

Dietetic Scope of Practice Review



Mary Lou Gignac, MPA
Registrar & ED

You are invited to comment on the dietetic or other scope of practice submissions. Providing your own examples of how the proposed changes to the dietetic scope of practice would enable inter-professional care and better access to high quality dietetic services would be welcomed. Please see page 4 for details.

When it comes to professions regulation, one of my favourite sayings has been, "Be careful what you ask for, you might get it".

Over the last eight years or better, the dietetic profession through both Dietitians of Canada (DC) and the College of Dietitians of Ontario has been trying to open the discussion with the Ministry of Health and Long-Term Care about creating new controlled acts for prescribing/formulating and managing enteral and parenteral nutrition and therapeutic diets. This would protect the public by ensuring that only qualified people provide high risk nutrition interventions. The opportunity to do this was presented to us in April, with an invitation from the Health Professions Regulatory Advisory Council (HPRAC) to propose changes in the dietetic scope of practice.

It was a wonderful and welcomed opportunity. In partnership, Dietitians of Canada and the College made a joint submission to HPRAC on June 30 — The *Scope of Practice Review Executive Summary* appears on page 4. The proposed changes include:

- a new scope of practice statement;
- authority to perform controlled acts;
- new controlled acts; and
- changes to other legislation that would enable Registered Dietitians to practice to their full capacity and provide more comprehensive nutrition care.

The dietetic scope of practice review, along with reviews for other regulated health professions, is being undertaken by HPRAC in the context of enhancing inter-professional health care (IPC) delivery. Our submission, therefore, focuses on how granting legislative authority to RDs to perform some controlled acts and to order diagnostic tests and nutrition therapy would enhanced client care and create efficiencies within collaborative practices. We look forward to a time when chasing authorization for nutrition care orders and time-intensive development of medical directives is replaced with efficient and meaningful inter-professional communications about client care.

Many RDs provided critical information to assist DC and the College in exploring scope of practice issues and ultimately influenced the direction and content of the submission. The contributions of the previous joint working groups (literature reviews, environmental scans, surveys and descriptions of current practices and client groups) were also extremely valuable and formed a foundation for the submission. Thank you to so many who contributed to this work over the years and in the past two months.

HPRAC will carefully review our submission, along with consultation input and their own research, before formulating advice to the Minister of Health and Long-Term Care, likely by years' end.

We have posted the submission on the CDO website. HPRAC has also posted the entire dietetic submission at: http://www.hprac.org/en/projects/Dietitians_Scope_of_Practice.asp

You are invited to comment on the dietetic or other scope of practice submissions before August 15, 2008. Your own examples of how the proposed changes to the dietetic scope of practice would enable inter-professional care and better access to high quality dietetic services would be welcomed.

Responses are preferred in Microsoft Word, either on disk (by mail) or by email when possible. Responses will be

posted on the HPRAC website. Please address them to:

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

Scope of Practice Review — Executive Summary

The tables appearing in this text were added for publication in résumé.

Registered Dietitians (RDs) are the health professionals who are uniquely trained to provide expertise on food and nutrition. RDs provide nutrition services in a variety of settings in Ontario including Community Health Centres, Family Health Teams, home care, hospitals, long-term care homes, Diabetes Education Centres, public health, sports and recreation facilities, food industry, academic and research settings, and private practice. In disease prevention and treatment, RDs' expertise in food, nutrition, counseling and education encompasses the complex interactions between nutrients, medications, and metabolic processes. In diabetes care, for example, the effect of insulin and other medications must be integrated with nutrient intake, activity patterns, and changes in nutrient metabolism that occur with diabetes, while at the same time managing nutrition therapy for co-morbidities such as hypertension and dyslipidemia. All of these considerations must be translated into a therapeutic diet that fits the patient's lifestyle and preferences.

Collaboration with clients, caregivers, and other health professionals is central to dietetic practice; RDs are valued members of interprofessional teams in health care settings, using their expertise to integrate nutrition care into health promotion and disease prevention and management for patients.

The dietetic profession's code of ethics, professional misconduct regulation, competency statements and standards of practice establish a level practice that ensures patient safety and prohibits RDs from undertaking activities for which they are not personally competent.

RDs' expertise in managing nutrition for health promotion, disease

prevention, and treatment of acute and chronic diseases is not fully recognized or utilized under the current scope of practice and the current system of controlled acts limits the RD's ability to provide effective care. Furthermore, health human resources issues compounded by the increasing prevalence of chronic disease have created serious shortages of many health professionals across the province. Changes to the dietetic scope of practice would improve the quality of patient care and improve patient access to necessary care by qualified RDs.

