



NOVA SCOTIA COLLEGE OF
Dietitians AND
Nutritionists

Jurisprudence Handbook
Nova Scotia College of Dietitians and Nutritionists
2024

The Nova Scotia College of Dietitians and Nutritionists (NSCDN) is the regulatory body for the profession of dietetics in Nova Scotia. In the public interest, the NSCDN regulates dietitians and nutritionists so that they can practice in a safe, ethical, and competent manner.

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Introduction

The Jurisprudence Quiz is a component of NSCDN's mandatory Continuing Competency Program (CCP). The quiz aims to support dietitians in maintaining a current understanding of the regulatory, provincial, and federal requirements related to dietetic practice. The legal principle "ignorance of the law excuses no one" means that a person unaware of a law may not escape liability for violating it merely because they were unaware. The quiz provides dietitians with information related to laws, regulations, standards, and guidelines that govern dietitians' practice.

Professional Regulation

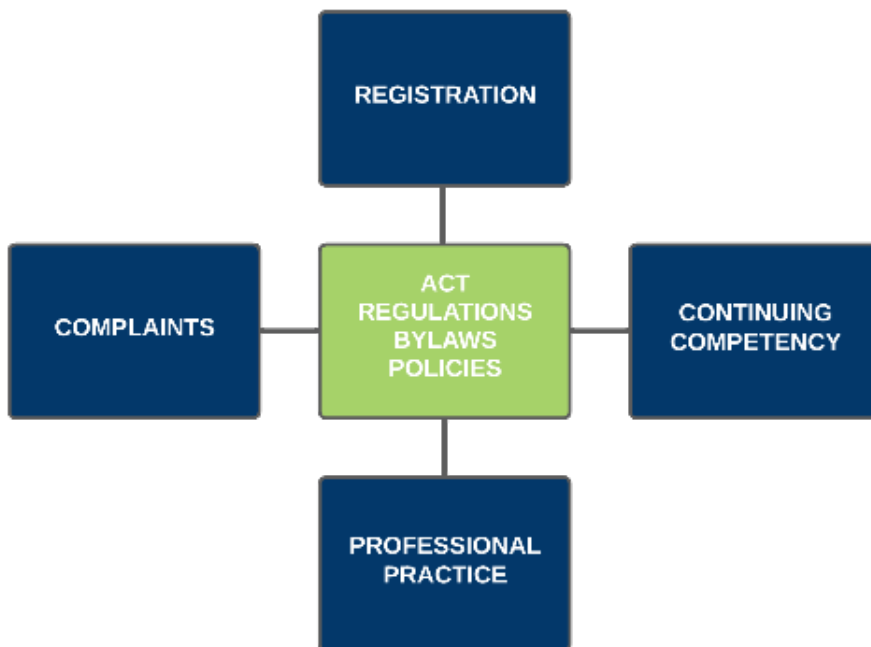
A professional regulatory body's mandate is to regulate a profession's practice in the public interest. A professional regulatory body is often referred to as a college. A college regulates a profession to ensure safe, ethical, and competent practice. A profession is regulated so the public can trust that those practicing have specific credentials, are current in their practice, and practice according to established standards. Anyone can go to a college and lay a complaint if they believe that a regulated health professional has provided poor quality care or caused harm. As a college, titles and the profession's scope of practice are defined and protected. In contrast to a regulatory body, an association generally supports advocacy and develops programs and services for its members.

Health professions are regulated provincially rather than nationally. In Nova Scotia, the profession of dietetics is regulated according to the [Dietitians Act \(2009\)](#). The NSCDN is the dietetic regulatory body in Nova Scotia. Dietetic practice is regulated in the public interest. Regulation assures the public that their practitioner is accountable for meeting regulatory requirements and that there is somewhere for them to go if they experience poor quality care or harm that results from a dietitian's actions. In contrast to non-regulated practitioners, regulated professionals are accountable for meeting regulatory requirements based on legislation, regulations, standards of practice, a code of ethics, and policies.

