

# The Dietetic Scope of Practice Enhanced



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Bill 179, the *Regulated Health Professions Statute Law Amendment Act* (2009) has now received Royal Assent. This Act changes the scope of practice of several regulated health professions, including the dietetics profession. The new legislation will enhance the dietetic scope of practice in significant ways to improve access to dietetic services for people in Ontario.

The table below shows the three new authorities for the dietetic scope of practice, the legislation amended and the conditions needed to practice the new authorities.

CHANGES TO THE DIETETIC SCOPE OF PRACTICE	LEGISLATION AMENDED	EFFECTIVE DATE	CONDITIONS
<b>1. Skin Pricking</b>  Skin pricking falls within the controlled act of performing a procedure below the dermis. This change gives legal authority for RDs to take blood samples by skin pricking for the purpose of monitoring capillary blood readings while practicing dietetics.	<i>Dietetics Act, 1991 and the Laboratory and Specimen Collection Centre Licensing Act, 1990.</i>	To be determined.	<ul style="list-style-type: none"> <li>• Client-centred (e.g., based on clients' assessed needs and informed consent).</li> <li>• Performance in keeping with accepted standards of dietetic practice.</li> <li>• RDs have the required competence (knowledge/skill and judgment).</li> <li>• RDs follow protocols for appropriate infection control and medical waste disposal.</li> <li>• The appropriate authority is in place (legislation takes effect).</li> </ul>
<b>2. Acting as an "Evaluator"</b>  RDs may act as an evaluator to find a person capable or incapable of providing consent with respect to admission to a care facility where consent is required by law. This will enable RDs to work as Case Managers within Community Care Access Centres (CCACs).	<i>Health Care Consent Act, 1996.</i>	December 15, 2009	<ul style="list-style-type: none"> <li>• Client-centred</li> <li>• RDs have the required competence</li> </ul>
<b>3. Ordering Laboratory Tests</b>  RDs will have the authority to order laboratory tests in hospitals and in community settings for the purpose of nutritional assessment and monitoring.	A regulation under the <i>Public Hospitals Act, 1990</i> , and the <i>Laboratory and Specimen Collection Centre Licensing Act, 1990</i> .  A further regulation under the <i>Dietetics Act</i> will be required to list the lab tests that RDs will have authority to order.	To be determined.  Dependent on regulation being approved by the Ministry of Health and Long-Term Care.	<ul style="list-style-type: none"> <li>• Client-centred</li> <li>• RDs have the required competence</li> <li>• Performance in keeping with accepted standards of dietetic practice</li> <li>• Effective communication protocols in place</li> </ul>

## IMPLEMENTATION WILL TAKE TIME

Most of the changes will not take effect right away. Time is needed to establish appropriate standards and to ensure that all affected groups are well informed. Aside from acting as an Evaluator, the specific timelines for implementing the law have not yet been determined by the Ministry of Health and Long-Term Care. We will keep members informed of implementation dates as the work progresses.

## WHAT NEXT

### Acting as an "Evaluator"

Under the *Health Care Consent Act* (HCCA), an RDs is now able to act as an evaluator to find a person capable or incapable of providing consent for admission to a care facility where consent is required by law. This legislation eliminates any barriers for RDs to become case managers or coordinators in Community Care Access Centres (CCACs). The College has sent a letter to CCACs informing them of this amendment to the HCCA and other upcoming dietetic scope of practice changes.

### Lab Work

A regulation specifying the laboratory tests that RDs will be able to order must be developed by the College before RDs can order lab tests without the authority of a medical directive. In developing the list of laboratory tests, the College will ask RDs to help identify the specific tests they rely on for the assessment and management of nutrition and

nutrition-related disorders. A survey will soon be sent to all RDs to ensure that the College has the most current and relevant information about how RDs currently use lab values for nutrition assessments, care planning and monitoring. Once a proposed list is developed, there will be a broader consultation with relevant stakeholders before a final regulation is sent to the Ministry of Health and Long-Term Care for cabinet approval.

### Skin Pricking

Before RDs can practice skin pricking in a public hospital to obtain blood samples, a *Public Hospitals Act* regulation must be changed to authorize RDs to order diagnostic procedures. In the meantime, a physician's order or a medical directive would give this authority. In addition, a regulation listing lab tests that RDs may order is needed before RDs can proceed with skin pricking unless there is a physician's order or medical directive in place.

Outside of a public hospital setting, RDs may only perform skin pricks if they currently have a medical directive or delegation in place. Only after the legislation takes effect (date yet to be determined) will RDs have the authority to perform skin pricks.

The College will develop educational materials to interpret existing standards, as appropriate, to support RDs to perform skin pricking for the purpose of monitoring capillary blood readings while practicing dietetics.

## Practice Scenario

# Managing Changes to RD Job Responsibilities

*Jenny is a Public Health Dietitian who works in a school health program. Part of her assignment with the schools this year will be to conduct short anaphylaxis training during school staff meetings. The training will include a presentation on anaphylaxis reactions, common allergenic foods and a demonstration of Epi-Pen use. Considering the dietetic scope of practice, are there any concerns for Jenny to provide this training and demonstrate usage of the Epi-Pen?*

## EVALUATING A NEW TASK

It is important to recognize that the job responsibilities of RDs are evolving due to changes in technology, changes in the dietetic body of knowledge as well as the changes in programs and policies relating to the health care delivery system. In Jenny's scenario and other similar cases, RDs need to exercise professional judgment to evaluate new tasks and the conditions under which they should perform them.