Task Force on Dietetic Education and Practical Training

Report to Health Force Ontario, Ministry of Health and Long-Term Care

JUNE 30, 2011
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To address Health Force Ontario’s request to expand the number of dietitian graduates qualified to write the Canadian Dietetic Registration Examination, an integrated approach to dietetic education is recommended by the Task Force on Dietetic Education and Practical Training (the ‘Task Force’), together with the adoption of innovative best practices and joint governance.

Receiving the mandate in 2010 from Health Force Ontario, the Task Force followed a rigorous process that included extensive data gathering, sub-group work, six full Task Force meetings and targeted consultations.

A comprehensive situation assessment revealed the strengths, as well as a number of issues with the current approach to education. Seven different options were developed by the Task Force. After much deliberation, the Task Force is recommending an integrated 4+ year academic / fieldwork model under the aegis of the current Ontario undergraduate university programs and with an expanded focus on interprofessional care and collaboration. The proposed change is shown schematically below:

Figure 1: Dietetic Education Models – Current and Proposed

FROM

4 Years

ACADEMIC
Graduate with Undergrad Degree

INTERNSHIP – 12 Internship Programs

= Readiness to write the Canadian Dietetic Registration Exam

TO

4+ Years

ACADEMIC ENVIRONMENT

FIELDWORK

APPLIED LEARNING

Coordinating Process

= Undergraduate Degree and Readiness to write the Canadian Dietetic Registration Exam

1 Model Option review is available in Appendix 10
The proposed Ontario Dietetic Education Program includes the following features:

1. An increased number of dietitian graduates ready to write the Canadian Dietetic Registration Examination.
2. An integrated approach based on sound pedagogical principles that:
   a. follows sector norms, aligning with other professions as well as dietetic programs across Canada
   b. is based upon the new Integrated Competencies for Dietetic Education and Practice and performance indicators being developed by the Partnership for Dietetic Education and Practice, and
   c. benefits students by allowing for continuing student registration and access to related financial support.
3. Alignment with the Ministry of Training, Colleges and Universities’ stated preference to retain entry-to-practice professional competence as an undergraduate qualification
4. Adoption of a number of innovative best practices and standardization of processes to provide a quality education while reducing the total time to eligibility for registration
5. An inclusive and sustainable approach that takes into consideration such aspects as the unique needs of remote parts of the province; learners from different academic backgrounds; different learning styles; coordination of applied learning and fieldwork; and increasingly different practice settings, and
6. High levels of accountability within a collaborative model. Use of coordination concepts to enable different universities to work together while retaining the strengths of their individual programs.

A number of key issues with the current dietetic education model were identified by Task Force members and current post-degree Internship Coordinators. Proposed resolutions to address the issues through the new model are summarized below:

A. Issue: There are not enough Registered Dietitians to serve the Ontario population, particularly in community, long-term care and public health settings. Currently, qualified Food and Nutrition program graduates do not get accepted into an internship program because there are not sufficient placement opportunities
   • By integrating the education model and adopting innovative best practices, quality education is provided while reducing the total time to registration.
   • Entry-to-practice competence will be attained through a combination of more applied learning during the academic years as well as shortened fieldwork placements. Readiness to move from the academic environment to fieldwork will be determined by means of a standardized assessment test, developed and administered jointly by academics and practitioners
   • The focus shifts from numbers of semesters or weeks of education to students demonstrating attainment of competency
   • A centralized dedicated site recruitment and student coordination function will ensure that placement opportunities are available for every qualified student
   • The adoption of standardized processes and tools, including evaluations to assess the quality of the education program, and such innovations as twinning students with preceptors will also help to expand capacity
   • Currently most placements are in hospital or tertiary care settings. Moving forward, the delivery of care in hospital settings will continue to be important, but the opportunity to gain exposure to other settings will be enhanced.
B. Issue: The education system is fragmented leading to duplication of effort and a failure to convert qualified graduates into Registered Dietitians

- Academic and fieldwork experiences will be integrated thus reducing duplication and allowing the introduction of one set of learning frameworks and models
- The unique strengths and characteristics of each of the universities will be retained under the umbrella of the new Ontario Dietetic Education Program. All programs will graduate students with the entry-to-practice competencies as outlined in the new Integrated Competencies for Dietetic Education and Practice
- The universities offering food and nutrition programs will collaborate together and with practice leaders, to develop and maintain education courses and curriculum that are linked to established and emerging practice areas within dietetics.

