



**VIRTUAL PRACTICE
POLICY**

NOVA SCOTIA DIETETIC ASSOCIATION

October 2021

VIRTUAL PRACTICE POLICY

PURPOSE

This policy addresses cross border virtual dietetic practice outside of the province where the dietitian is registered.

DEFINITIONS

Cross border refers to dietetic services performed across a Canadian provincial border where the dietitian providing the service is registered with the regulatory body in one province and is providing care to a client residing in another province.

In person service are those dietetic services provided by a dietitian in direct face to face contact with a person.



Virtual dietetic practice is defined as the provision of dietetic services (e.g. counseling, consultation, monitoring, teaching, etc.) which involves any type of intervention with a client who is remotely located from the dietitian providing the service. It can include telephone, videoconferencing, email, apps, web-based communication and wearable technology. Virtual dietetic practice can occur within a jurisdiction and also across borders within Canada.

A *Client* is someone that a dietitian has established a professional relationship with the intent to practice dietetics and deliver dietetic services.

LAWFUL PRACTICE & LEGAL JURISDICTION

The regulation of health professionals in Canada is authorized by provincial law and therefore professional requirements can differ from province to province. Dietitians in cross-border practice must comply with provincial registration requirements and adhere to the regulatory requirements in the province(s) where they are licensed and where the client resides (i.e. standards of practice, scope of practice and liability insurance). No provincial regulatory body in Canada prohibits virtual dietetic practice. Each regulatory body can identify requirements and standards specific to virtual dietetic practice.

REGISTRATION REQUIREMENTS

Dietitians practicing across provincial borders must be aware of and abide by the registration requirements in the province where the client resides. It is the responsibility of the individual dietitian to verify with the provincial regulatory body where they are licensed, as well as the regulatory body in the province where the client resides, whether or not registration is required to provide cross border dietetic practice.



In all provinces, dietitians providing “cross-border in person” dietetic services must be licensed in the province in which the client resides. Registration requirements for services provided through virtual dietetic practice vary as indicated on the chart (page 4). It should be noted that the information in the chart only applies to dietitians who are **currently fully licensed and in good standing with a Canadian dietetic regulatory body**. The chart on page 4 is accurate as of the date of printing and is subject to change. **As the information may change, dietitians are advised to confirm registration requirements in the jurisdiction where the client resides.**

GUIDING PRINCIPLES

Law, Regulation & Scope of Practice

Professionals who engage in virtual dietetic practice should, in addition to complying with the laws and regulations governing ICT (information communications technology) should use and comply with the laws/ regulations governing their professional practice. They should refer to the same standards and norms as those governing face-to-face intervention.

In virtual dietetic practice, the dietitian must be aware of and comply with the controlled practice activities (e.g. restricted activities, controlled acts, and scope of practice) and authorization practices/ mechanisms in the province where the client resides, as well as the province where the dietitian is registered.

The dietitian may not practice a restricted activity in the province where the client resides unless also licensed to practice the restricted activity in that province. For example, a dietitian registered in British Columbia may not adjust an insulin dose via virtual dietetic practice to a client living in Alberta, as this is a restricted activity in Alberta. Currently, British Columbia and Alberta license dietitians to perform restricted activities, and Ontario dietitians have authority to perform a controlled act. Once Nova Scotia’s regulations are approved, dietitians in Nova Scotia will have the ability to prescribe specific medications, order lab data and perform several activities that are restricted in other provinces.

Dietitians must also be aware of additional authority mechanisms that must legally be in place in order for some activities to be carried out. For instance, when planned regulations are passed, Ontario dietitians will be able to order specified lab tests; however, out of province labs and out of province lab technicians will not have the authority to conduct the lab tests. Similarly, when Nova Scotia dietitians have the ability to prescribe specified medications, pharmacists outside of Nova Scotia will not have the authority to dispense the medications.



