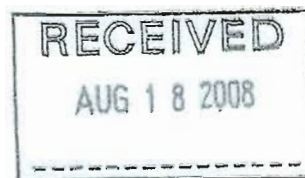


Public Health
277 Victoria Street
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Toronto, Ontario M5B 1W2Tel:
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Reply:

August 14, 2008



Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
55 St. Clair Avenue West
Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7
HPRACSubmissions@ontario.ca

Dear Ms. Schiefer:

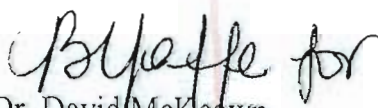
As Medical Officer of Health and on behalf of the *Toronto Public Health Interprofessional Practice Leaders Network*, the group representing the diverse range of professionals that work in public health, I would like to express our appreciation for the opportunity to formally respond to the review of the dietetic scope of practice that the *Health Professions Regulatory Advisory Council (HPRAC)* has undertaken. This review will enhance interprofessional collaboration and assist regulated professional members to work to the maximum of their scope of practice.

We support formally expanding the role and practice of registered dietitians in Ontario and agree with many of the recommendations contained in the report. While we recognize that many of the proposed changes are unlikely to significantly impact public health work, Toronto Public Health acknowledges the depth and breadth of registered dietitian training and expertise and supports the changes to the scope of practice statement for dietetics. The changes being presented better recognize the broad roles and skills that dietitians are competent in and they are more reflective of public health and community-based practice than the current scope of practice.

We appreciate that the proposal enables access to controlled acts for dietitians which fall within their scope of practice and support the more detailed comments outlined by the *Toronto Public Health Dietetic Practice Council* in their response (see attached).

With the current increase in demand for and shortage of registered dietitians in many health units across Ontario, this review is critical to enhanced nutrition service delivery and overall health care services for the people of Ontario. Thank you for offering the opportunity for comment.

Sincerely,


Dr. David McKeown
Medical Officer of Health

Attach.

Dr. David McKeown
Medical Officer of HealthPublic Health
277 Victoria Street
5th Floor
Toronto, Ontario M5B 1W2Tel: _____
Fax: _____Reply: Vida Stevens
1530 Markham Road, 6th floor
Toronto, Ontario M1B 3G4

August 14, 2008

Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
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Suite 806, Box 18
Toronto, Ontario, Canada M4V 2Y7
HPRACSubmissions@ontario.ca

Dear Ms. Schiefer,

The *Toronto Public Health Dietetic Practice Council* appreciates the opportunity to formally respond to the review of the dietetic scope of practice that the *Health Professions Regulatory Advisory Council (HPRAC)* has undertaken to enhance interprofessional collaboration and assist regulated professional members to work to the maximum of their scope of practice. Our Council's mandate is to build a professional practice environment which supports excellence in dietetic practice within our organization. In accordance with this mandate, we have several comments regarding the submission proposed by the *College of Dietitians of Ontario* and *Dietitians of Canada* from a public health dietetics perspective.

We support formally expanding the role and practice of registered dietitians in Ontario and agree with many of the recommendations contained in the report. While we recognize that many of the proposed changes are unlikely to significantly impact public health work, Toronto Public Health acknowledges the depth and breadth of registered dietitian training and expertise and supports the changes to the scope of practice statement for dietetics. The version being presented better recognizes the broad roles and skills that dietitians are competent in and this is much more reflective of public health and community-based practice than the current version. We agree with the content of the proposed practice statement but find the 'management of food systems' to be vague and therefore could be interpreted in a very broad sense. Some examples of this practice from a public health lens would be the managing and monitoring of the food systems in shelters, group homes, schools and daycare settings.