To meet its mandate, NSCDN follows a well-established regulatory framework. An act (also known as legislation or a statute), regulations, bylaws, and policies direct the governance and operations of the organization. Government approves an act and regulations. Bylaws elaborate on statements within the act and are developed by the board of directors in consultation with NSCDN registrants. Policies elaborate on statements within the act, regulations, or bylaws. Regulations, bylaws, and policies cannot contradict what is stated in the act but further define and elaborate on the statements within the act.



Legislation, regulations, bylaws, and policies direct a regulatory body's four core functions: registration, continuing competency, professional practice, and complaints. This Guide elaborates on the regulatory requirements for each of the four functions.



Resources related to this section:

[Dietitians Act \(2009\)](#)

Registration & Licensing

Under the [Dietitians Act \(2009\)](#), individuals are registered and then licensed to practice. Those registered with the College who are not licensed are on a non-active roster. Those who move from an active practice license to the non-active roster remain on the College register. These individuals may be on a leave of absence from their employment, or they may have moved to another jurisdiction.

Once licensed with NSCDN, a registrant is authorized to practice dietetics in Nova Scotia and use the titles *dietitian* and *nutritionist*. To use the titles and practice as a dietitian in another province, a dietitian must become registered in the other province. Dietitians practicing in more than one province must be registered with the dietetic regulatory body in the province(s) where they practice. Dietitians can be licensed in more than one province.

The Virtual Practice Policy is relevant to dietitians practicing by electronic means (e.g., telephone, internet or email counselling). Some provinces require the dietitian to be licensed in the province where the client lives when practicing by electronic means. In Nova Scotia, dietitians licensed with another provincial regulatory body may provide services by electronic means to Nova Scotians.

Dietitians must practice under the name registered with NSCDN. To practice under a different name, the dietitian must provide evidence of the name change (e.g., a marriage certificate). The database (also known as the register) must contain a dietitian's current information. A registrant's online profile can be updated through the Registrant Portal at any time throughout the year.

Licensing Categories Under the College

Active practicing license – An active practice license is maintained with a minimum of 500 hours of dietetic practice over a three-year period. According to the [Dietitians Regulations \(2022\)](#), dietitians maintain a record of hours worked in the practice of dietetics that covers the preceding three years. The College may audit these records at any time. Dietitians are exempt from the active practice hour requirement within the first three years of passing the Canadian Dietetic Registration Examination (CDRE).

Candidate license – A candidate license is a license category applicable to individuals (e.g., graduates from an accredited dietetic education program) who have not yet passed the CDRE. The designation for this license is "registered dietitian (candidate)" or RD(c).

Temporary license – A temporary license is relevant to dietitians licensed in another province who require a license to physically practice in Nova Scotia for a period not to exceed 12 months. These dietitians must be licensed in another Canadian province to qualify for a temporary license.

Conditions or restrictions may be placed on any of the license categories. An example of a condition is to practice under the direct supervision of another dietitian. An example of a restriction is to limit practice to a specific area of practice.

There is a non-active roster. This roster is not a license to practice nor a license to use a protected title. Dietitians on a leave of absence or retired can transfer to a non-active roster until they return to practice. They are not required to participate in the CCP or pay the annual renewal fee while on the non-active roster.

Reinstatement

If a dietitian held registration with NSCDN in the past and is seeking an active practice license again, they must apply for reinstatement. If the applicant engaged in 500 hours of dietetic practice in the past three years, they qualify for an active practice license. If the applicant practiced less than 500 hours of dietetic practice in the past three years, the Registration Committee will review their application to assess eligibility in accordance with the policy *Assessing Currency for Applicants*.

Resources related to this section:

[Active Practice Policy](#)

[The Dietitians Act \(2009\)](#)

[Virtual Practice Policy](#)

[Assessing Currency for Applicants](#)

Protected Titles & Terms

Those not licensed with NSCDN are not authorized to use the designations: dietitian, registered dietitian, nutritionist, professional nutritionist, professional dietitian, R.D., R.D.N., P.Dt. or any derivation, translation, or abbreviation of those designations. Under section 21(2) of the [Dietitians Act \(2009\)](#), only those licensed with the college can refer to their practice activities using the terms *dietetics*, *nutrition therapy* or *diet therapy*.