Regulatory Body	Requires to be registered in province where client resides	
<u>College of Dietitians of British Columbia (CDBC)</u>	YES	A dietitian registered in another province who provides virtual dietetic services to BC residents must be registered in BC.
<u>College of Dietitians of Alberta (CDA)</u>	YES	A dietitian registered in another province who provides virtual dietetic services to AB residents must be registered in AB.
<u>Saskatchewan Dietitians Association (SDA)</u>	YES	A dietitian registered in another province who provides virtual dietetic services to SK residents must be registered in SK.
<u>College of Dietitians of Manitoba (CDM)</u>	NO	A dietitian physically located outside of MB who provides virtual dietetic services to MB residents must: -be fully registered in good standing with another Canadian dietetic regulatory body, -request completion of a Verification of Registration form by their provincial regulator(s), -contact CDM prior to providing services, and -disclose where they are registered to the MB client.
<u>College of Dietitians of Ontario (CDO)</u>	YES	A dietitian registered in another province who provides virtual dietetic services to ON residents must be registered in ON.
<u>Ordre professionnel des diététistes du Québec (OPDQ)</u>	YES	A dietitian registered in another province who provides virtual dietetic services to Quebec residents must be registered in Quebec.
<u>New Brunswick Association of Dietitians (NBAD) / Association des diététistes du Nouveau-Brunswick (ADNB)</u>	NO	A dietitian registered in another province who provides virtual dietetic services to NB residents must disclose where they are registered to the NB client, inform NBAD prior to providing virtual dietetic services in NB, and adhere to NBAD laws, regulations, standards and code of ethics.
<u>Nova Scotia Dietetic Association (NSDA)</u>	NO	If a dietitian is physically located outside of Nova Scotia and providing virtual dietetic services to Nova Scotia residents, the NSDA advises the dietitian to disclose to their client they are not registered as a dietitian in Nova Scotia, and become familiar with Nova Scotia laws, regulations, stand-
<u>College of Dietitians of Prince Edward Island</u>	YES	A dietitian registered in another province who provides virtual dietetic services to PEI residents must be registered in PEI.
<u>Newfoundland and Labrador College of Dietitians (NLCD)</u>	NO	If a dietitian is physically located outside of NL and providing virtual dietetic services to NL residents, the NLCD advises the dietitian to disclose to their client they are not registered as a dietitian in NL, and become familiar with NL laws, regulations, standards and guidelines.



Professional Liability Insurance

Many provincial dietetic regulatory bodies require dietitians to carry professional liability insurance. Dietitians should ensure their coverage includes virtual dietetic practice within the province as well as across the country.

Benefits & Limitations of Virtual Practice

Considerations:

- Limited availability of assessment information
- Potential for breach of confidentiality and communication failure
- Potential for unauthorized practice
- Potential for providers to practice outside of their scope of practice
- Potential for virtual practice to be favored for cost savings when direct contact may be more appropriate
- Limited ability of regulators to effectively enforce professional standards and obligations should the regulatory body be required to conduct investigations in other jurisdictions.

Client-centred Care by Virtual Practice

Relevance

- Dietitians are required to act in the client's best interest at all times. In the context of virtual dietetic practice, dietitians must constantly assess the appropriateness of virtual dietetic services. The following criteria should be considered by the dietitian:
- Services need to be applicable and feasible through virtual means and designed to meet the client's need.
- Services need to add value and be client-centered.
- The risks need to be analyzed and not outweigh the benefits.
- The technology must be easily accessible for both users.
- The technology needs to perform and support all type of services offered.
- Both the dietitian and the client need to have the proper level of knowledge and competency related to the use of technology.
- Data obtained through virtual practice must be reliable and accurate in order for the dietitian to set the appropriate plan and follow-up.
- Clients and families can be actively engaged during the delivery of services.

Accountability

The public benefits from increased access to dietetic expertise through virtual dietetic practice. However, as public safety is the regulatory mandate, the public needs to know that their dietitian is registered and accountable through a provincial dietetic regulatory body. Registration with a regulatory body ensures that dietitians have met specified qualifications to practice dietetics and practice with established professional standards and that clients have a way to raise a concern and lodge a complaint. With few



exceptionsⁱ, current dietetic legislation and policy in Canadian jurisdictions do not address virtual dietetic practice, however it is generally accepted that a regulatory body still has jurisdiction over the conduct of registered dietitians.

Transparency

Dietitians providing services through virtual means across borders should inform clients in the jurisdiction where they are registered of potential limitations of virtual practice. Clients should be provided with the dietitian's contact and registration information, so they know how to reach them and the College. As well, clients need to understand that complaints about the dietitian's conduct would have to be made to the regulatory body in the jurisdiction where the dietitian is registered. Dietitians should use the title *dietitian* to provide clarity to the public, since designations differ from province to province. The title *dietitian* is consistent in all provinces and the use of other titles (e.g. nutritionist, nutrition consultant) may confuse their professional status.

Insurance providers may have different policies/criteria for reimbursement if the service is provided through virtual practice or by an out of province Dietitian. Dietitians should encourage clients to confirm their insurance coverage prior to delivering the services.

Duty to Clients

Dietetic intervention with a client through virtual practice constitutes a dietitian-client relationship in the same way that any in-person interaction would constitute a dietitian-client relationship. The dietitian has a duty to provide care to clients in a manner consistent with care provided in person and to adapt the duty to the medium. The same professional obligations that exist in face-to-face dietetic services also exist for virtual dietetic practice.

