

ENVIRONMENTAL SCAN

The following trends are affecting the College and the professionals we govern and regulate.

Changing Demographics

Demographic shifts (population growth and aging) are in play. There is great diversity of cultures in Ontario. Some changes in the population mix are common across Ontario and some are specific to certain communities.

A doubling of Ontario's senior population by 2030 is expected to increase demand for health care. An aging population means that illnesses such as cardiovascular disease, diabetes, and arthritis are becoming more prevalent and demands for care are rising. Chronic disease prevention and management initiatives in areas such as diabetes, heart disease, stroke, cancer, osteoporosis, asthma, dementia, mental health and arthritis will be needed.

While, as a whole, trends suggest additional demands on the limited resources of government, the health care system and community organizations, it is not certain what the future demands will be on the profession of dietetics in relation to the changing demographics in Ontario.

Government Fiscal Challenges

According to *Ontario's Long-Term Report on the Economy*, released in January 2010 "health care costs make up 42 per cent of the Ontario government's total program spending and in the near future that could rise to 50 per cent if health care costs grow faster than other areas of government spending."

The government will increasingly attend to driving value for money invested and quality, even as overall expenditures grow.

The Development and Use of Electronic Health Records

Electronic record keeping exists now at an institutional level and its use is increasing. Clients increasingly expect access to their own information. Engaged in their own health care, they strive to be more empowered with information they need as informed consumers.

Interprofessional team members may need access. Shared information with common standards will increase interoperability amongst many organizations and information systems will connect providers to each other and the other parts of the health system.

eHealth Ontario is developing a harmonized province-wide electronic health records system that will harness the power of information technology and shared systems to improve the delivery of health care, increase patient safety, reduce health care costs and streamline public health reporting. Ehealth standards will facilitate the exchange of standardized data among different information systems, and across organizations.

Registered Dietitians will be among the first health professionals registered to use eHealth.

Newly Regulated Health Professionals

New professions such as naturopaths, traditional Chinese medicine practitioners, acupuncturists, and kinesiologists are becoming regulated under the RHPA. Some of these professions and their scopes of practice include providing nutrition care to clients.

Shortage in Health Human Resources

Given the demographic shift of patients and an aging workforce of providers, it is expected that Ontario will have increasingly insufficient numbers of most, if not *all*, health human resources to meet needs. A severe shortage is developing, in part because there was insufficient recruitment and production of various types of health professionals in the past decades.

Health human resources planning is now a governmental priority¹. Over the next ten years, Ontario is expected to pursue a range of strategies both to establish and support new models of practice and to remove barriers that prevent the most effective and efficient use of the health professionals it has. The systems goal is that health care providers work to their full competencies and skills in collaboration with other providers to meet population health needs.

CDO Council members noted that, in this environment of fiscal challenges and health human resource shortages, dietitians may be expected to carry a heavy workload and see more clients.

Facilitating Entry to Practice of Internationally-Educated Professionals and Applicants

The government is taking steps to make full use of health human resources for internationally-trained health care providers (including Registered Dietitians) who wish to immigrate to Ontario – or who live here already. Some of these individuals may have special challenges in supplying and validating credentials, satisfying educational/practice requirements,

¹ CDO provides data on Registered Dietitians in Ontario to the government contributing to a database established as an initiative of the HealthForceOntario.

demonstrating language fluency, and applying food and nutrition knowledge in Ontario's cultural context, and as a consequence, passing the professional registration examination.

Regulatory colleges must ensure that their tools objectively and fairly assess competence and equivalencies to ensure that internationally-educated professionals are prepared to provide safe and competent practice in the Canadian cultural context.

Increasing Roles for Support Personnel

Ontario's strategy involves establishing new health care professional roles in areas of high need. Certain support roles to other health professionals are coming under scrutiny and regulation. Examples are the new role of the Physician Assistant, Anesthesia Assistant and the Pharmacy Assistant, the latter now regulated by the College of Pharmacists of Ontario.

Diet technicians and clinical nutrition assistants support Registered Dietitians in practice. Stakeholders highlighted how important it is to the safe practice of dietitians that individuals in these support roles are competent.

Changes in Scope of Practice

A scope of practice statement describes what a profession does, the methods it uses, and its purpose. On May 11, 2009, Bill 179, the *Regulated Health Professions Statute Law Amendment Act*, was introduced to allow nurse practitioners, pharmacists, physiotherapists, dietitians, midwives and medical radiation technologists to perform health care activities that they were previously unauthorized to provide.

For Registered Dietitians, Bill 179 outlined the following changes to the dietetic scope of practice which are now in effect:

- i. Performing a procedure below the dermis to take blood samples by skin pricking for the purpose of monitoring capillary blood readings while practicing dietetics (now in effect);
- ii. Acting as an "evaluator" for the purpose of the *Health Care Consent Act* (1996) to permit an Registered Dietitian to 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 (now in effect);

In addition, the Ministry of Health and Long-Term Care formally expressed its policy decision to authorize Registered Dietitians to order lab tests in public hospitals and other facility and community settings. The authority for Registered Dietitians to order lab tests is expected to enable timely and efficient client-centred care.