NSCDN serves and protects the public interest by protecting professional titles and specific terms. The protection of titles and terms enables the public to understand that those who use such titles have specific credentials, education, training, and continued competence approved by a regulatory body and are accountable to practice to standards.

If someone uses a protected title but does not hold an active-practice license, they will be contacted and advised to cease using the title. If they have the qualifications for registration, they will be advised to apply for a license to practice.

Resources related to this section:

[Dietitians Act \(2009\)](#)

Regulatory Tools

Regulatory tools provide direction and support practice. Standards, policies, and position statements direct practice and define the overall requirements and expectations related to dietetic practice. Guidelines are recommendations that support dietitians in their practice and in decision-making.

Examples of regulatory tools are below.

Standards of Practice:

- [Integrated Competencies for Dietetic Education and Practice](#)
- [Standards of Practice](#)
- [Code of Ethics](#)

Position Statements:

- [Use of Social Media in Practice](#)
- [Position Statement on the Recommendation, Endorsement, and Sale of Products](#)

Policies:

- [Virtual Practice Policy](#)
- [Extension of Continuing Competency Program Submission Due to Illness](#)

Guidelines:

- [Documentation Guidelines](#)
- [Guidelines for Self-Employed Dietitians and Nutritionists](#)



Standards of Practice and Code of Ethics

NSCDN sets standards of practice to support dietitians in their practice and regulate dietetic practice. Entry to practice standards ensure that those entering the profession practice in a competent and ethical manner. NSCDN has adopted the [Integrated Competencies for Dietetic Education and Practice](#) (ICDEP) as entry to practice standards, and has established the [Standards of Practice](#) and [Code of Ethics](#) as practice standards relevant to dietitians in active practice. Standards of practice describe competent, collaborative, ethical, and safe practice in a broad manner to be applicable to dietitians in multiple practice areas and settings. However, standards are sufficiently specific for use in a complaints process where standards are used to measure performance.

A dietitian accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics. The Code of Ethics is a statement of the ethical commitments of dietitians to those they serve. It outlines the numerous roles dietitians play and the ethical standards by which dietitians are to conduct their practice. It gives guidance for decision-making, serves as a means of self-evaluation, and provides a basis for feedback and peer review. The code outlines dietitians' ethical responsibilities and informs other healthcare professionals and the public about dietitians' ethical commitments.

The Code of Ethics addresses:

- client-centred practice
- confidentiality and privacy
- duty to report
- consent
- professional boundaries
- appropriate and secure documentation
- conflict of interest.

Definitions:

Competence: the ability to integrate and apply the knowledge, skills and judgement required to practice dietetics safely and ethically in a designated role and practice setting and includes both entry-level and continuing competencies ([Dietitians Act, 2009](#)).

Consent: agreement to allow something to happen.

Informed consent: the person fully understands what they agree to.

Express consent: consent that is given very clearly and definitively.

Implied consent: not expressed definitively but communicated by word or action.

Conflict of interest: occurs when, in the mind of a reasonable person, an individual has a personal interest that could improperly influence their professional judgement (Steinecke and CDO, 2015).

Reference:

[College of Dietitians of Ontario Jurisprudence & Professional Practice Resources](#)

Resources related to this section:

[Integrated Competencies for Dietetic Education and Practice](#)

[Code of Ethics](#)

[Standards of Practice](#)

Ethical Principles

Ethical principles are also addressed in legislation. Below are ethical principles and respective legislation.

