Government Notice No. 120 of 2022

THE ALLIED HEALTH PROFESSIONALS COUNCIL ACT

Regulations made by the Minister, after consultation with the Allied Health Professionals Council, under section 39 of the Allied Health Professionals Council Act

1. These regulations may be cited as the Allied Health Professionals Council (Dietitian) Regulations 2022.

2. In these regulations –

"Act" means the Allied Health Professionals Council Act.

3. For the purpose of section 5(d) of the Act, the Code of Practice for a dietitian shall be the Code set out in the Schedule.

4. Every dietitian shall comply with the Code of Practice.

5. (1) Where a dietitian fails to comply with the Code of Practice, the Council may, by notice in writing served on him, require him to comply with the Code of Practice.

(2) A dietitian who fails to comply with the Code of Practice may be called by the Council to explain his non-compliance with the Code of Practice.

6. These regulations shall come into operation on 1 June 2022.

Made by the Minister, after consultation with the Allied Health Professionals Council, on 16 May 2022.

SCHEDULE
[Regulation 3]

CODE OF PRACTICE

DIETITIAN

PART I – GLOSSARY

"AHPC" means the Allied Health Professionals Council.

1. Autonomous/Autonomy

As an autonomous health professional, you make your own decisions based on your own judgment.

2. Continuing professional development

Ongoing learning and development in line with keeping the professional registration.

3. Consent to treatment

When the service user has all the relevant information in a format that is understandable so as to make an informed decision about the relevant treatment.

4. Delegation

When the health professional asks someone (such as a student, colleague or support worker) to carry out a task.

5. Dietetics

The science of applying nutritional principles to the planning and preparation of foods and regulation of the diet in relation to both health and disease.

6. Dietitian

A dietitian is a qualified health professional who assesses, diagnoses and treats dietary and nutritional problems at an individual

and wider public health level. He works with both healthy and sick people to promote good health using the science of nutrition. (In French: *Diététicien*)

7. Ethical

Morally right.

8. Fit to practice

When someone has the skills, knowledge, character and health to do his job safely and effectively.

9. Intervention

The appropriate treatment or service provided by the dietitian for a given medical condition.

10. Nutrition

The intake of food, considered in relation to the body's dietary needs (WHO).

11. Professional demeanour

Professional with neat and clean appearance and, displays a positive attitude and behaves reliably with respect to diversity and ethics.

12. Professional integrity

The professional who willingly adopts and consistently applies knowledge, skills and values of the profession in accordance with social standards as well as moral values of the society regardless of the situation being faced.

13. Referral

When a health professional asks another health professional to take over a patient as it is beyond his scope of practice or in case the service user asks for a second opinion.

14. Scope of practice

The area(s) of expertise of the health professional in which he has knowledge, skills and experience to practice safely and effectively.

15. Service User

Any person who uses or is affected by the services of a dietitian.

16. Unethical

Morally wrong.

PART II – CODE OF ETHICS

Sub-Part I – Introduction

1. (1) The purpose of the Code of Ethics and Professional Conduct is to provide a set of principles that apply to all dietitians.

(2) It requires the dietetic workforce to discharge his duties and responsibilities in a professional, ethical and moral manner.

2. (1) Producing and promoting a code cannot alter the behaviour of an individual who is determined to act unethically.

(2) However, a major function of this code of conduct is to enable professionals to make an informed choice when faced with an ethical dilemma so that they do not behave unethically by error rather than by design.

3. (1) There are 5 guiding principles which underpin professional conduct.

(2) These are –

(a) beneficence – that the actions taken should do good;

(b) non maleficence – taking steps to prevent harm to others;

(c) justice – ensuring that people are treated fairly;

(d) fidelity – being faithful to promises made (this includes the need to be explicit and realistic about what service can be provided); and

(e) autonomy – each individual has the right to freely choose his own course of action and to choose what happens to him.

4. This code may be used by others to determine the standards of professional conduct which can be expected from dietitians.

5. (1) The code is necessarily broad and cannot provide definitive answers to the many dilemmas that dietitians may experience within his professional practice.

(2) For this reason, it is obviously open to different interpretations, depending upon the circumstances to which it is applied.