The College of Dietitians of Ontario (CDO) and Dietitians of Canada collaborated to develop a revised scope of practice statement based on a review of other jurisdictions, in addition to member input. In the process of creating this submission, DC and CDO discussed issues with professional associations, regulatory bodies, and practitioners from the professions most closely involved in working with RDs in health care and health promotion roles (medicine, nursing, pharmacy, medical laboratory technology). The changes being sought are primarily to enable initiation of activities related to nutrition care by dietitians, where they are already competently performing through medical directives, delegations, or protocols.

The following proposed changes to the *Regulated Health Professions Act (RHPA)* and *Dietetics Act* are supported by RDs' current professional activities and are founded in existing dietetic knowledge, competencies and standards. While not all dietitians currently perform all the proposed changes in legislated scope of practice, many currently do depending on the setting and on medical directives and delegation.

Changes to support dietetic practice in Ontario involve rewording the scope of practice statement, authorizing RDs to perform identified controlled acts within their scope of practice, creating two new controlled acts and recommending changes to the Public Hospitals Act and other regulations to authorize RDs to effectively manage nutrition therapy.

NEW PROPOSED SCOPE OF PRACTICE STATEMENT

Dietetics is the assessment of nutrition related to health status and conditions for individuals and populations, the management and delivery of nutrition therapy to treat disease, management of food systems, and building the capacity of individuals and populations to promote or restore health and prevent disease through nutrition and related means.

The proposed scope of practice statement is more reflective of the extent of dietitians' involvement in population health, nutrition therapy, food systems management, and health promotion.

RDs' diverse roles and competencies are not recognized under the current system of controlled acts, and this limits the RD's ability to provide safe and effective care. **It is proposed that RDs be authorized to perform the following controlled acts within their scope of practice.**

Controlled Act #1 - Communicating a Diagnosis

It is proposed that 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.

Communicating a diagnosis that has already been made and recorded by authorized health professionals provides much more streamlined and efficient care. A barrier to effective counselling is created if the client does not know their diagnosis. In contrast, by communicating a diagnosis that has been made, the RD is able to discuss the nutritional implications of the diagnosis and ensure the client understands the rationale for lifestyle changes and nutrition therapy. Obtaining informed consent based on a diagnosis is a very important to the quality and effectiveness of nutrition therapy.

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.

Diabetes is currently the only common condition for which capillary readings are well accepted, however the technology is also used to determine blood lipid levels and it is expected that this will expand to other areas as technology develops. RDs need blood glucose readings in order to accurately evaluate the patient's response to prescribed diet therapy, to assess the need to implement treatment for hypoglycemia, and to develop appropriate meal plans and nutrition interventions. Limiting access to this information restricts the ability of the dietitian to provide high quality care. For the patient, authorizing the RD to perform skin prick testing supports a seamless approach to providing services, which can reduce stress for the patient and their family.

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

SUMMARY OF CHANGES TO CONTROLLED ACTS	PROPOSED CHANGE	LIMITATION OR CONDITION
#1 Communicating a Diagnosis	That RDs be authorized to communicate a diagnosis that relates to nutrition health	Only when the diagnosis has been confirmed by an MD, NP, or other authorized healthcare practitioner
#2 Procedure below the dermis	That RDs be authorized to perform skin pricks for the purpose of monitoring capillary blood levels (currently mainly blood glucose and lipids)	
#8 Prescribing, a drug as defined in the <i>Drug and Pharmacies Regulation Act</i>	Solely for the purpose of adjusting doses of insulin and oral hypoglycemic medication	Limited to adjustments of an existing insulin regimen or oral hypoglycemic medication that has been prescribed by an MD or other authorized health professional
#14 Psychotherapy	That RDs be involved in the definition of psychotherapy as it relates to dietetic scope of practice	
NEW Enteral and parenteral nutrition	Prescribing or administering a substance by enteral or parenteral means	
NEW Therapeutic diets	Prescribing and managing a therapeutic diet	

dose of existing insulin or oral hypoglycemic medications that have been prescribed by a physician or authorized healthcare practitioner.

Enabling RDs to make insulin adjustments for individuals with diabetes on existing insulin regimens supports effective interprofessional team-based care and contributes to patient self-management and safety by preventing hypoglycemia and reducing the risk of long term vascular complications

Controlled Act #14 - Psychotherapy

It is proposed that RDs be involved in the definition of psychotherapy as it relates to dietetic scope of practice.

Psychosocial counselling, including cognitive behavioural therapy and solution-focused therapy, are used in nutrition therapy on a regular basis and form part of the competencies underpinning RDs' professional education and training. If the controlled act of psychotherapy impacts on the use of psychotherapy techniques by RDs in psychosocial counselling, they must be authorized to perform it within their scope of practice.

Dietitians also work in specialized mental health, addictions and eating disorders programs. These dietitians self-identify as using psychotherapeutic techniques in their practices and employers attest to the appropriateness and competence of the dietitians in these settings. Client care will be seriously compromised if the definition of psychotherapy restricts the ability of dietitians to provide these services as part of the interprofessional team.