The College has prepared a proposal to list and justify the specific lab tests. This proposal was submitted to the Ministry on February 4, 2011 to aid their work in developing a Minister's regulation. The full authority for Registered Dietitians to order lab tests will not take effect until the Ontario government amends regulations.

Evolving Models of Interprofessional Care

All health professional colleges must develop supporting strategies to fulfill the requirements of the new objects associated with Bill 179.

These objects promote interprofessional collaboration in the delivery of client-centred care. According to HealthForceOntario, interprofessional care is the provision of comprehensive health services to clients by multiple health caregivers who work collaboratively within and across settings to deliver quality care.

The implications for regulatory colleges are that they support registrants' engagement in interprofessional collaboration. Colleges are expected to work together to develop common standards where their professions provide the same or similar services, making team-based care a key component of health college quality assurance programs and requiring all regulated health professionals to have professional liability insurance.

Heightened Focus on Risk, Safety and Quality Care

A health regulatory college exists to regulate the profession and protect the public interest. Regulatory colleges need to increasingly understand and appreciate how safety principles and current concepts of quality create context for their accountabilities.

Attributes of quality are accessible, effective, safe, efficient, patient-centred, equitable, appropriately resourced, integrated, and focused on population health. Patient or client safety entails reduction and mitigation of unsafe acts within the health care system as well as to the use of best practices shown to lead to optimal patient/client outcomes.²

Health regulatory colleges have a key role to play in patient safety, and quality. Since colleges establish standards that govern their registrants, increased attention is required to risk management. Risk-based competence models that promote public confidence in the quality and safety of services from health care providers are becoming central to a college's role and accountability.

Changing Practice Settings and a Broadening Orientation to Health

Registered Dietitians work in a wide variety of settings. These include front line clinical and community settings, industry, education institutions, and media outlets. Registered Dietitians

² Royal College of Physicians and Surgeons of Canada. Canadian Patient Safety Dictionary. October 2003: p.12.

are in private practice, home care, hospitals, community health centres, community health centres, family health teams, universities, health clubs, and food and pharmaceutical companies.

The role or area of practice of Registered Dietitians is equally varied. Their activities span from clinical work with individuals and families and health promotion with individuals and communities, to management, policy development, program planning, communications, sales and marketing, teaching and research, and communications.

This diversity of practice creates diverse demands and needs.

Members practicing in non-clinical areas experience issues and experiences that are different from clinical practice. They have expressed a need for different supports and quality assurance for roles that are not clinical (e.g., administrative, policy or management positions)³.

In certain settings, there is an increased focus on risk reduction, management of chronic disease and community-based health care. All regulated health professionals including Registered Dietitians are encouraged to be “health coaches”, empowering the individual with education and information so they take more charge of their choices. While this is not new, the imperative is that people become more responsible for their own health. The focus of attention in caring for individuals is on the person with a condition, rather than prescribing for the condition or disease itself.

As Registered Dietitians become increasingly involved in general health promotion, their practice in group programs may pull them into a broader orientation to health and a shift in practice for them. Related is the focus on primary care and prevention. As noted above interprofessional teams now aim to educate patients to enhance self-management and must exchange knowledge intra-professionally on an ongoing basis.

In many settings, Registered Dietitians may not get advice and support from supervisors and peers who are dietitians and know dietetics. Individual Registered Dietitians are responsible for managing their own practice independently. Employers may not fully understand the scope of practice of Registered Dietitians.

Increased Use of Technology

Technology has made a quantum leap since the last strategic planning process. Technology is now being deployed in all aspects of business with greater impact on how people obtain information and learn.

This has many layers.

³ R.A. Malatest & Associates Achievement and Impact Evaluation Report, 2010

Organizations are expected to be current and reflect new practices in their education and communication projects using multiple technologies and mediums. Repetition of key information is required across different channels and in different formats.

Social media is on the rise and organizations increasingly must set out their “social strategy” to manage this dimension.

In many sectors, solutions to automate back office processes are transforming operations – particularly information and member management, document capture and storage, business process workflow, collaboration between offices and information accessibility through the organization and online to stakeholders.

Entry to Practice Competencies

In 2010, the Partnership for Dietetic Education and Practice (PDEP) received federal funding to support a national Integrated Practice Competencies Project. The competencies will be used across the country to determine safe, effective and ethical dietetic practice at the entry level. They will allow dietitians to access job opportunities without the need for re-certification.

CDO is a key participant in PDEP.

Changing Practicum Education Requirements

An Ontario Task Force on Dietetic Education is addressing the need to expand practical dietetic education in Ontario and develop a more responsive and accessible model of education for the province. The College continues to be part of the leadership group for this work.

Too many of the qualified graduates of the university food and nutrition programs cannot access the internship positions needed to qualify for registration with the College. This is occurring at a time when there is a shortage of Registered Dietitians in Ontario. The Task Force is now consulting on a model and implementation issues for dietetics education that would increase the capacity for practical education, better integrate academic and practical learning, and integrate practical education into university programs.