



## Virtual Dietetic Practice Guidelines

### Introduction

In accordance with policy Qac-10, [Virtual Dietetic Practice](#), registrants may provide virtual dietetic services in BC and elsewhere. CDBC registrants are advised to provide virtual dietetic services according to the following guidelines.

### Definitions

- **Client:** an individual and/or their substitute decision maker, or a group of individuals, with whom a dietitian has an established professional relationship with the intent to deliver dietetic services.
- **Virtual Dietetic Practice:** 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 may include telephone, videoconferencing, email, apps, web-based communication and wearable technology (excludes social media and public appearances where advice is provided to the public at large). Virtual dietetic practice can occur within a jurisdiction and across provincial, territorial or national borders.

### Guidelines

- 1. Dietitians must be aware of and comply with the registration requirements in the province where they are registered and the jurisdiction where their client resides.**
  - a) Registration requirements for virtual dietetic practice vary as indicated on the [Summary of Provincial Registration Requirements for Dietitians in Canada](#). These requirements may change over time. Dietitians are responsible to obtain up-to-date registration information.
  - b) Dietitians registered in multiple jurisdictions must fulfill registration requirements in each one (e.g., jurisprudence, continuing competence, liability insurance, etc.)
  - c) Dietitians providing virtual dietetics must practice within the legal scope of practice of the jurisdiction(s) where they are registered and of the jurisdiction(s) where the client resides or receives services.
  - d) Disclose to clients which College(s) they are registered with and provide the client with the College(s)' contact information (for complaint purposes).
- 2. Dietitians must be aware of and comply with the restricted activities (e.g. reserved or controlled acts) in the province where the client resides and each province where the dietitian is registered.**
  - a) Dietitians may not practice a restricted activity or controlled act in the province where the client resides unless also licensed to do so in that province (e.g., a Dietitian registered in BC may not adjust an insulin dose via virtual dietetic practice to a client living in Alberta,

as this is a restricted activity in Alberta).

- b) Dietitians must also be aware of additional authority mechanisms that must legally be in place in order for some activities to be carried out (e.g., 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 and this practice is not allowed to be performed by dietitians in BC).

### **3. Dietitians should ensure their liability insurance coverage includes virtual dietetic practice.**

- a) Ensure provincial registration liability requirement is met (a minimum of \$2M per occurrence is required in BC)
- b) Acquire additional liability insurance coverage for virtual dietetic practice outside of BC and Canada, if applicable
- c) Disclose to the insurance provider if virtual practice is a main component of practice

### **4. Dietitians explain benefits and limitations of virtual dietetic practice and obtain consent from the client.**

- a) Dietitians are required to act in the client's best interest and must constantly assess the appropriateness of virtual dietetic services. If equivalence to in-person care cannot be met, the Dietitian refers the client to find in-person dietetic care close to where they reside. In BC, HealthLink BC at 811 may assist clients in finding a Dietitian for in-person care.
- b) Dietitians discuss and provide information on confidentiality and security with regards to the use of the technology included in their services.
- c) Dietitians may want to ask themselves the following questions to determine the risk of providing virtual care compared to in-person care:
  - a. Does my client have access to and are they able to use a computer, the Internet and the software required for virtual care?
  - b. Does my client have any cognitive impairment that would prevent them from benefiting from virtual care or provide informed consent?
  - c. Can my client afford to meet with me virtually? (this may vary between Health Authority telecare and private virtual care)
  - d. Is a physical assessment needed and can it be done remotely in a reliable manner?
  - e. Is the available client health information accurate and sufficient?
  - f. Does the client require support to attend the virtual care session (e.g., parent in the case of a minor or substitute decision-maker in the case of a cognitively-impaired client)? Is it feasible?

### **5. Dietitians ensure reasonable measures are in place to maintain the accuracy, confidentiality and security of client health information:**

- a) Records are kept in accordance with the [CDBC Standards for Record Keeping](#).
- b) Dietitians use appropriate, up-to-date and reliable equipment, device and information systems.
- c) A plan is in place to address and mitigate any technical problems should they arise, for

the services they offer and clients are informed of the relevant information. 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 problem.

