



Jurisprudence Knowledge and Assessment Tool (JKAT) 2026 Blueprint

Approved by CDO Board of Directors March 20, 2026

The College of Dietitians of Ontario upholds high professional standards to protect the public. Its Jurisprudence Knowledge and Assessment Tool (JKAT) supports dietitians' understanding of legal, ethical, and professional requirements.

JKAT is a mandatory part of the Quality Assurance Program, serving as both a learning and assessment tool in a non-punitive framework that promotes ongoing professional development and consistent practice.

Each assessment includes 70 scored items and up to 10 unscored experimental items. It is open-book, untimed, requires a 90% pass mark, and allows up to three attempts.

This blueprint outlines the test structure and content to ensure alignment with regulatory expectations and support safe, ethical care.

1) Registrant Requirements (Requirements for maintaining registration)	13%	9
a. Code of Ethics	3%	2
b. QA program	3%	2
c. Professional liability insurance	3%	2
d. Mandatory reporting	3%	2
e. College requirements and processes related to professional obligations (e.g., updating practice profile).	2%	1

2) Regulatory Framework (How dietitians are regulated)	11%	8
a. Role of Regulatory Bodies: Responsibilities of provincial dietetic colleges (e.g., College of Dietitians of Ontario in licensing, discipline, and public protection).	2%	1-2
b. Provincial Legislation Governing Dietitians and other relevant statutes: (e.g., <i>Regulated Health Professions Act, Dietetics Act, Professional Misconduct Regulation</i>).	3%	2
c. Professional Registration and Titles: Requirements for licensure and protected professional titles (e.g., "Registered Dietitian" or "Dietitian").	2%	1-2
d. Regulatory programs – Registration, Quality Assurance, Complaints and Discipline (e.g., processes for complaints, investigations, and disciplinary actions).	2%	1-2
e. Scope of practice – scope statement and definition of practising dietetics	3%	2

3) Practice operations (Expectations for your practice)	26%	18
a. Confidentiality and privacy – including federal and provincial laws (<i>PIPEDA & PHIPA</i> , privacy breaches, cybersecurity)	3%	2
b. Record keeping – management, storage, disclosure.	3%	2
c. Advertising and marketing	2%	1-2
d. Billing	1%	1
e. Social media	2%	1-2
f. Virtual care	3%	2

<i>g.</i>	Technology (e.g., artificial intelligence)	2%	1–2
<i>h.</i>	Delegation	2%	1–2
<i>i.</i>	Private practice	1%	1
<i>j.</i>	Infection control	1%	1
<i>k.</i>	Medical waste disposal	1%	1
<i>l.</i>	Emergency Situations guidelines	1%	1
<i>m.</i>	Managing extra workload responsibilities	1%	1
<i>n.</i>	Supervising Learners	1%	1

4) Client care (Expectations for working with clients)

26%

18–19

<i>a.</i>	Client-centered care		
<i>i.</i>	Cultural safety and humility: ethical considerations when working with diverse populations, including Indigenous Peoples.	3%	2
<i>ii.</i>	Client Advocacy: supporting equitable access to dietetic services.	1%	1
<i>iii.</i>	Health Equity and Social Determinants of Health: Addressing systemic barriers to health and nutrition.	1%	1
<i>b.</i>	Informed and knowledgeable consent		
<i>i.</i>	Consent for assessment and treatment, including within healthcare teams	3%	2
<i>ii.</i>	Consent for collection, use and disclosure of personal health information (e.g., circle of care, lock-box provision).	3%	2
<i>iii.</i>	Capacity for consent (e.g., definitions of understanding and appreciating, capacity tree and rights when found lacking in capacity for consent to treatment).	3%	2
<i>c.</i>	Conflicts of interest	3%	2
<i>d.</i>	Boundaries including sexual, child and elder abuse	3%	2
<i>e.</i>	Collaborative care	2%	1–2
<i>f.</i>	Transferring and Discontinuing care	2%	1–2
<i>g.</i>	Evidence-informed, including complementary therapies and reflective practice	2%	1–2
<i>h.</i>	Assessing and Managing risk (e.g., critical incident reporting, risk mitigation policies).	1%	1

5) Nutrition Care (Expectations for specific clinical practises) 15% 10-11

a.	Blood samples (e.g., skin pricking and laboratory ordering)	2%	1-2
b.	Dysphagia	2%	1-2
c.	Therapeutic diet and EN/TPN orders in public hospitals	2%	1-2
d.	Vitamins and minerals	2%	1-2
e.	Cannabis	1%	1
f.	Medical assistance in dying (<i>MAID</i>)	1%	1
g.	Dietetic counselling versus psychotherapy	2%	1-2
h.	Delegated controlled acts (e.g., prescribing - insulin dose adjustments, communicating a diagnosis).	2%	1-2

6) Population Health Promotion (Expectations for public health) 2% 2

a.	Government Guidelines: Familiarity with Canadian dietary guidelines and public health nutrition policies.	1%	1
b.	Food Safety Regulations: Knowledge of federal (e.g., <i>Safe Food for Canadians Act</i>) and provincial food safety laws	1%	1

7) Food Provision, employment, and workplace issues (Expectations for food service) 6% 4-5

a.	Food Safety Regulations: Knowledge of federal (e.g., <i>Safe Food for Canadians Act</i>) and provincial food safety laws	1%	1
b.	Workplace Safety: Understanding occupational health and safety standards.	2%	1-2
c.	Employment Laws: Rights and responsibilities in employment settings (e.g., contracts, workplace harassment policies, human rights code, responsibilities during workplace stoppage).	2%	1-2
d.	Union and collective agreements: Knowledge specific to unionized environments.	1%	1