Duty to Report

- Section 29(2) of the [Dietitians Act \(2009\)](#) states: “Every person, other than a client, who employs a person in the practice of dietetics and every agency or registry that procures employment for a person in the practice of dietetics shall...where the person's employment is terminated or the person resigns because of allegations of professional misconduct, conduct unbecoming the profession, incompetence or incapacity, report the matter to the Registrar forthwith and provide a copy of the report to the person whose employment is terminated.”
- The [Health Protection Act](#) addresses mandatory reporting of adult abuse, physical, emotional, or sexual abuse, or neglect of an adult; an adult living in dangerous circumstances and unable to protect themselves.
- The [Adult Protection Act](#) (section 16) provides a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect.
- The [Children and Family Services Act](#) (sections 23, 24 and 25) protects children from harm. It includes mandatory reporting of child abuse, emotional or sexual abuse, or neglect of a child.
- Under the [Protection for Persons in Care Act](#) (section 5), healthcare providers are responsible for protecting vulnerable clients and reporting any concerns they may have concerning the treatment of a client.

Confidentiality and Privacy

- [The Personal Health Information Act \(PHIA\)](#) governs how personal health information may be collected, used, disclosed and retained within the health care system in Nova Scotia. It provides a framework that strikes a balance between the protection of personal health information and the collection, use and disclosure of personal health information within (by) the healthcare sector to deliver and improve healthcare services.
- The [Personal Information Protection and Electronic Documents Act \(PIPEDA\)](#) is the federal privacy law for private-sector organizations. It sets out the ground rules for how businesses must handle personal information during the course of commercial activities.
- The [Freedom of Information and Protection of Privacy Act \(FOIPOP\)](#) focuses on public bodies being fully accountable to the public while protecting the privacy of individuals. It sets out mandatory requirements relating to personal information held by public bodies. It requires that public bodies protect the confidentiality of personal information and the privacy of the individual subject of that information.

Consent

- [Personal Health Information Act \(PHIA\)](#)
- The [Personal Directives Act](#) (section 18), states: Healthcare providers must seek and receive informed consent from the appropriate person and consult with the appropriate decision-maker when developing care plans.
- The [Hospitals Act](#) addresses capacity and consent.

Conflict of Interest

A conflict of interest could affect one's impartiality in practice or tempt one to compromise their professional ethics. It occurs when an individual or organization is involved in multiple interests where one could influence the other. A dietitian's intentions and actions may be entirely honourable, but the appearance of a conflict of interest is as damaging as a real conflict of interest.

Potential situations where a dietitian may be tempted to put someone (e.g., self or friend) other than the patient first:

- Using personal status or influence for gain (e.g., endorsement of a friend's service).
- Conferring benefit (e.g., referral to a friend's service).
- Receiving a benefit or incentive (e.g., receiving a gift from a sales representative; receiving coupons).
- Selling products for profit (see Position Statement on the Recommendation, Endorsement, and Sale of Products).
- Interactions with clients that go beyond professional duties (e.g., using a client's personal belongings). Such interactions can raise the possibility that the dietitian is receiving a benefit for something offered or taking unprofessional advantage of their position.
- Due to personal beliefs or convictions (e.g., treating a client differently because of religious or moral beliefs).

A dietitian can use the DORM principle to manage a true or perceived conflict of interest. DORM refers to disclosure, options, reassurance, and modification, these are described in detail below. Some conflicts should be avoided rather than managed through DORM.

- Disclosure: Openness and transparency with the client or relevant other(s) about the nature of the conflict and of any potential benefit.
- Options: Providing a client with options to ensure an informed choice.
- Reassurance: Reassuring the client that their choice will not impact the quality of services you provide.
- Modification: A modification may remove or reduce the potential for conflict.

References:

[Jurisprudence & Professional Practice Resources – Conflict of Interest](#) (CDO)
[Nova Scotia College of Medical Laboratory Technologists Jurisprudence Handbook](#)

Resources related to this section:

[Conflict of Interest and RD Practice](#) (CDO)
[Conflict of Interest in Dietetic Practice: How to Handle Competing Interests](#) (CDO)
[Standards of Practice](#)

Scope of Practice

Regulated professions define their scope of practice in legislation. The ICDEP also describe the dietetic scope of practice.

The [ICDEP](#) and the [Code of Ethics](#) state that dietitians must practice within their individual scope of practice and recognize and address situations beyond personal capacity by consultation, referral, or further learning ([ICDEP 1.04](#)).

The employer sets a professional's scope of employment. This must align with the professional scope of practice.