- d) Dietitians ensure client health information confidentiality. 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. Virtual health equipment, devices and software access and storage need to be secured adequately.

## 6. Professional Practice

- a) Dietitians provide virtual care in accordance to the [Professional Practice Guidelines](#).
- b) Dietitians should seek current research, evidence-informed guidelines, and best practice in virtual care to provide quality services in compliance with provincial legislation.
- c) Dietitians should provide education resources to clients on safe use of devices and software used for virtual care services.
- d) Dietitians may not exempt themselves from meeting the Standards of Practice and the Code of Ethics with a release or disclaimer.

## 7. Health emergencies

- a) Dietitians should develop a process and a list of resources they can refer their client to when addressing clinical problems that may occur during a virtual consultation. For example, what to do if a client has hypoglycemia during the session, or if the person mentions suicidal thoughts?
- b) Dietitians need to disclose to the client they may be unable to call 911 in the client's province in case of emergency and ensure the client is able to access emergency services where they reside.

## References

1. Advocacy of home telehealth care among consumers with chronic conditions. Journal of Clinical Nursing. June 2013. <http://onlinelibrary.wiley.com/doi/10.1111/jocn.12156/abstract;jsessionid=DA69947B17EFFF38AC88ADF34264D103.f02t01>; accessed April 29, 2020.
2. Audit Scotland. 2011. A review of telehealth in Scotland. [http://www.audit-scotland.gov.uk/docs/health/2011/nr\\_111013\\_telehealth.pdf](http://www.audit-scotland.gov.uk/docs/health/2011/nr_111013_telehealth.pdf); accessed April 29, 2020.
3. Canadian Alliance of Physiotherapy Regulators. Cross Border Physiotherapy – Guidelines for Physiotherapists. September 2017. <https://www.alliancept.org/licensure/cross-border-physiotherapy-within-canada/>; accessed May 4, 2020.
4. College of Dietitians of BC. CDBC Bylaws. Schedule A, Code of Ethics and Schedule B, Standards or Practice. <https://collegeofdietitiansofbc.org/registrants/quality-assurance-program/>.
5. College of Physicians and Surgeons of British Columbia. Professional Standards and Guidelines. Telemedicine. <https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf>; accessed April 29, 2020.

6. Daniel, H and Sulmasy, LS. Policy recommendations to Guide the Use of Telemedicine in Primary Care Settings: An American College of Physicians Position Paper. *Annals of Internal Medicine*. 2015. 163 (10): 787-89. <http://annals.org/aim/fullarticle/2434625/policy-recommendations-guide-use-telemedicine-primary-care-settings-american-college>; accessed April 29, 2020.
7. Federation of State Medical Boards. Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine. Report. 2014. [http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB\\_Telemedicine\\_Policy.pdf](http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/FSMB_Telemedicine_Policy.pdf); accessed April 29, 2020.
8. Gouvernement du Québec. 2015. Commission de l'éthique en science et technologies. Clinical Telehealth in Quebec: an ethical perspective. [https://www.ethique.gouv.qc.ca/assets/documents/SSP/CEST-SSP\\_EN\\_A.pdf](https://www.ethique.gouv.qc.ca/assets/documents/SSP/CEST-SSP_EN_A.pdf); accessed April 29, 2020.
9. Health Standards Organization. Draft Telehealth Standards. Public Review. <https://healthstandards.org/public-reviews/telehealth/>; accessed April 29, 2020.
10. Marcoux, RM and Vongenburg FR. Telehealth: Applications from a Legal and Regulatory Perspective. *Pharmacy & Therapeutics*. 2016. 41(9): 567-570. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010268/>; accessed April 29, 2020.
11. National Telehealth Policy Resource Center. <https://www.cchpca.org/telehealth-policy/national-policy>; accessed April 29, 2020.
12. Richard Ivey Foundation. National Initiative for Telehealth. Framework of Guidelines. 2003. <https://dspace.ucalgary.ca/handle/1880/42967>; accessed April 29, 2020.