



Ontario Society of Nutrition
Professionals in Public Health

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

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The mission of OSNPPH is to provide leadership in public health nutrition. It represents its members and promotes their role in improving nutrition and health of people in Ontario.

College of Dietitians of Ontario
Mary Lou Gignac, Registrar and Executive Director
5775 Yonge Street
Suite 1810, Box 30
Toronto ON M2M 4J1

Recommendations for College of Dietitians of Ontario
Re: Jurisprudence Handbook

Dear Ms. Gignac,

On behalf of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), we are writing to provide some comments on the review of the Jurisprudence Handbook. Several groups of registered dietitians in public health from Northern Ontario and Ottawa convened throughout 2005 to discuss and review the CDO's Jurisprudence Handbook from a public health perspective. Both groups found it difficult to relate the content of the Handbook to dietetic practice in public health because of its clinical focus. CDO was consulted regularly with questions from the groups during their review of the Handbook.

Upon completion of their review, the Northern Ontario and Ottawa groups collaboratively approached the OSNPPH Executive to bring forth the following recommendations for consideration by the College to help shape the Handbook into a resource that is more relevant to our 144 members working in Public Health across Ontario.

The following recommendations are not listed in order of priority. Some of the recommendations are general and others are more specific to certain sections of the handbook.

Recommendations:

1. A distinction should be made for the title 'Public Health Nutritionist'.

There is a discussion in the handbook regarding the term nutritionist and the fact that this term is not protected in Ontario. However, there is no reference made regarding the existence of the title Public Health Nutritionist, a title given to RD's in public health who are trained at a Masters-

level, specializing in nutrition and public health, and who are recognized as having these special qualifications as outlined in the Health Promotion and Protection Act (http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900566_e.htm) by the Ministry of Health and Long Term. In order to protect the public and educate RD's, clarification of the difference between "nutritionist" and "Public Health Nutritionist", as well as a tool to help explain it to the public, should be provided.

2. Include case studies that are relevant to those working in public health.

CDO should consult with members of OSNPPH to create case studies reflective of public health practice for inclusion in the Handbook (see Appendix A). This would also enhance the relationship between OSNPPH and CDO and expand on opportunities for collaboration and partnership.

3. Discuss liability issues that are characteristic of the public health setting.

There are a number of liability issues in a public health setting that are dealt with daily by registered dietitians in public health. Examples of liability issues include:

- i. Quality assurance (QA) for train-the-trainer programs. Often public health RD's are asked to train individuals who would then provide general healthy eating information to the public. Currently there are no formal guidelines for follow-up and quality assurance for train-the-trainer programs. Written information from CDO would provide RDs with support for the need to ensure QA for this type of program by public health units.
- ii. In the communications section, there is only discussion of one-on-one counselling. Public health practice mostly involves group education sessions. Information on liability for group teaching and information provided in public health settings should be included.

4. Revise record keeping guidelines to be more reflective of practice in a public health setting.

- i. Current CDO record keeping guidelines do not reflect public health needs. Many of the items are not appropriate in a public health setting. It would be useful if the items on such a list were developed based on various working environments, such as a public health setting, instead of solely being focused on the traditional diet therapy setting.
- ii. In government institutions, such as public health, it is very difficult, when record keeping is done in a joint fashion, to have access to records once one leaves the job or facility. Further thought should be given to this issue.

5. Include additional examples and/or appendices to clarify certain sections of the Handbook for those members working outside of a clinical setting.

An example would be the definition of public health nutritionist or the addition of practice-area specific case studies. This would help to address the subjective nature of the handbook and make it less open to interpretation by professionals outside of the clinical setting. Dietitians practicing outside of a clinical setting should not have to call the college to clarify, when a clinical RD can refer to clearly laid out scenarios.

6. Highlight all areas of dietetic practice, including community and public health settings as distinct specialties.

Dietetics is a growing and diversifying field. All staff at the CDO should have general knowledge of each area of the profession, and what professionals in these areas do on a daily basis, and the issues they face. This may involve an annual scan or shadowing by CDO staff, particularly for those staff that are new to the CDO.

7. Expand consent to treatment issues to address research and community settings.

The section on consent to treatment is based on the clinical setting. However, the opportunity is not used to discuss consent in a research setting. Informed consent is a large component of research that RD's in all areas of dietetics are participating in every day.

We sincerely appreciate the College's consideration of these recommendations regarding the revision of *The Jurisprudence Handbook for Dietitians in Ontario*, especially in relation to the needs of dietitians practicing in public health. We would be interested in participating in the process either directly as an advisory committee member or indirectly on a consultative basis.

Sincerely,

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Chair, OSNPPH

Tara Brown, MHSc, RD
Vice-Chair, OSNPPH

Cc: Cynthia Colapinto MSc, RD, Sudbury and District Health Unit
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