Fixing the Skills Gap: Dietitian Workforce Shortage in Canada

Submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)

Marlene Wyatt, Director Professional Affairs
Linda Dietrich, Director Regions Development
Pat Vanderkooy, Manager Public Affairs

JUNE 2012
© Dietitians of Canada. 2012. All rights reserved.
Dietitians of Canada (DC), the professional association representing more than 6000 dietitians across the country, promotes evidence-based best practice in dietetics, advances the profession's unique body of knowledge of food and nutrition, and supports members in their diverse roles in health and wellness.

In response to this study, “Fixing the Skills Gap: Addressing Existing Labour Shortages in High Demand Occupations”, Dietitians of Canada has provided witness to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities on May 7, 2012 and submits this brief for further information and reference.

Fixing the Skills Gap: Dietitian Workforce Shortage in Canada describes features of and makes recommendations to address the shortage in the workforce supply of dietitians in Canada.

Recommendations to address this workforce shortage include improving and/or increasing:

1. training capacity in accredited universities and practicum programs
2. workforce mobility through bridging programs for internationally educated dietitians
3. participation of aboriginal populations in dietetics training
4. support for collection of labour market information for dietitians.

The brief concludes with Summary and Recommendations, followed by contact information and references.
THE DIETITIAN WORKFORCE SHORTAGE IN CANADA

The current supply of dietitians in Canada is inadequate to provide Canadians with sufficient access to dietitians and other resources produced by dietitians.\(^1\) It is critical to have enough dietitians to meet the health needs of Canadians, especially since nutrition is important throughout the continuum of health services, from health promotion to disease prevention to clinical nutrition support through medical nutrition therapy and dietary management. The current shortage of dietitians in Canada was acknowledged in a recent report of the Standing Senate Committee on Social Affairs, Science and Technology, *Time for Transformative Change: A Review of the 2004 Health Accord*\(^2\).

Canadians express an interest in nutrition to prevent and manage disease, but many have limited access to dietitians’ services. Recent Canadian surveys found that:

- 93% of consumers think that nutrition is an important factor influencing their food choices
- 87% express that ‘maintaining good health’ has a major influence on the food choices they make
- 82% believe that dietitians are the most credible source of nutrition information\(^3\), and yet,
- only 27% of Canadians have accessed a dietitian\(^4\).

Canadians need access to the right health professional at the right time, including in rural and remote locations. A recent report by the Health Council of Canada acknowledges the value of interprofessional practice in primary health care “where patients can access a range of providers (e.g., pharmacists, social workers, dietitians) to help them manage and prevent health problems” – a shift to team-based primary health care that responds to increasing numbers of people with complex chronic health conditions\(^5\). The continuum of care must also allow for access to health professionals across the sectors. In a survey of collaborative primary health care mental health initiatives across Canada\(^6\), for example, dietitian services were available in only 18% of the programs. A recent study of access to therapy services for Ontario’s homecare clients\(^7\) concluded that fluctuating referrals to professional therapy services had concerning implications for client outcomes, and could exacerbate current health human resource issues with therapy professionals in the homecare sector. Demand for dietitians is increasing, with dietitians taking leadership in the management of chronic disease, specialized nutrition care, health promotion, food supply and health policy.

“There is already a dietitian shortage in all areas of the country and the situation will worsen with the impending increase in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care.”\(^1\) Dietitians have reported many difficult-to-fill vacancies, especially in rural and remote areas\(^1\). The number of dietitians approaching retirement is growing – **about half of Canada’s dietitian workforce plans to retire in the next ten years**\(^1\). While many plan to retire before age 60, most plan to retire between ages 60 and 65. Indecision about when to retire presents some opportunities to either find ways to retain dietitians within the workforce to age 65 and beyond or to make part time opportunities for dietitians who retire early to continue to contribute to the workforce. The dietitian workforce is over 95% female in Canada. This fact has relevance for planning for maternity leaves and child care needs, and for the care of aging relatives.
RECOMMENDATION 1:

Improve and increase training capacity in accredited university and practicum programs

The current supply of registered dietitians in Canada is inadequate to meet the existing demand. Dietitians are required within the continuum of health services, the agri-food business, the food industry, educational institutions, policy-making entities, research institutions and by individual Canadians who do not have sufficient access to dietitians and resources produced by dietitians.

