

Response to joint DC/CDO submission:

With respect to the revised **scope of practice** the majority consensus is that it more clearly outlines the true dimensions of the dietetic profession and sends a clearer message to other members of the healthcare team, clients, administration and politicians. It appears to be more “all inclusive” of all areas of RD practice.

With respect to **Table 1 – Summary of Proposed Changes to Controlled Acts** found on p. 20 of the submission additional considerations/suggestions are outlined below:

RE: Controlled Act #2 – suggest including the collection of a capillary blood sample for HbA1c testing as well as for blood glucose testing.

RE: Controlled Act #8 – consideration should be given to including a stating noting that insulin adjustments include insulin administered via injections or via insulin pump basal and bolus rates (especially since insulin pumps are now funded in Ontario for both pediatric and adult Type 1 diabetics under ADP).

A question was also raised with respect to this controlled act asking if the medications included on the list outlined on p. 24 would be included.

RE: NEW – Enteral and parenteral nutrition – consideration should be given as to whether this new controlled act will also include infant formula as it is often the “sole source” of nutrition and/or neonatal TPN.

With respect to **Table 2 – Changes to Other Regulations**

RE: Laboratory Specimens and Collection Centre Licensing Act – the question was raised as to whether or not the “specified tests” that can be ordered will be indicated.

With regards to the rest of the document the following feedback is provided:

p. 53 → EN is recommended for pancreatitis unless this fails they you try PN. In addition, RARELY is PN given to a patient with sepsis unless there is an intolerance; however, this is rare.

→ Re: GI intolerance – the location of EN feeding is also a factor – gastric vs. post pyloric

→ Re: Aspiration – we know that post-pyloric feeding DOES NOT prevent aspiration – it may decrease the risk but definitely does not prevent it.

Appendix 1 p. 87 → under Neurological Impairments include cerebral palsy, developmental brain anomalies possible due to prenatal use or genetic/chromosomal malformations “which may result in hypermetabolism, obesity, cachexia, dysphagia or the need to follow a ketogenic regime” - “and to educate clients/caregivers about feeding options”.

Thank you so much for the opportunity to respond.

Sincerely,

Royal Victoria Hospital RDs, Barrie, Ontario

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