(3) However, if used as a guidance document, the Code should support all dietetic practitioners to ensure that his practice is safe, effective and of high quality.

5. (1) This code should be used in conjunction with other documents for guidance.

(2) We strongly recommend recognition of the Code by all other individuals, organisations and institutions involved with the profession.

6. It is the personal duty of every dietitian to ensure that his Allied Health Professionals Council (AHPC) registration is kept up to date.

7. (1) Any action which conflicts with the word or spirit of this code should be considered unethical.

(2) It confers no rights, and offers no protection against any sanction imposed by the laws of the Republic of Mauritius.

8. Uncertainty or dispute as to the interpretation or application of this code should be referred, in the first instance, to the Allied Health Professionals Council.

Note –

In this document the following terms are used –

(a) "you must" is used as an overriding principle or duty; and

(b) "you should" is used where the principle or duty may not apply in all circumstances or where there are factors outside your control affecting your ability to comply.

Sub-Part II –Service Users Autonomy and Welfare

Section A – Respecting the Autonomy of Service User

9. (1) You will, at all times, recognise respect and uphold the autonomy of service users – his right to make choices and to work in partnership with dietetic practitioners.

(2) You will promote the dignity, privacy and safety of all service users.

10. You will respect the decisions of service users concerning his own health and independence, even when such decisions conflict with professional opinion.

11. Service users should be given sufficient information, and time to enable him to make informed decisions, about his health and social care.

12. You will take care to present information in a way that service users can understand.

13. Reasonable steps should be taken to ensure that the service user understands the nature, purpose and likely effect of the proposed intervention.

14. (1) Service users have a right to refuse intervention, and should be offered the opportunity to refuse it.

(2) Any such refusal should be respected and recorded in writing.

15. Discussions with, or about, service users should be confidential and be conducted in such a place and manner as to protect his privacy.

Note – exceptional circumstances may, however, prevail, for example where the service user is deemed to lack competence in relation to consent to treatment (refer to mental health legislation and current case law).

Section B – Service User Well-being

16. (1) You must not engage in or condone behaviour that causes mental distress or physical harm.

(2) Such behaviour includes neglect, intentional acts, indifference to the pain or misery of others and other malpractice.

17. Any intervention that may cause pain or distress should first be explained to the service user, who should also understand its nature, purpose and likely outcome, before it begins.

18. (1) You should make every reasonable effort to avoid leaving a service user in pain, or distress, after any intervention.

(2) If distress continues, relevant parties should be informed as soon as is reasonably practical.

19. If you witness, or have evidence of, behaviour which appears to cause unnecessary or avoidable pain or distress (including unreasonable restraint), you have a duty to make this known confidentially to your line manager or other appropriate agency.

20. (1) You should act to prevent such action from continuing, providing this action is within your professional competence and does not conflict with local policies and procedures.

(2) If you are unable to intervene you should withdraw from the action.

21. You should take all reasonable steps to prevent service users following action or advice which you know to be harmful to his health.

Section C – Duty of Care to Service User

22. You have a duty to take reasonable care of service users.

23. (1) Professional 'duty of care' is established at the moment when you accept a service user for assessment and intervention.

(2) You have a duty to ensure that any intervention is likely to be of benefit to the service user.

24. You should be aware that you have a common law duty of care to your service users and that a breach of this duty may lead to a civil claim for damages for negligence by the service user.

25. It is recommended that you obtain adequate public liability insurance or professional indemnity cover for any part of your practice not covered by an employer's indemnity scheme.

26. You must not refuse to treat someone just because the patient has an infection.

27. (1) You must take appropriate precautions to protect service users, his carers and families, and yourself from infection.

(2) In particular you should protect your service users from infecting one another.

28. (1) You must take precautions against the risks that you may infect someone else.

(2) This is especially important if you suspect or know that you have an infection that could harm others.

29. If you believe or know that you may have such an infection, you must get medical advice and act on it.

Sub-Part III – Services to Service Users

Section A – Referral of Service Users

30. Dietitians shall only accept referrals which they deem to be appropriate and for which they have the resources.

31. (1) It is the duty of the dietitian to determine whether the referral is appropriate.

(2) The referral may be made verbally or in writing by a medical practitioner, another health professional, or by individual service users.