The path to becoming a Registered Dietitian includes completion of a four-year degree in Foods and Nutrition from an accredited program, and a period of supervised practical training. The chart below demonstrates the various paths:

---

**Integrated Internship Route**

**INTEGRATED UNDERGRAD PROGRAM WITH FULLY INTEGRATED INTERNSHIP**

All students admitted to Dietetics program have an Internship included in the program.

After graduation, eligible to Register with regulatory body of the province in which you intend to practice.

---

**Post-degree Internship Route**

**UNDERGRAD PROGRAM ONLY**

- Internship Not Completed

**APPLY FOR POST-DEGREE INTERNSHIP OR MASTERS PRACTICUM**

Highly competitive.

**POST-DEGREE INTERNSHIP PROGRAM**

Application package and computer selection process administered by DC.

**COMPLETE INTERNSHIP OR MASTERS PRACTICUM**

Eligible to Register with regulatory body of the province in which you intend to practice.

---

**INTEGRATED UNDERGRAD PROGRAM WITH PARTIALLY INTEGRATED INTERNSHIP**

Programs have a limited number of internship positions and once admitted to the Dietetics program, you must compete for an integrated internship program.

- Internship Completed
- Internship Not Completed

---

C

---

**Integrated Internship Route**

**INTEGRATED UNDERGRAD PROGRAM WITH FULLY INTEGRATED INTERNSHIP**

All students admitted to Dietetics program have an Internship included in the program.

After graduation, eligible to Register with regulatory body of the province in which you intend to practice.

---

**Post-degree Internship Route**

**UNDERGRAD PROGRAM ONLY**

- Internship Not Completed

**APPLY FOR POST-DEGREE INTERNSHIP OR MASTERS PRACTICUM**

Highly competitive.

**POST-DEGREE INTERNSHIP PROGRAM**

Application package and computer selection process administered by DC.

**COMPLETE INTERNSHIP OR MASTERS PRACTICUM**

Eligible to Register with regulatory body of the province in which you intend to practice.

---

**Integrated Internship Route**

**INTEGRATED UNDERGRAD PROGRAM WITH FULLY INTEGRATED INTERNSHIP**

All students admitted to Dietetics program have an Internship included in the program.

After graduation, eligible to Register with regulatory body of the province in which you intend to practice.

---

**Post-degree Internship Route**

**UNDERGRAD PROGRAM ONLY**

- Internship Not Completed

**APPLY FOR POST-DEGREE INTERNSHIP OR MASTERS PRACTICUM**

Highly competitive.

**POST-DEGREE INTERNSHIP PROGRAM**

Application package and computer selection process administered by DC.

**COMPLETE INTERNSHIP OR MASTERS PRACTICUM**

Eligible to Register with regulatory body of the province in which you intend to practice.

---

**Integrated Internship Route**

**INTEGRATED UNDERGRAD PROGRAM WITH FULLY INTEGRATED INTERNSHIP**

All students admitted to Dietetics program have an Internship included in the program.

After graduation, eligible to Register with regulatory body of the province in which you intend to practice.

---

**Post-degree Internship Route**

**UNDERGRAD PROGRAM ONLY**

- Internship Not Completed

**APPLY FOR POST-DEGREE INTERNSHIP OR MASTERS PRACTICUM**

Highly competitive.

**POST-DEGREE INTERNSHIP PROGRAM**

Application package and computer selection process administered by DC.

**COMPLETE INTERNSHIP OR MASTERS PRACTICUM**

Eligible to Register with regulatory body of the province in which you intend to practice.

---
There must be adequate education and training programs and supports to match the need and demand for dietitians in the future. Currently, there are 12 undergraduate university programs accredited by DC, offering training in dietetics in Canada. As with most health professions, clinical training is a vital component of dietetics education. Completion of practical training is mandated and also accredited through DC. While there are sufficient graduates with university dietetics degrees, only about half of these grads can access the required practicum training to qualify as practice-ready registered dietitians.