Practice Illustration: A public health nutritionist delivers presentations at family resource centres on general nutrition guidelines. A member of the public asks the nutritionist a question about her infant, who has gastrointestinal reflux. Replying to this question is within the professional scope of practice, but the nutritionist does not have the current knowledge to provide nutrition counselling for this scenario. It is also not their employer's expectation for the nutritionist to provide one-on-one counselling for medical conditions. This is an example of a scenario that is within the dietetic scope of practice but not the dietitian's individual or employment scope of practice.

It is essential to recognize when an activity is out of one's individual scope of practice and refer to another qualified healthcare professional.

It is essential to understand the scope of practice of interprofessional team colleagues, respect where they overlap with the dietetic scope of practice and collaborate effectively to provide optimal patient care.

Practice Illustration: A dietitian works within a primary health care clinic with a speech language pathologist (SLP), physician, and a physiotherapist. The dietitian's client is reporting signs of dysphagia. The dietitian does not have the current knowledge or skills to perform a bedside swallowing assessment, although the SLP has the ability. Although this activity falls within the dietetic scope of practice, the dietitian must refer their client to the SLP and collaborate with the SLP to develop, implement, and monitor the nutrition care plan.

There are activities that health professionals perform that are considered within the public domain. These are activities that non-regulated professionals may perform. For example, providing information about healthy eating guidelines, taking a person's blood pressure, or measuring a person's height and weight.

Practice Illustration: A dietitian with recent experience practicing in an acute care hospital as a clinical dietitian accepts a position as a continuing care coordinator. Clients often ask them nutrition-related questions. Whereas the dietitian has the current knowledge and skills to answer clients' nutrition-related questions, it is not within their job description to provide nutritional care. This is an

example of the activity falling within both individual and professional scopes of practice, but outside of the employment scope of practice.

Definitions:

Professional scope of practice: scope of practice of the profession - the roles, functions, and accountabilities that dietitians are educated and authorized to perform (Dietitians Act, 2009).

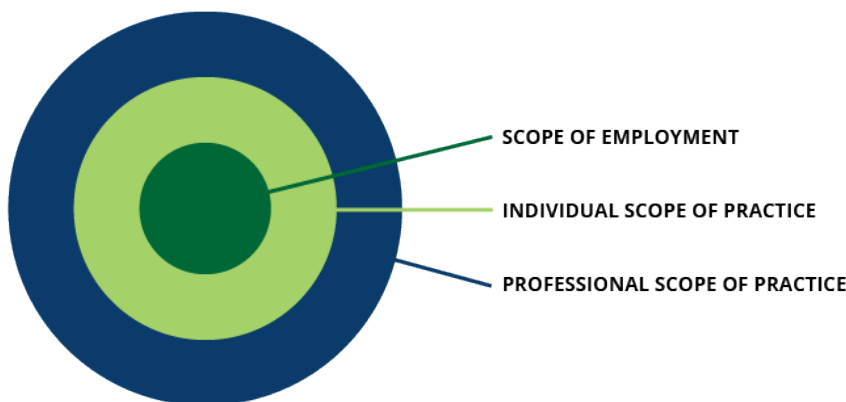
Individual scope of practice: the roles, functions, and accountabilities that an individual is educated and authorized to perform (Dietitians Act, 2009).

Resources related to this section:

[Integrated Competencies for Dietetic Education and Practice](#)

[Code of Ethics](#)

[Standards of Practice](#)



¹ Professional scope of practice - Scope of practice of the profession - the roles, functions and accountabilities that dietitians are educated and authorized to perform (Dietitians Act, 2009).

² Individual scope of practice - the roles, functions and accountabilities that an individual is educated and authorized to perform (Dietitians Act, 2009).

Privacy and Confidentiality

Clients trust their health care providers to protect their privacy and to keep their medical records confidential. Nova Scotia's [Personal Health Information Act](#) (PHIA) lays out the privacy expectations of health care providers. All information about a client is confidential, including birthdate, address, the information they share during their service, medical history, and even the fact that they were clients at a particular clinic or hospital.