32. If the dietitian decides that dietetic advice is not appropriate, the referrer should be informed so as to increase awareness of the role and limitations of dietetic practice.

33. (1) It is not a requirement of dietetic practice for dietitians to accept only medical referrals.

(2) Dietitians are autonomous professionals and the responsibility for assessment and subsequent intervention remains with the individual dietitian.

34. Dietitians are legally liable for their intervention, teaching and advice carried out following assessment.

35. (1) Responsibility lies with the dietitian to identify whether or not dietetic intervention is indicated.

(2) Criteria must be established to ensure that clear objectives are agreed, with both the service user and the referrer, for any intervention.

36. Dietitians have a threefold responsibility to ensure that the intervention is necessary and appropriate to –

(a) the service user; to make sure that expectations are not raised that cannot be fulfilled, and not to waste time and resources treating service users for whom the treatment will not be or has ceased to be beneficial;

(b) themselves as dietitians; by treating a service user who does not require such treatment. It is morally wrong to give treatment when it is not required, or when referral to another agency is necessary, or more appropriate; and

(c) his employer; whether self employed or employed through a health institution, private hospital or industrial concern, it is ethically wrong to waste time and money by treating service users unnecessarily.

37. Prescriptive referrals

(1) Some dietetic referrals are contentious.

(2) Usually, these are prescriptive referrals and tend to fall into 3 categories –

(a) requests for dietetic intervention that would be actively harmful to the service user;

(b) requests for interventions which are unnecessary; and

(c) requests for intervention that would be of doubtful benefit.

38. Actively harmful

(1) Dietitians have the right to refuse to treat a patient/client/user when the treatment requested is considered to be actively harmful.

(2) It would be courteous in these circumstances and beneficial to the service user to discuss the matter with the medical practitioner and suggest an alternative course of management based on the dietetic assessment.

39. Unnecessary treatment

(1) If it is clear that a request is inappropriate or cannot be justified in terms of possible benefits or available resources, the referring practitioner must be approached and the responsibilities of the dietitian explained as set out above.

(2) If the practitioner persists in making such inappropriate requests, it may be necessary for a more formal approach to be made by the dietitian.

(3) Requests by the referrer, for the number of sessions required to fulfil a therapeutic intervention should also be challenged.

(4) It is not considered good practice to let the medical practitioner assume that his request is being carried out, when the dietetic intervention considered appropriate is substantially different.

40. Treatment of dubious benefit

(1) Many areas of health-care, although appearing to have a beneficial effect, have not been evaluated or researched.

(2) It is the responsibility of each individual dietitian to keep up to date in respect of the research, evaluation of dietetic practice and approaches to the care of various conditions.

(3) If such a request is made, the dietitian has a duty of care to discuss, with both the service user and the referrer, the implications of the intervention and negotiate the way forward.

Section B – Equity of Service Provision

41. You will provide an equitable service to all service users.

42. You should provide services that are sensitive to, and which value and respect the diversity of culture and lifestyle.

43. (1) You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion or beliefs to affect the way you treat him or the professional advice you give.

(2) You should strive for consistency of care at all times and in all situations.

44. You must not judge service users and you should ensure that children and other vulnerable individuals are protected.

45. (1) Resources will never be infinite and therefore choices about his use will have to be made.

(2) Priorities should always be based on sound ethical principles and current best practice in relation to the reasonableness, availability and suitability of services to meet the needs of patients/clients/users.

Section C – Provision of Services to Patients/Clients/Users

46. Services should be centered on the needs of the service users.

47. You should act to uphold and promote service user's autonomy.

48. You should report to employers any deficiencies of provision for service users, and should substantiate your concerns.

49. If you feel unable to practise safely and effectively, you have a duty to raise your concerns with your employers. This dialogue must be recorded.

Section D – Recording of Information

50. You should keep accurate records

51. You should keep a written (and/or electronic) record of the intervention, advice given and the outcome of decisions taken.

52. Every service user should have a clearly recorded assessment of need and objectives of intervention.

53. Records should be accurate, legible, factual, in sequence, promptly made, and signed by the person who made him.

54. (1) If you are delegating care activities to another member of staff appropriately (e.g. students, support workers) there must be a system in place to ensure the accuracy of the record, i.e. that what has been done has been accurately recorded.