NEW CONTROLLED ACTS

The evidence of risk associated with enteral and parenteral nutrition and therapeutic diets is clear. This combined with the increased recognition and demand for therapeutic diets to treat and manage disease and the changing use of providers in the health care system points to ensure only qualified people prescribe/recommend and manage nutrition therapy. Two new controlled acts are proposed.

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.

Patient safety is the impetus behind our application for a new controlled act for the prescription and management of enteral and parenteral nutrition (EN/PN). Both EN and PN are

complex nutrition interventions that include significant risks to patients if not prescribed and managed with the appropriate knowledge and skills.

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.

Therapeutic diets are evidence-based therapies that may be the sole treatment for a disease or condition, or an adjunct to medical treatment. Therapeutic diets are individualized based on a comprehensive nutrition assessment. The risks of inappropriate prescription or design of therapeutic diets may be exacerbation of symptoms (Crohn's disease, allergies), disease progression (cancer or arthritis), irreversible damage (inborn errors of metabolism like phenylketonuria, diabetes), or loss of life (end-stage renal disease).

The following changes to other legislation and regulations are proposed to authorize RDs to effectively manage nutrition therapy:

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. Examples include: diet orders, enteral and parenteral nutrition, vitamin and mineral supplements, laboratory tests of particular relevance to managing nutrition therapy, body weight, and assessments by other health professionals

Although the increasing use of medical directives demonstrates the interprofessional team's reliance on the RD to assess, treat and manage nutrition therapy, the complicated and cumbersome process of creating these does not represent the best use of limited resources in the health care system and compromises optimal patient care. Authorizing the RD to order diagnostic and treatment procedures in consultation with the interdisciplinary team supports optimal patient care.

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. Examples include: hemoglobin, albumin, glycolysated hemoglobin,

Timely access to lab values expedites and improves patient care by enabling the RD to tailor nutrition therapy to the individual.

Authorizing the RD to order specific laboratory tests in a judicious manner and in coordination with the entire healthcare team will optimize care while ensuring that patients are not subject to excessive blood draws and that costs are contained.

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.

The current regulation prevents RDs from becoming Case Managers in Community Care Access Centres. RDs possess the competencies needed to act as evaluators in this circumstance. Employers and RDs have expressed the need to include RDs on the list of professionals (along with psychologists, nurses, physicians, occupational therapists and social workers) in order to facilitate case management in the homecare setting.

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

It is important that the regulations currently being developed clearly indicate the RD's responsibility and authority to prescribe and manage nutrition therapy to support optimal patient care.

ANTICIPATED BENEFITS

The proposed changes to dietetic scope of practice will provide

better patient care by enhancing the ability of RDs to initiate and monitor nutrition therapy. Patient safety will be improved by the proposed changes to the scope of practice and other legislation by ensuring that comprehensive care can be provided by RDs and that procedures with significant risk, such as enteral and parenteral nutrition and therapeutic diets, are prescribed and managed by competent professionals.

The changes proposed to RD's scope of practice are built upon a solid foundation of assessment skills and evidence-based practice, and supported by the education and training requirements already in place for RDs in Ontario.

Interprofessional care and collaborative scopes of practice are emphasized in Ontario's healthcare transformation. RDs are strongly supportive of interprofessional care, and believe that the patient's best interests are served when healthcare teams work collaboratively and maximize the expertise of all professions. Increased efficiency and more effective utilization of health practitioners' time will result from the proposed changes by streamlining the care that is already being competently performed by RDs through medical directives or other authority mechanisms.

The recommended changes to RD's scope of practice support the need for coordinated and collaborative change. Public access to care and collaboration with other health professionals will be enhanced, allowing more effective management of chronic diseases and improved treatment of acute conditions.

SUMMARY OF CHANGES TO LEGISLATION	PROPOSED CHANGE	LIMITATION OR CONDITION
Public Hospitals Act	Add RD to the list of professionals authorized to order treatment and/or diagnostic procedures	Within the scope of dietetic practice, such as ordering therapeutic diets, enteral and parenteral nutrition, vitamin and mineral supplements; and ordering diagnostics such as laboratory tests of particular relevance to managing nutrition therapy, body weight, and assessments by other health professionals
Laboratory Specimens and Collection Centre Licensing Act	Add RD to the list of professionals authorized to order tests as prescribed in regulation	
Health Care Consent Act	Add RD to the list of professionals that may act as an "evaluator" for the purpose of determining capacity	Within scope of practice, limited to those of particular relevance to managing nutrition therapy, such as hemoglobin, albumin, glycosylated hemoglobin
The Long Term Care Act	As regulations are developed, specify that nutritional care is ordered and managed by the RD, including therapeutic diet orders and enteral and parenteral nutrition	