We appreciate that the proposal enables access to controlled acts for dietitians which fall within their scope of practice. Here are our comments regarding each of the proposed changes:

- **Controlled Act #1 – Communicating a Diagnosis.** *It is proposed that registered dietitians (RDs) be authorized to communicate a diagnosis that relates to nutrition therapy, only when the diagnosis has been confirmed by a physician, nurse practitioner or other authorized healthcare practitioner. We support the recommendation.*
- **Controlled Act #2 – Procedure below the dermis.** *It is proposed that RDs be authorized to perform skin pricks for the purpose of monitoring capillary blood levels. We*

suggest that adding "for nutrition therapy purposes" be spelled out in the proposed access wording. We would also recommend that this not be limited to blood glucose monitoring as there may be other screening tests developed that also use this technology and that RDs should be permitted to perform without a directive, e.g. tests for iron status.

- **Controlled Act #8 – Prescribing or dispensing, specifically for the adjustment of insulin and oral hypoglycemic regimens.** *It is proposed that RDs be authorized to make adjustments to the dose of existing insulin or oral hypoglycemic medications that have been prescribed by a physician or authorized healthcare practitioner. We support the recommendation but suggest further clarity of wording to ensure it is clear that the medical diagnosis does not change but the insulin dose is being adjusted and not initially prescribed. We suggest you use the words 'adjustment of prescription' instead of 'prescribing'. In addition, the use of insulin as the only example may be limiting. We would recommend including the prescribing or dispensing of vitamin, mineral, protein and other nutrient supplementations when the dietitian is formulating a nutrition intervention.*
- **Controlled Act #14 – Psychotherapy.** *It is proposed that RDs be involved in the definition of psychotherapy as it relates to dietetic scope of practice. We support this recommendation.*

For the proposed new controlled acts, our comments are as follows:

- **Prescribing and managing enteral and parenteral nutrition.** *It is proposed that a new controlled act be created and that RDs be authorized to prescribe and manage enteral and parenteral nutrition. We agree this should be a controlled act. As with all areas within a professional's scope of practice, if the regulated professional has the competence, they should be permitted to perform the act. This is a very specialized area of practice and RDs who practice in this area have the skills and training required to conduct these procedures. In most cases the recommendations are made by the dietitian in the first place, so this would increase efficiency.*
- **Prescribing and managing therapeutic diets.** *It is proposed that a new controlled act be created and that RDs be authorized to prescribe and manage therapeutic diets. We agree with this recommendation. To further strengthen this argument, in the Institute of Medicine (IOM)'s 2000 report "The Role of Nutrition in Maintaining Health in the Nation's Elderly: Evaluating Coverage of Nutrition Services for the Medicare Population" made the following recommendation to US Congress "Recommendation 2: With regard to the selection of health care professionals to provide nutrition therapy, the registered dietitian is currently the single identifiable group with standardized education, clinical training, continuing education, and national credentialing requirements necessary to be directly reimbursed as a provider of nutrition therapy."*

For the proposed additional legislative changes, our comments are as follows:

- **Public Hospitals Act.** *For the Public Hospitals Act, it is proposed to add the RD to the list of professionals authorized to order specified treatment and/or diagnostic procedures within the dietetic scope of practice. We agree with this recommendation but suggest adding the word "nutrition" prior to diagnostic procedures.*
- **Laboratory Specimens and Collection Centre Licensing Act.** *It is proposed that RD be added to the list of professionals authorized to order specified tests as prescribed in the regulation, within their scope of practice and limited to those of particular relevance to managing nutrition therapy. We agree with this recommendation.*
- **Health Care Consent Act.** *It is proposed that RD be added to the list of professionals that may act as an "evaluator" for the purpose of determining capacity for admission to a*

LTC home. We agree with this recommendation if the assessment relates to dietetic scope of practice.

- **The Long Term Care Act.** *As regulations are developed, it is proposed that it be specified that nutritional care is ordered and managed by the RD, including therapeutic diet orders and enteral and parenteral nutrition.* We are in agreement with this recommendation for the reasons stated above under "**Prescribing and managing enteral and parenteral nutrition**".

With the current increase in demand for and shortage of Registered Dietitians across Ontario, this review is critical for enhancing nutrition service delivery and overall health care services to the people of Ontario. Thank you for offering the opportunity for comments.

Sincerely,



Vida Stevens, MS. RD
Senior Dietitian, Dietetic Practice Council
Health Families Manager, Peer Nutrition Program
Toronto Public Health