(2) This may, but not necessarily, include countersigning his entries.

(3) Subjective opinion should always be identified as such and should be clinical and relevant.

(4) Records should be stored securely so as to be confidential.

Section E – Confidentiality

55. You are ethically, morally and legally obliged to safeguard confidential information relating to service users.

56. The disclosure of confidential information to a third party is normally only permissible where the service user gives consent (expressed or implied); or when there is legal justification (by statute or court order); or it is thought to be in the public interest to prevent serious harm to anyone.

57. Disclosure of the service user's diagnosis, treatment, prognosis or future requirements should only be made when there is valid consent or legal justification.

58. Records should be kept secure from all but those who have a legitimate right/need to see him.

59. National policies on the confidentiality and storage of electronic notes (Including faxes and e-mails) should always be followed.

60. Access to records by service users must only be granted in accordance with current statutory provision. Reference should be made to current codes of practice and other guidance on access to personal health information.

Sub-Part IV – Personal/Professional Integrity

Section A – Personal integrity

61. The highest standards of personal integrity are expected of you.

62. You have a duty to refrain from bullying and other forms of harassment, and to be aware of how your behaviour affects others.

63. (1) You have a duty to behave safely, responsibly and legally online, particularly in relation to the use of social networking sites.

(2) You must not –

(a) breach confidentiality and data protection laws;

(b) engage in potentially libellous gossip; and

(c) bring your profession into disrepute.

Section B – Personal Relationships with Service Users

64. You will not enter into relationships that exploit or abuse service users sexually, physically, emotionally, financially, socially or in any other manner.

65. It is considered unethical for you to enter into relationships which may impair your professional judgment and objectivity and/or may give rise to advantageous/disadvantageous treatment of the service user.

Section C – Professional Integrity

66. You should not criticise any colleague in public.

67. (1) You may give expert evidence in court about the alleged negligence of a colleague, though such evidence should be objective and capable of substantiation.

(2) If you should witness malpractice by any other professional, under no circumstance should you remain silent about it.

(3) If you have reasonable grounds to believe that the behaviour or professional performance of a colleague, of whatever discipline, is below the expected standards of professionalism, this should be notified confidentially to your line manager or other appropriate person or to AHPC.

(4) Care should be taken, when giving a second opinion, to confine it to the issue and not the competence of the first professional.

Section D – Professional demeanour

68. You must conduct yourself in a professional manner appropriate to the setting.

69. At all times when carrying out professional duties, you must act in such a way as to maintain the confidence of the service user.

70. You should wear appropriate work-based clothing which meets the need to inspire confidence in your patients and to afford protection against cross infection risks and other health and safety considerations.

Section E – Personal Health and Substance Misuse

71. You must not work whilst under the influence of any substance which is likely to impair the performance of your duties.

72. You must not misuse, nor encourage others to misuse alcohol, drugs or other substances.

73. You must seek advice and take action if you become aware that your physical and/or mental health could affect your fitness to practise.

74. You must inform the AHPC about any significant changes to your health, especially if you have changed your practice as a result of medical advice.

Section F –Personal Profit/Gain

75. Your must not accept favours, gifts, or hospitality from service users, your families or commercial organisations when the offer might be construed as an attempt to gain preferential treatment.

76. Your prime duty is to the service user and you should not let this duty be influenced by any commercial or other interest that conflicts with it.

77. A bequest in a will to you by a service user should be declared to your employer, where appropriate.

78. Policies concerning gifts should be observed.

Section G – Advertising

79. You may make direct contact with potential referring agencies in order to promote your services.

80. Dietitians should be guided by the Standards of Proficiency for Dietitians.

81. You must take care not to make or support unjustifiable statements relating to particular products.

82. (1) If you are involved in advertising or promoting any product or service, you must make sure that you use your scientific

knowledge, clinical skills and experience in an accurate and professionally responsible way.

(2) You must not make or support unjustifiable statements relating to particular products.

(3) Any potential financial rewards to you should play no part at all in your advice or recommendations of products and services that you give to patients, clients and users.

Section H – Representation of Information

83. You must give a true account of your qualifications, education, experience, training and competence and the services you can provide.