According to PHIA, a custodian is a regulated health care professional or a person who operates a group practice of regulated health professionals. A district health authority and the Isaak Walton Killam Health Centre are custodians. To be a custodian under PHIA, those individuals or organizations listed in the Act (section 3(f)) must also have custody or control of personal health information. Custodians have specific responsibilities to the individuals whose information they hold. Refer to the Toolkit for more information about these duties.

The [PHIA Toolkit](#)'s chapter on Consent, Capacity and Substitute Decision-makers addresses the concept of the circle of care.

The following are examples of a breach of patient privacy:

- Accessing medical information about a friend or family member without a professional reason to do so.
- Informing a colleague or friend that someone they know has had an encounter with the health care system.
- Asking someone about their visit to an emergency department or clinic after learning of their visit through one's professional role.
- In a professional capacity, requesting personal information that is not required.

The storage of personal information in an electronic age presents unique considerations. Travelling with personal information also presents a risk of a breach of privacy. The following are precautions that may prevent a breach:

- Encrypt data on electronic devices and safeguard encryption keys.
- Enable password protection on electronic devices and safeguard passwords.
- Avoid using unsecured Wi-Fi networks.
- Avoid the use of public computers to access sensitive data.
- Use locks and keys whenever possible.
- Avoid working in public places where others can view information.

- Avoid carrying personal information outside of the workplace.
- Avoid downloading documents to a personal or public computer.
- Email – use confidentiality signature/privacy statement, secure email, do not use personal email for work, reply to messages rather than initiating email, and password-protect email and attachments.

PHIA outlines the procedure to follow if there has been a privacy breach.

PHIA focuses on the collection, use, disclosure, retention, disposal, and destruction of personal health information. The Toolkit provides essential information for custodians of healthcare information.

Resources related to this section:

[Personal Health Information Act](#)

[PHIA Toolkit](#)

Consent for Treatment

Health care professionals must continually communicate with patients, and patients must continue to willingly consent to their care. Without this, there is no informed consent. Informed consent must be ongoing.

Consent should be obtained from clients or substitute decision-makers whenever dietitians are recommending a nutritional therapy (e.g., therapeutic diet, tube feeding, or TPN). While a signed consent form from a client may be desirable, it is not necessary. There must be evidence that a client was given the necessary information and provided consent. Simply recording the fact that consent was obtained after a discussion with a client, and it appeared to the dietitian that the consent was genuine and informed, is often sufficient. A signed consent form and a dietitian's note in a chart documenting consent are legally recognized ways of demonstrating that they obtained consent. Dietitians should also consult organizational policies to determine if there are any facility protocols for documenting consent.

The practitioner's role is to provide information and make recommendations that will enable clients to make informed decisions. A dietitian must be sensitive to and respect any wishes from a client to withdraw consent. A dietitian must take all the necessary steps to ensure the removal of consent is informed. The client should reasonably understand the foreseeable consequence and risks of withdrawing consent and be informed of alternatives to the proposed treatment.

[PHIA](#) addresses consent for collecting, using, and disclosing personal health information in Nova Scotia.

References:

[Jurisprudence & Professional Practice Resources – Consent](#) (CDO)

Resources related to this section:

[Standards of Practice](#)

Federal and Provincial Legislation Relevant to Dietetics

Federal

The [Controlled Drugs and Substances Act](#) describes how the Canadian Government controls certain drugs, their precursors, and other substances. The Act details eight Schedules.

The [Food and Drug Act](#) authorizes Health Canada to establish standards for safety and nutritional quality for all food items sold in Canada to protect Canadians against products that make false nutrition related claims through inaccurate packaging, labelling, and advertising. The need for sanitary production, preparation, and storage facilities is also addressed. Ensuring accurate labelling allows dietitians to trust that their clients are consuming safe, nutritious foods and that the nutritional information on the label can be used as part of their counselling. The Canadian Food Inspection Agency enforces this Act.

