type of Language Used	How Used or Enforced by College
Guideline	Assist	Suggestions for enhanced or best practices	May Should Suggest Recommend	<ul style="list-style-type: none"> • Quality Assurance Committee, • Possibly for cautions by the Complaints Committee, not for referral purposes
Standard of Practice¹	Require	Bare minimum standard that must be met by profession	Must Shall Require Oblige Expect	<ul style="list-style-type: none"> • ICRC • Discipline
Advisory Statement	Warn	Notice or warning to the profession of already existing legal requirements	<ul style="list-style-type: none"> • Mandatory language when describing legal requirement • Voluntary language when suggesting how to comply 	<ul style="list-style-type: none"> • Usually enforced by others • As evidence that the profession was warned about the matter
Position or Policy Statement	Interpret or Clarify	Description of what the College will do in certain circumstances (an interpretation of existing legal authority)	Ordinarily Typically Usually Generally Normally Customarily	<ul style="list-style-type: none"> • Guides College's exercise of discretion • Might be used against College where departed from

¹ A standard's behaviour expectations must already exist and be generally accepted in the profession or be made by College regulation; the College cannot simply publish a new standard that does not reflect the generally accepted views and practices of the profession.



Appendix II



College of
Dietitians
of Ontario

Collecting Capillary Blood Samples through Skin Pricking &
Monitoring the Blood Readings (Point of Care Testing)

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SECTION I Preamble

Under the *Dietetics Act* (1991), RDs are authorized to perform the following controlled act:

“3.1 In the course of engaging in the practice of dietetics, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples by skin pricking for the purpose of monitoring capillary blood readings. 2009, c. 26, s. 7”¹

The *Dietetics Act* (1991), specifies that RDs have the authority in the course of practicing dietetics to collect capillary blood samples by skin pricks and monitoring the capillary blood samples readings. At this time, the most common application of monitoring of capillary blood samples is for the purposes of screening for optimal or suboptimal blood glucose levels or monitoring blood glucose levels in clients with diabetes. Future developments in capillary blood testing/technology may allow for the assessment of a wider range of applications.

1. It is recognized that in the context of a Registered Dietitian-client relationship, currently, RDs may be performing capillary skin pricks and analyzing capillary blood levels under four main circumstances:
 - i to teach blood glucose self-management;
 - ii for random blood glucose checks to monitor progress;
 - iii for compliance with diet/insulin or other blood glucose lowering medications; and
 - iv for confirming hypo/hyperglycemia.
2. In conducting public screening clinics to identify people at risk for abnormal glucose levels and recommend appropriate resources, follow-up care and referrals to other primary health care providers for further diagnostic testing.

The Professional Practice Standard for *Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* outlines the expectations for RDs when performing this authority.

SECTION II Prior to collecting capillary blood samples, RDs must:

1. Have the required knowledge, skills and judgment specific to the devices being used to safely and effectively perform the procedure;
2. Determine whether the test is appropriate for the specific client;
3. Obtain informed client consent, as appropriate :
 - a) Explain to clients the rationale and clinical significance of performing the capillary skin prick;
 - b) Indicate the nature of the test (e.g., a sample of capillary blood will be taken); and
 - c) Outline the possible risks and contraindications for performing the capillary skin prick.
4. Consider the client's specific circumstances when assessing the risks, precautions, appropriateness and sensitivities associated with performing skin pricks;
5. Ensure processes are in place to manage suboptimal tests results and for minimizing client risk when presented with a critical blood glucose test result;
6. Verify that there are mechanisms in place to ensure safe functioning of both the equipment and supplies used to perform and analyze capillary blood samples;
7. Consider the cost-effectiveness, reliability and alternatives to capillary skin pricks and make an effort to avoid unnecessary duplication; and
8. Refrain from delegating the authority to perform capillary skin pricks to other health care providers.

There are interdependent laws and regulations that have been put in place for RDs to have the authority to perform capillary skin pricks and analyze the blood samples. These include amendments to laws and corresponding regulations under the:

- *Dietetics Act*; and
- *Laboratory and Specimen Collection Centre Licensing Act*.

As a result, RDs may not delegate the authority for performing capillary skin pricks & analyzing results to other health care providers. *Exception:* See "SECTION VII: Dietetic Interns."

SECTION III When performing skin pricks, RDs must:

1. Use evidence-based infection prevention and control practices as outlined in organizational policies and CDO's [Guidelines for the Disposal of Biomedical Waste Associated with Skin Pricking](#),² and
2. Take the necessary steps to ensure an appropriate environment in which capillary skin pricks would be performed to protect client privacy.