84. You shall not convey any information you know, or have reasonable grounds to believe, to be false, fraudulent, deceptive or untrue.

85. If you become aware that information which you have given about your employment is false you should notify the appropriate authority.

Section I – Sustainability

86 Public accountability and respect for the environment.

87. (1) You have a responsibility to the wider community and to the environment not to waste resources.

(2) You should demonstrate due regard for the sustainable management of resources at your disposal and should use resources responsibly and efficiently as is practicable.

Sub-Part V – Professional Competence and Standards

Section A – Professional Competence

88. You shall achieve and maintain high standards of competence.

89. You are responsible for the maintenance of your own professional competence and knowledge of the laws affecting your practice.

90. You must only provide services for which you are qualified by education, training and/or experience, and which are within your professional competence and scope of practice.

91. (1) If you are asked to act up or cover for an absent colleague you must identify and decline to undertake any aspect of work which you know or believe to be outside the scope of your clinical competence.

(2) Such duties should not be undertaken in the absence of adequate supervision and training.

92. Dietitians seeking work for which their training or experience is insufficient or out of date, have a responsibility to ensure that adequate self-directed learning, training and supervision takes place.

Section B – Delegation

93. (1) Dietitians who delegate treatment or other procedures must be satisfied that the person to whom these are delegated is competent to carry them out.

(2) Such persons may include students, support workers or volunteers.

(3) In these circumstances the dietitian will retain ultimate responsibility for the service user.

94. Dietitians must provide supervision appropriate to the level of competence of the individuals for whom they have responsibility.

95. When delegating work to others, dietitians have a legal responsibility to determine the knowledge and skill level required to perform the delegated task.

96. The dietitian is accountable for the delegation of the task, and the support worker/student is accountable for accepting the delegated task, as well as being responsible for his/her actions in carrying it out.

Section C – Collaborative Practice

97. You will respect the needs, working practices, skills and responsibilities of others with whom you work.

98. You should acknowledge the need for multi-professional collaboration to ensure the provision of well-coordinated services delivered in the most effective way.

99. In so doing the unique contribution of each profession should be acknowledged.

100. Dietitians must refer service users to, or consult with, other service providers when additional knowledge and expertise is required.

101. With the exception of seeking of a second opinion, it is in the interests of good service user care and best practice that there should be one dietitian taking overall responsibility for the assessment and treatment of a service user for any one episode of care.

102. When more than one dietitian is involved in the treatment of the same service user, they must liaise with each other and agree explicit areas of responsibility.

Section D – Continuing Professional Development

103. It is your responsibility to develop your knowledge and skills and keep yourself up to date.

104. You must continue to develop and maintain your professional knowledge and skills.

105. You should keep a record of your professional development.

106. It is your duty to ensure that your practice is evidence based, wherever possible.

Section E – Dietetic Student Education

107. Dietitians have a professional responsibility to participate in the education of dietetic students.

108. Dietitians should ensure they have adequate training and skills to be a competent trainer before training dietetic students.

109. Dietitians should treat all students with fairness and respect.

110. Dietitians should ensure that they promote student-centred learning and that the training they offer is appropriate to the student's level of education and training.

111. When accepting a student for placement, dietitians should have a clear understanding of their role and responsibility and those of the student and the educational institution.

112. Dietitians should regularly evaluate the quality of their training and strive for continuous improvement.

Section F – Development of Profession

113. Dietitians should promote an understanding of, and contribute to, the development of dietetics.

114. Dietitians have a responsibility to contribute to the continuing development of the profession by critical evaluation, audit and research.

115. Dietitians undertaking research and audit must always address the ethical implications and refer to local protocols.

116. Dietitians undertaking research or audit have a responsibility to share their findings in order to inform or change practice.

PART – III – STANDARDS OF PROFICIENCY

Sub-Part A – Introduction

117. (1) These standards are produced for the safe and effective practice of dietitians.

(2) They are the minimum standards considered necessary to protect members of the public.

(3) They set out what students must know, understand and be able to do by the time they have completed their training, so that they are able to apply to register with the Allied Health Professionals Council (AHPC).

118. (1) Once you are registered you must meet these standards.