The [Canadian Human Rights Act](#) was established to extend the law to ensure that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

Provincial

The [Occupational Health and Safety Act](#) is legislation based on the assumption that employees and contractors share the responsibility of safe workplace environments with the employer or owner of a workplace. The Act establishes workplace health and safety standards.

The [Workers Compensation Act](#) (2005) provides a legal framework for administering the Workers' Compensation Board's prevention, return to work, assessment, and compensation programs.

[Nova Scotia Labour Standards](#) set out the minimum employment rules that employers and employees must follow. The Standards set out rules specific to recruitment and hiring.

Nova Scotia's [Children and Family Services Act](#) protects children from harm, promotes the family's integrity, and assures the children's best interests.

Continuing Competency

Maintaining and enhancing competency occurs in practice and through continuing education. A college's continuing competency program (CCP) promotes currency and competency by setting requirements for professional development. Being current and competent is also influenced by being active in practice. Therefore, an active practice hour requirement has become a best practice in professional regulation to contribute to ongoing competence, in addition to a CCP.

The CCP is a regulatory tool to support dietitians in maintaining and enhancing their competence to practice dietetics. Maintaining competence and keeping abreast of changes that are applicable to practice is essential. The purpose of the CCP is not to determine whether a dietitian is competent; it is a proactive approach to continuing competence to promote safe, ethical, and competent practice through lifelong learning.

Resources related to this section:

[Continuing Competency Program](#)

Complaints

NSCDN addresses complaints made about a dietitian's practice. The Act, Regulations, and policies prescribe a process to address the complaints fairly and objectively. Complaints may address incompetence, incapacity, or misconduct. Section 2 (ad) of the [Dietitians Act \(2009\)](#) defines professional misconduct.

Standards of practice describe competent, collaborative, ethical, and safe practices applicable to dietitians in multiple practice areas and settings. Standards set the minimum expectation by which performance can be measured in a complaints process.

Upon receipt of a written complaint, the NSCDN informs the dietitian about the complaint and requests a written response. Following the dietitian's response, an investigation is initiated. Unless the complaint is deemed frivolous or vexatious, the complaint is addressed through the professional conduct process. This process is an evidence-based, objective, fair, and timely complaints process.

Practice Illustration: A member of the public sent a written complaint to the College about a dietitian. The complainant was concerned about the nutritional care received by her husband while admitted for respite in a long-term care facility. While at the facility, the complainant's husband developed an infection and lost weight over two weeks. They believed the dietitian needed to create a nutrition care plan to provide enough nourishment.

NSCDN sent the written complaint to the dietitian and asked for a written response. The dietetic competencies the dietitian may have failed to meet were identified, including:

- Assessment of nutrition-related risks and needs.
- Development of nutrition care plans.
- Management of the implementation of nutrition care plans.
- Evaluation and modification of the nutrition care plan, as appropriate.

NSCDN obtained and reviewed the patient's medical chart and interviewed the complainant, the patient, and the patient's physician.

The investigation revealed that the nutrition care assessment and care plan were appropriate, and that the dietitian had appropriately monitored and evaluated the intervention. The dietitian had documented their actions to address that the patient failed to consistently receive the high energy, high protein nutritional supplements as ordered.

A panel of the NSCDN Complaints Committee, who had never worked with the dietitian nor had any potential bias, assessed the investigation's findings. They did not find the dietitian to be incompetent in their practice. The facility was advised of the findings, and recommendations were made to the facility.

The complainant and dietitian each received the complaint findings in writing, which outlined the reasons for the decision.

Definitions:

Incompetence: the display of lack of knowledge, skill, or judgement in the respondent's care of a patient or delivery of dietetic services that, having regard to all the circumstances, rendered the respondent unsafe to practice at the time of such care of the patient or delivery of dietetic services or that renders the respondent unsafe to continue in practice without remedial assistance (Dietitians Act, 2009).

Incapacity: the status whereby a respondent, at the time of the subject-matter of a complaint, suffered from a medical, physical, mental, or emotional condition, disorder or addiction that rendered the respondent unable to practice with reasonable skill or judgment or that may have endangered the health or safety of patients (Dietitians Act, 2009).