In general, funding and supports for coordination and administration of training for health professional are limited within the current budget structures in Canadian health care systems. There are many gaps in training opportunities, especially in smaller communities and among aboriginal populations. Currently, the Canadian dietetics workforce is replenished annually with over 400 practice-ready graduating dietitians. This number of new dietitians will not, however, be sufficient to replace the increasing numbers of dietitians who plan to leave the workforce owing to retirement.

With respect to the training of dietitians, there is also a need to strengthen the foundation for public health nutrition practice by enhancing capacity for consistent public health nutrition education and training. The report, *Strengthening Public Health Nutrition Practice In Canada*, recommended all dietetic students and interns, in their education and practical training, acquire public health experiences (e.g., support for student placements in rural and remote areas, sufficient infrastructure and experienced staff to support student/intern experiences).

Effort is required to keep dietitians at the forefront of developments in dietetic practice as these relate to the evolving food supply, nutrition knowledge, understanding of food and eating behaviour, approaches to nutrition education and dietetics education, and research and inquiry. Potentially, some of the concerns arising from dietitian workforce surveys pertaining to (dis)satisfaction with workload, coverage, and capacity/willingness to participate as preceptors can be addressed through attention to workforce shortages.

**There is an urgent need to substantially increase the practical training capacity for dietitian candidates in Canada within the next decade.** This will ensure sufficient dietitian graduates to fill existing difficult-to-fill vacancies, and to prepare for the retirement wave. The need for increased training capacity exists throughout Canada and is not confined to one or a few regions. Advocacy efforts with decision makers and planners have emphasized the need to support expanding dietetics education, both university-based and practical training.
RECOMMENDATION 2:
Improve workforce mobility through bridging programs for internationally educated dietitians

Dietitians of Canada recommends supporting implementation of bridging programs for internationally trained dietitians. A growing number of internationally-educated dietitians are wishing to work in Canada and they require bridging programs to qualify for practice. It is only fair and equitable that these internationally-educated dietitians have the opportunity to be employed here in their chosen profession. Currently, there is only one such program for dietitian bridging supported by government funding. In the past five years, over 100 internationally-educated dietitians have successfully completed the Internationally-educated Dietitians Pre-registration Program (IDPP) at Ryerson University in Toronto.10

Before this program, few internationally-educated dietitians were able to gain registration to practice in Ontario. Today, almost all the graduates of the Ryerson bridging program have succeeded in passing the national certification examination and are employed as Registered Dietitians. Demand for this program remains high with applicants from across Canada wishing to apply to the program. Data on recruitment and retention patterns and successes of the bridging program for dietitians at Ryerson University demonstrate this need.

Bridging programs must however be sufficiently resourced for training capacity and student support to address competency standards of the profession in Canada. The expense and time required to become a Registered Dietitian, employed in one’s original profession has become a fairness and equity issue for the dietetics profession. The Ministry of Human Resources and Skills Development has worked with projects designed to enhance the capacity of internationally-educated health professionals to succeed in their relevant certification processes and to practice their profession successfully in Canada; DC has actively encouraged continued government support of bridging programs through membership and participation in HEAL11 and Group of 7 Health Professions Alliance12.

RECOMMENDATION 3:
Increase participation of aboriginal populations in dietetics training

Aboriginal populations have increased incidence of diabetes and other chronic diseases. Practicum training in aboriginal communities will contribute to having dietitians remain in aboriginal communities to practice. Aboriginal graduates have greater opportunities to influence their communities food and nutrition behaviours. In order to increase participation of aboriginal students entering our profession, barriers to aboriginal access to dietetic education and training and support for practicum training opportunities in aboriginal communities must be addressed.

DC is working with dietitians and health systems to encourage establishment of broader internship programs, to build opportunities for practicum placements in northern, aboriginal and francophone communities. Currently, there are two practicum programs in Canada, focused on drawing in aboriginal students.13
RECOMMENDATION 4:

Improve support for collection of labour market information for dietitians

According to the most recent records from the Alliance of Canadian Dietetic Regulatory Bodies, there are over 9500 registered dietitians in Canada. The Canadian Institute for Health Information (CIHI) tracks workforce data of six health professions, but dietitians are not one of these professions. The dietetics profession does not have continuous up-to-date, accurate information about dietitian workforce trends and projected needs in Canada. The recent workforce surveys undertaken across the country were a one-time, self-funded effort to capture some of this information.