(2) Thereafter, every time you renew your registration you will be asked to sign a declaration that you continue to meet the Standards of Proficiency that apply to your scope of practice.

119. You are also expected to keep to our Code of Ethics.

120. The Standards of Proficiency apply to all registered dietitians.

121. A note about our expectations of you

(1) The standards of proficiency play a central role in how you can gain admission to, and retain on, the Register and thereby gain the right to use the protected title.

(2) It is important that you read and understand this document. If your practice is called into question we will consider these standards (and the Code of Ethics) in deciding what action, if any, we need to take.

(3) The standards set out in this document complement information and guidance issued by other organizations, such as your professional body or your employer.

122. Language

(1) We recognise that our registrants work in a range of different settings, which include direct practice, management, education, research and roles in industry.

(2) We also recognise that the use of terminology can be an emotive issue.

(3) Our registrants work with very different people and use different terms to describe the groups that use, or are affected by, his services.

(4) Some of our registrants work with patients, others with clients and others with service users.

(5) The terms that you use will depend on how and where you work.

(6) We have used terms in these standards which we believe best reflect the groups that you work with. In the standards of proficiency, we use phrases such as 'understand', 'know', and 'be able to'.

(7) This is so that the standards remain applicable to current registrants in maintaining their fitness to practise, as well as prospective registrants who have not yet started practising and are applying for registration for the first time.

123. (1) Your scope of practice is the area or areas of your profession in which you have the knowledge, skills and experience to practice

lawfully, safely and effectively, in a way that meets our standards and does not pose any danger to the public or to yourself.

(2) We recognise that a registrant's scope of practice will change over time and that the practice of experienced registrants often becomes more focused and specialised than that of newly registered colleagues.

(3) This might be because of specialisation in a certain clinical area or with a particular client group, or a movement into roles in management, education or research.

124. Your particular scope of practice may mean that you are unable to continue to demonstrate that you meet all of the standards that apply for the whole of your profession.

125. (1) As long as you make sure that you are practising safely and effectively within your given scope of practice and do not practise in the areas where you are not proficient to do so, this will not be a problem.

(2) If you want to move outside of your scope of practice you should be certain that you are capable of working lawfully, safely and effectively.

(3) This means that you need to exercise personal judgement by undertaking any necessary training and experience.

126. (1) It is important that our registrants meet our standards and are able to practise lawfully, safely and effectively.

(2) However, we don't dictate how you should meet our standards.

(3) There is normally more than one way in which each standard can be met and the way in which you meet our standards

might change over time because of improvements in technology or changes in your practice.

(1) As an autonomous professional you need to make informed, reasoned decisions about your practice to ensure that you meet the standards that apply to you.

(2) This includes seeking advice and support from education providers, employers, colleagues and others to ensure that the wellbeing of service users is safeguarded at all times.

(3) (a) In particular, we recognise the valuable role played by professional bodies in representing and promoting the interests of his members.

(b) This often includes guidance and advice about good practice which can help you meet the standards laid out in this document.

127. (1) We recognise that our registrants work in a range of different settings, which include clinical practice, education, research and roles in industry.

(2) We recognise that different professions sometimes use different terms to refer to those who use or who are affected by his practice and that the use of terminology can be an emotive issue.

(3) We have tried to use a term in the generic standards which is as inclusive as possible.

(4) Throughout the generic standards we have used the term 'service users' to refer to anyone who uses or is affected by the services of registrants.

(5) (a) Who your service users are will depend on how and where you work.

(b) For example, if you work in clinical practice, your service users might be your patients or your staff if you manage a team.

(c) The term also includes other people who might be affected by your practice, such as carers and relatives.

(d) In the profession-specific standards, we have retained the terminology which is relevant to each individual profession.

