



ONTARIO SOCIETY OF NUTRITION
PROFESSIONALS IN PUBLIC HEALTH

La société ontarienne des professionnel(le)s
de la nutrition en santé publique

Ontario Society of Nutrition Professionals in Public Health
Lawrence Square
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Annie Schiefer, Project Manager
Health Professions Regulatory Advisory Council
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Dear Ms. Schiefer,

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) appreciate the opportunity to 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. OSNPPH is the independent and official voice of Registered Dietitians in public health. The society's mission is to provide a leadership forum and official voice for public health nutrition practice in Ontario.

We support formally expanding the role and practice of registered dietitians in Ontario and agree with a majority of the recommendations contained in the report. First and foremost, we support the changes to the scope of practice statement for dietetics. The proposed new version captures the broad spectrum of competencies of Registered Dietitians and is more encompassing of public health and community-based practice than the current version.

We do have some comments regarding the submission proposed by the *College of Dietitians of Ontario* and *Dietitians of Canada*. Our comments mirror those submitted by the Toronto Public Health Dietetic Practice Council:

- **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 that it is clear that 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 and protein supplementation.*
- **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”.*

Given the increase in nutrition related health concerns, the proposed changes will enhance nutrition services to Ontarians. Thank you for the opportunity to comment.

Sincerely,



Michele Hurd
Co-chair, OSNPPH