Further work is needed to examine and address other workforce development issues, in particular, ensuring there is adequate capacity within public health nutrition. Health human resource strategies at all levels of government can then create plans to ensure that these important members of public health teams are available in the future.

A comprehensive pan-Canadian health human resources strategy must include dietitians. As a member of the Health Action Lobby (HEAL), Dietitians of Canada supports recommendations asking the Government of Canada to lead in comprehensive assessment of a range of health providers required to meet the current and emerging health needs of Canadians. Current trends, which include incidence and prevalence of mental health disorders, as well as an aging population of persons living with chronic disease, will demand much of Canada’s health human resources – in terms of numbers but also in terms of the mix of providers. Dietitians of Canada supports continuation of the work of the Canadian Health Human Resources Research Network. We need access to Health Human Resources (HHR) data, and information on innovative HHR innovation in development, training, finance, regulation, recruitment and retention.

Support for recruitment, retention and training of the range of providers who provide health services to Canadians is essential. HEAL has recommended that the federal government develop a strategically targeted, time-limited, five year National Health Human Resource Infrastructure Fund (NHHRF). The 2011 report from Committee on Finance acknowledges the need for: national health human resource infrastructure to support health professionals in delivering new models of health care, inter-professional practice and research and innovation, ensuring the existence of a sufficient number of health care professionals and providers as well as infrastructure and governance, the creation of a national health delivery infrastructure fund to provide academic health care organizations with an incentive to enhance their capacity, funding of such measures as bridging programs to enhance the participation of internationally educated health professionals, targeted education and skills training programs for health care workers, and requests for loan forgiveness be extended to include more health professionals practising in other regions.
SUMMARY AND RECOMMENDATIONS

Dietitians of Canada calls for a comprehensive human resources strategy to increase the supply of health professionals, including dietitians, to address the existing labour shortage in the high demand occupation of Registered Dietitian. Improved capacity, training dietitian workforce is needed to meet the growing demand for dietitians in many workforce sectors, including health care, health promotion, education, research, government, industry and business.

As part of a comprehensive human resources strategy to address the existing dietitian shortage in Canada, Dietitians of Canada makes the following recommendations:

1. Improve and increase training capacity in accredited university and practicum programs
   • more spots for education and practicum training, to increase the number of practice-ready dietitians,
   • support for coordination in practicum training, and
   • a more efficient system of training that addresses competency standards for the profession.

2. Improve workforce mobility, specifically addressing bridging programs for internationally educated dietitians
   • support for sustainable government funding to ensure continuation and capacity of the one existing dietitian bridging program, and
   • assistance to develop and implement bridging programs in other parts of Canada.

3. Increase participation of aboriginal populations in dietetics training
   • support practicum training opportunities in aboriginal communities
   • address barriers to aboriginal access to dietetic education and training

4. Improve support for collection of labour market information for dietitians
   • support for the Canadian Health Human Resources Research Network
   • assistance from CIHI and Statistics Canada to initiate data collection for dietitians
   • support for provincial and territorial models of supply and demand
For further information:

Marlene Wyatt  
Director Professional Affairs  
Dietitians of Canada  
613-563-1055  
marlene.wyatt@dietitians.ca  

Pat Vanderkooy  
Manager Public Affairs  
Dietitians of Canada  
519-823-7725  
pat.vanderkooy@dietitians.ca  

www.dietitians.ca  

References


(see also Dietitians of Canada, 2011. Strengthening the Canadian Health System: A Call to Action from Dietitians. Submission to the Senate Committee on Social Affairs, Science and Technology NOVEMBER 2011  


13. Dietitians of Canada. Includes example of Manitoba Partnership Dietetic Education Program Winnipeg (information from DC website) http://www.dietitians.ca/Secondary-Pages/Public/Internship-Program-Descriptions/Manitoba-Partnership-Dietetic-Education-Program.aspx