128. A Registrant dietitian must –

(a) practise safely and effectively within his scope of practice to –

(i) know the limits of his practice and when to seek advice or refer to another professional; and

(ii) recognise the need to manage his own workload and resources effectively and be able to practise accordingly;

(b) practise within the legal and ethical boundaries of his profession to –

(i) understand the need to act in the best interests of service users at all times;

(ii) understand what is required of him by the Allied Health Professionals Council;

(iii) understand the need to respect and uphold the rights, dignity, values, and autonomy of service users and his central role in decisions about his health;

(iv) recognise that relationships with service users should be based on mutual respect and trust, and be able to

maintain high standards of care even in situations of personal incompatibility;

(v) know about current legislation applicable to the work of his profession;

(vi) know about policy, ethical and research frameworks that underpin, inform, and influence the practice of dietetics; and

(vii) understand the importance of and be able to obtain informed consent;

(c) exercise a professional duty of care to understand the ethical and legal implications of withholding and withdrawing feeding including nutrition;

(d) maintain fitness to practise and understand –

(i) the need to maintain high standards of personal and professional conduct;

(ii) the importance of maintaining his own health; and

(iii) the need to keep skills and knowledge up to date and the importance of career-long learning;

(e) practise as an autonomous professional, exercising his own professional judgement;

(f) assess a professional situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem;

(g) make reasoned decisions to initiate, continue, modify or cease interventions or the use of techniques or procedures, and record the decisions and reasoning appropriately;

(h) initiate resolution of problems and be able to exercise personal initiative;

(i) recognise that he is personally responsible for and must be able to justify his decisions;

(j) make reasoned decisions to accept or decline requests for intervention;

(k) make appropriate referrals and requests for interventions from other services;

(l) understand the importance of participation in training, supervision and mentoring

(m) be aware of the impact of culture, equality and diversity on practice;

(n) understand the requirement to adapt practice and resources to meet the needs of different groups and individuals;

(o) understand the significance and potential effect of non-dietary factors when helping individuals, groups and communities to make informed choices about interventions and lifestyle;

(p) practise in a non-discriminatory manner;

(q) be able to demonstrate sensitivity to factors that affect diet, lifestyle and health and that may affect the interaction between service user and dietitian;

(r) understand the importance of and be able to maintain confidentiality;

(s) be aware of the limits of the concept of confidentiality;

(t) understand the principles of information governance and be aware of the safe and effective use of health and social care information;

(u) be able to recognise and respond appropriately to situations where it is necessary to share information to safeguard service users or the wider public

(v) communicate effectively;

(w) demonstrate effective and appropriate verbal and non-verbal communication skills when interacting with a diverse range of individuals, groups and communities;

(x) communicate in English, French, Creole or any other appropriate language understood by the service user;

(y) understand how verbal and non-verbal communication skills affect assessment and engagement of service users and how the means of communication should be modified to address and take account of factors such as the characteristics of the individual, group or community;

(z) select, move between and use appropriate forms of verbal and non-verbal communication with service users;

(aa) be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by factors such as age, culture, ethnicity, gender, socio-economic status and spiritual or religious beliefs;

(ab) understand the need to provide service users or people acting on his behalf with the information necessary to enable him to make informed decisions;

(ac) understand the need to assist the communication needs of service users such as through the use of an appropriate interpreter, wherever possible;

(ad) recognise the need to use interpersonal skills to encourage the active participation of service users;

(ae) work appropriately with others;

(af) work, where appropriate, in partnership with service users, other professionals, support staff, communities and others

(ag) understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team;

(ah) understand the need to empower and engage individuals, groups, and communities in planning and evaluating interventions to meet his needs and goals;

(ai) contribute effectively to work undertaken as part of a multi-disciplinary team;

(aj) empower individuals, groups and communities to make informed choices including diet, physical activity and other lifestyle adjustments;

(ak) work with service users to implement changes in interventions in line with new developments;

(al) maintain records appropriately;

(am) keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines;

(an) recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines;

(ao) reflect on and review practice;

(ap) understand the value of reflection on practice and the need to record the outcome of such reflection;

(aq) recognise the value of multi-disciplinary team review and other methods of review;

(ar) assure the quality of his practice;

(as) engage in evidence-based practice, evaluate practice systematically and participate in audit procedures;

(at) recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of accurate data for quality assurance, governance, clinical audit, research and improvement programmes;

(au) gather and share information, including qualitative and quantitative data that evaluates outcomes;

(av) be aware of, and be able to participate in, quality improvement processes to assure the quality of his practice;

(aw) evaluate intervention plans using recognised outcome measures and revise the plans as necessary in partnership with individuals, groups and communities;

(ax) understand the key concepts of the knowledge base relevant to his profession;