SECTION IV When interpreting & communicating the results of capillary blood readings, RDs must:

1. Explain the results,* clinical significance (optimal vs. suboptimal) and impact on the nutrition care plan to clients;
2. Provide supporting educational materials, as appropriate;
3. Refer clients to their primary health care provider or refer clients who do not have a primary care provider to a walk-in clinic or other local alternative for further testing;
4. Notify other health care providers of the results, as appropriate; and
5. Avoid communicating a medical diagnosis to clients.

* Communicating Capillary Skin Prick Test Results:

RDs may communicate the results of capillary skin pricks to clients, including elevated, normal or low values, provided they are not violating the controlled act of communicating a diagnosis as outlined in section 27(2) of the [Regulated Health Professions Act](#) (1991):

“1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.”¹

If RDs have performed capillary skin pricks and the results are indicative of an undiagnosed medical disease or disorder, RDs cannot communicate the presence or label of the specific medical disease or disorder to the client. In this case, RDs must refer clients to their primary health care provider (Physician or Nurse Practitioner, as appropriate) or “orphaned” clients to a walk-in clinic or hospital emergency room for further investigation and for communication of any medical diagnosis.

SECTION V For existing RD-client relationships, RDs must clearly document all aspects of performing capillary skin pricks and interpreting the results, including:

1. Informed client consent as appropriate;
2. The date and time of obtaining the capillary blood sample and the results;
3. The clinical significance and impact of the results on nutrition assessment and monitoring;
4. Any follow-up care and educational materials provided;
5. Referrals to other health care providers, as appropriate; and
6. Any special circumstances/modifications used in obtaining capillary blood samples and analyzing or interpreting the results.

SECTION VI Documentation in Public Screening Clinics:

It is recognized that RDs performing capillary skin pricks and analyzing results in public screening clinics have differing documentation requirements than RDs who perform this authority within established RD-client relationships. RDs are responsible for documenting according to organizational/program requirements (e.g., keeping stats for the number of tests performed, educational resources provided and other relevant details, as appropriate).

SECTION VII Dietetic Interns:

The *Regulated Health Professions Act* (1991), outlines the exceptions under which a controlled act may be performed. This includes:

“29.1(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession.”⁴

During the training of Dietetic Interns, RD preceptors may provide instruction and direction for students to acquire the competence to perform this controlled act. RDs need to recognize that it is professional misconduct to be:

“17. Assigning members, dietetic interns, food service supervisors, dietetic technicians or other health care providers to perform dietetic functions for which they are not adequately trained or that they are not competent to perform.”⁵

RDs need to ensure the competence (knowledge, skill, and judgement) of Dietetic Interns to collect capillary blood sample through skin pricks prior to performing the controlled act directly on clients. Once performance readiness is established, Dietetic Interns may perform skin pricks to collect

capillary blood samples and monitor the blood readings under direct or indirect RD supervision, as appropriate. In either circumstance, RD preceptors should be available as a resource and ensure that Dietetic Interns are following the Professional Practice Standard: *Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* when performing this authority.

SECTION VIII Compliance with CDO Standards:

It is expected that all RDs will comply with the *Professional Practice Standard for Collecting Capillary Blood Samples through Skin Pricking & Monitoring the Blood Readings (Point of Care Testing)* when performing this authority. RDs are required to practice within their individual level of competence and meet the Standards that are relevant to their practice environment and practice functions. Where RDs are falling below the College's expectations, Standards of Professional Practice will be used as a basis for assessments or investigations and may guide the development of remediation plans.

References

- 1 *Dietetics Act*, (1991), S.17. Available from: http://www.e-laws.gov.on.ca/html/regs/english/elaws_regs_930680_e.htm
- 2 College of Dietitians of Ontario (2010). *Guidelines for the Disposal of Biomedical Waste Associated with Skin Pricking*. Available from: <http://www.cdo.on.ca/en/pdf/Resources/Practice%20Standards%20&%20Resources/Guidelines%20for%20Medical%20Waste%20Disposal%20FINAL.pdf>
- 3 *Regulated Health Professions Act*, (1991), Schedule 1, Self Governing Health Professions, 27(2.1). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
- 4 *Regulated Health Professions Act*, (1991), Schedule 1, Self Governing Health Professions, 29(1.b). Available from: http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm
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