- a. **Consent** – As part of obtaining informed consent when providing virtual dietetic service, the dietitian should clearly disclose limitations and risks of virtual dietetic practice (including risks associated with confidentiality), their name, registration status, jurisdiction(s) in which registration/license is held and contact information for their registering/licensing jurisdiction.
- b. **Competent services** – Using technologies to support practice is part of the entry-to-practice competencies for dietitians. Current research, evidence-informed guidelines, and best practice in telehealth should be used to improve the quality of services. Dietitians should include telehealth in their continuing education and address any limitations that could affect the quality of care or the compliance with provincial legislation. Education and training should also be available to the clients on the safe use of equipment and devices used in service delivery.
- c. **Collaboration** – Dietitians will refer clients to other health care professionals when required. Where appropriate, Dietitians will form and maintain partnerships with other service provider, programs and organizations to meet the client needs. If communication or an exchange of data is required with another health professional, dietitians need to obtain consent from the patient, as required when providing in person services.

ⁱCDO policy and NS legislation (not yet in effect)



d. **Professional Practice** – Dietetic assessment, intervention and recommendations must be evidence-based or in accordance with best practice, and in accordance with the ethical and practice standards of the province where the dietitian is registered. Record keeping is accurate, up-to-date and secure. They also need to be in accordance with the ethical and practice standards of the province where the dietitian is registered. If any standard of practice of the profession cannot be met virtually, the dietitian must refer the client elsewhere. Dietitians must not attempt to exempt the services provided virtually from compliance with standards of practice and ethical behavior by obtaining releases or disclaimers from the client.



e. **Confidentiality** – Dietitians need to ensure confidentiality around data collection, documentation and storage but also around the consultation. For example, the dietitian should identify those who are able to observe the interaction during the services (others in a room during a telephone call or videoconferencing). Any risk of breach with the use of technology should be assessed and managed. Telehealth equipment and devices, access and storage needs to be secured adequately.

Safety

- a. **Technology & Security** – Appropriate and reliable equipment, device and information systems should be used at all times. Dietitians should ensure a plan is in place to address any technical problems should they arise, for the services they offer. For example, this could include, what to do if there is a power outage during the consultation, or if there is a connectivity or software problems.
- b. **Clinical Issue** - Dietitians should also keep in mind that clinical problems may occur as a result of their intervention and should plan for alternative health resources to support their client. For example, what to do if a client has a hypoglycemia during the session, or if the person mentions suicidal thoughts.

ABOUT PROFESSIONAL REGULATION

A regulatory body's paramount objective is to serve and protect in the public's interest. Dietetic regulatory bodies support registered dietitians to deliver high quality, client-centered services within the current practice environment. The regulation of health professionals in Canada is authorized in provincial law and therefore professional requirements differ slightly from province to province.



References:

http://www.ethique.gouv.qc.ca/en/assets/documents/Telesante/Telehealth_summary_EN.PDF
[http://onlinelibrary.wiley.com/doi/10.1111/jocn.12156/
abstract;jsessionid=DA69947B17E38AC88ADF34264D103.f02t01](http://onlinelibrary.wiley.com/doi/10.1111/jocn.12156/abstract;jsessionid=DA69947B17E38AC88ADF34264D103.f02t01)
http://www.audit-scotland.gov.uk/docs/health/2011/nr_111013_telehealth.pdf
<http://annals.org/aim/fullarticle/2434625/policy-recommendations-guide-use-telemedicine-primary-care-settings-american-college>
https://www.isfteh.org/files/work_groups/FrameworkofGuidelines2003eng.pdf
<https://healthstandards.org/standard/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010268/>
http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB_Telemedicine_Policy.pdf
<http://www.cchpca.org/resources>

Source Documents:

Canadian Society of Telehealth. National telehealth regulation/position statement and recommendations. 2009 March 17.

College of Physicians and Surgeons of Manitoba. Telemedicine. Statement 166; 1-S71-4.

College of Physicians and Surgeons of Nova Scotia. Guidelines for the provision of telemedicine services. 2006 Jun. Accessed from www.cpsns.ns.ca/LinkClick.aspx?fileticket=b2kRPb9pPiA%3D&tabid=92&mid=628. Accessed 2011 Feb 19.

College of Physicians and Surgeons of Ontario. Telemedicine. Policy Statement #1-07. 2007 Jul. Accessed from <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1642>. Accessed 2011 Feb 19.

College of Physicians and Surgeons of Saskatchewan. Policy: The practice of telemedicine. 2007 Nov. Accessed from <http://www.quadrant.net/cpps/resource/telemedicine.html>. Accessed 2011 Feb 19.

Donahue, M., Dixon, M. Licensure and telemedicine: National review of policies. *Telehealth Law* 2009 Sep; 10:1, 24-7. Accessed from http://www.macleoddixon.com/documents/Licensure_and_telemedicine__A_national_review_of_policies_Sept09.PDF. Accessed 2011 Feb 19.

Nova Scotia College of Nurses. Telenursing practice guidelines. 2008. Available from www.crnns.ca/documents/TelenursingPractice2008.pdf. Accessed 2011 Feb 19.