(ay) understand the structure and function of the human body, together with knowledge of health, disease, disorder and dysfunction relevant to his profession;

(az) be aware of the principles and applications of scientific enquiry, including the evaluation of interventions and the research process;

(ba) understand the concept of leadership and its application to practice;

(bb) recognise the role of other professions in health and social care;

(bc) understand the structure and function of health and social care services in the Republic of Mauritius;

(bd) understand the wider determinants of health and wellbeing;

(be) understand the theoretical basis of, and the variety of approaches to, assessment, diagnosis, intervention and evaluation;

(bf) understand, in the context of nutrition and dietetic practice –

(i) biochemistry;

(ii) physiology;

(iii) clinical dietetics;

(iv) clinical medicine;

(v) epidemiology;

(vi) genetics;

(vii) immunology;

(viii) microbiology;

(ix) nutritional sciences;

(x) pathophysiology;

(xi) pharmacology; and

(xii) public health nutrition;

(bg) understand, in the context of nutrition and dietetic practice –

(i) food hygiene;

(ii) food science;

(iii) food skills;

(iv) food systems management;

(v) menu planning; and

(vi) the factors that influence food choice;

(bh) understand the principles behind the use of nutritional analysis programs to analyse food intake records and recipes and interpret the results;

(bi) understand in the context of nutrition and dietetic practice legislation relating to food labelling and health claims;

(bj) understand, in the context of nutrition and dietetic practice, the use of appropriate educational strategies, communication, and models of empowerment, behaviour change and health promotion;

(bk) understand, in the context of nutrition and dietetic practice –

(i) management of health and social care;

(ii) psychology; and

(iii) public health relevant to the dietetic management of individuals, groups or communities, social policy and sociology;

(bl) understand the methods commonly used in nutrition research and be able to evaluate research papers critically;

(bm) be able to draw on appropriate knowledge and skills to inform practice;

(bn) be able to accurately assess nutritional needs of individuals, groups and populations, in a sensitive and detailed way using appropriate techniques and resources;

(bo) be able to change his practice as needed to take account of new developments or changing contexts;

(bp) be able to gather appropriate information;

(bq) be able to select and use appropriate assessment techniques;

(br) be able to undertake or arrange investigations as appropriate;

(bs) be able to analyse and critically evaluate the information collected in order to identify nutritional needs and develop a diagnosis;

(bt) be able to analyse and critically evaluate assessment information to develop intervention plans including the setting of timescales, goals and outcomes;

(bu) be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy, interventions or other actions safely and effectively;

(bv) be able to monitor the progress of nutrition and dietetic interventions using appropriate information, techniques and measures;

(bw) be able to critically evaluate the information gained in monitoring to review and revise the intervention;

(bx) be able to use nutritional analysis programs to analyse food intake, records and recipes and interpret the results;

(by) be able to use research, reasoning, and a logical and systematic approach to problem solving skills to determine appropriate actions;

(bz) recognise the value of research to the critical evaluation of practice

(ca) be able to use statistical, epidemiological, and research skills to gather and interpret evidence to make reasoned conclusions and judgements to enhance dietetic practice;

(cb) be aware of a range of research methodologies and be able to critically evaluate research in order to inform practice;

(cc) be able to use information and communication technologies appropriate to his practice;

(cd) be able to choose the most appropriate strategy to influence nutritional behaviour and choice;

(ce) be able to undertake and explain dietetic interventions, having regard to current knowledge and evidence-based practice;

(cf) be able to advise on safe procedures for food preparation and handling and any effect on nutritional quality;

(cg) be able to advise on the effect of food processing on nutritional quality;

(ch) be able to advise on menu planning, taking account of food preparation and processing, nutritional standards and requirements of service users;

(ci) be able to interpret nutritional information including food labels which may have nutritional or clinical implications;

(cj) understand the need to establish and maintain a safe practice environment;

(ck) understand the need to maintain the safety of both service users and those involved in his care;

(cl) be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these;

(cm) be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner and in accordance with health and safety legislation;

(cn) be able to select appropriate personal protective equipment and use it correctly; and

(co) be able to establish safe environments for practice, which minimise risks to service users, those treating him and others, including the use of hazard control and particularly infection control standards.