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**RE: Registered Dietitian Scope of Practice Review**

Dear Ms. Schiefer

I am pleased to have the opportunity to respond to the scope of practice review application submitted jointly by the College of Dietitians of Ontario and Dietitians of Canada.

I am a Registered Dietitian working in a hospital setting. I have been fortunate to work with a dynamic group of RDs over the years who have strived to continuously improve the quality of patient care and access to care by RDs. To this end, our team developed medical directives several years ago which have enabled us to manage the nutrition care of our patients by prescribing and managing therapeutic diets, including enteral nutrition as well as writing orders specific to nutrition care (i.e. calorie counts, body weight, water flush changes). Having these medical directives in place has greatly improved the efficiency and effectiveness of the care provided. Physicians, nurses and other health disciplines at our hospital look to the RDs as experts in the nutrition management of patients and the medical directives allow immediate implementation and modification to nutrition care plans for optimal patient care, compared to waiting potentially 2 or 3 days for a physician to implement the RD's recommendations as was the case previously. Assessment and planning is always done in collaboration with the interdisciplinary team. From my perspective, the strength of the team has grown over the years as there is mutual respect of the unique contributions of the various members. There are more simultaneous "team assessments" done (i.e. Speech-Language Pathologist and Registered Dietitians assessing and implementing care plans for patients with dysphagia), which makes sense from a resource utilization perspective (avoids duplication) and for patient care (not repeating their "story" multiple times). As indicated, I fully support interprofessional collaboration.

I believe that adding the two proposed Controlled Acts (prescribing and managing enteral and parenteral nutrition and therapeutic diets) will greatly enhance patient care, as many RDs don't have medical directives in place to allow them to work to their maximum scope. The process for developing medical directives, from our experience, can be long and exhaustive, and likely unachievable for some RDs/RD groups in their respective facilities.

I fully support the proposal that RDs (and other health disciplines) be authorized to communicate a diagnosis that relates to nutrition (or respective) therapy. In my experience, the inability to do this has negatively impacted on my ability to be effective in the execution of a nutrition care plan – as the patient doesn't have all of the information available to him or her to make fully informed decisions.

Thank you for providing the forum for discussion of this important topic. I do wonder, though, if the timeline for providing feedback (6 weeks of prime vacation time) may limit the responses received.

Regards,  
Krista Witherspoon, RD