C. Issue: Onerous and burdensome processes are time-consuming and limit the time available for professionals to dedicate to teaching. Examples include the current matching process for graduates, administration processes associated with signing up placement sites, and the workload of preceptors

- A central coordination function will be introduced to manage, maintain and recruit new placements from across Ontario. Placement site affiliation agreements, sometimes difficult and labour intensive to obtain, will be established to cover a designated time period for a greater number of students
- Clarity of roles and responsibilities will be introduced, creating consistency across sites
- Use of a computerized database system will allow placements to be tracked and will connect the student electronically with preceptor and placement site. The elimination of the DC internship match will remove a huge administrative burden from the student, DC, placement sites and those completing the reference forms and letters
- Standardized and accessible student and preceptor education and evaluation materials will provide development opportunities for preceptors to enhance the placement experience and will assist the preceptor with student evaluation and mentoring
- The introduction of a web portal will enable more efficient and effective setting up and evaluating of placements, thus making it easier for preceptors and sites to accept students.

D. Issue: Require more dietitians / preceptors from a broad range of practice settings to educate students

- Development of regional clusters/learning home bases, a central coordination centre and learning portal will create more capacity in the system. Processes such as placement set-up, evaluation, preceptor training and availability of resources will standardize and support the learning experience for the student, preceptors and coordinators
- The adoption of proven good practices such as twinning students with preceptors and group orientation will reduce the demand on key fieldwork site resources
- Opportunities for preceptors to be involved in the applied education courses provided by the universities including interprofessional education and simulation, as well as participation in student practice readiness assessments, will enhance the preceptor experience
- Request that the Ministry of Health and Long-Term Care set a policy requiring all funded employers to commit resources to support professional education.

E. Issue: Financial pressures and liability concerns experienced by students/graduates: limited access to Workplace Safety and Insurance Board and liability for student coverage during placements and student having to repay their loans while still interns

- Given the university umbrella for the entire education experience, students will be covered for Workplace Safety and Insurance Board and liability while at placement sites and student loans can be deferred until graduation at the end of the integrated academic and fieldwork experience.
In short, the new model creates more dietitian capacity in the system by introducing a new format, practices and processes, including the adoption of standardization, consolidation and collaboration. In moving forward, initial design and implementation of the coordinating function will be accelerated in order to provide additional support to current graduates in their quest for internship positions, which, in turn, will enable more graduates to qualify to write the Canadian Dietetic Registration Examination and apply for registration with the College of Dietitians of Ontario. While challenging, there appears to be a growing commitment to move to a sustainable and equitable education model across the profession. The first cohort of this integrated program could enter university in September, 2014, graduating as early as December 2018 or Spring, 2019.

**Recommendations**

In closing, the Task Force wishes to make the following recommendations:

1. That the Ministry of Health and Long-Term Care [Health Force Ontario], working through and with others like the Ministry of Training, Colleges and Universities, identify ways to fund the development and implementation of this integrated [both academic and practical aspects] model. Dietitians of Canada and the College of Dietitians of Ontario have both committed to provide support and leadership through the process of finalizing the design as well as through implementation and ongoing delivery.

2. That the Ministry of Health and Long-Term Care adopts and reinforces policies to the effect that all funded service providers are expected to commit to providing resources to support professional education. Such policy statements will be crucial in supporting the successful expansion of placement sites, both in more traditional settings like hospitals and more emergent settings such as the Family Health Teams, long-term care facilities and education centres linked, for example, to such Ministry priorities as the Diabetes Strategy.

This proposal provides the government of Ontario with a timely case study, tailor made to demonstrate the implementation and effectiveness of its new “Putting Students First” strategic direction. Under the heading of Quality Education, the government’s commitment to “place more emphasis on programs at colleges and universities that promote experiential teaching and learning, such as co-operative education, internships, undergraduate research opportunities and international exchanges” is totally aligned with the intent and key messages of this report.

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Task Force and Steering Committee Membership

The Steering Committee of the Task Force on Dietetic Education and Practical Training wishes to thank our chair, Mary Bush for her strong leadership and vision throughout this project and to acknowledge the work of the Task Force who dedicated many hours to ensure that the model for dietetic education met the criteria required for quality education.

The entire work of this project was made possible through a generous grant from the Ministry of Health and Long-Term Care, Health Force Ontario. The Task Force greatly appreciates this investment into dietetic education and our related workforce.

Dietitians of Canada and the College of Dietitians of Ontario have provided leadership and fund management. The Task Force greatly appreciates this support and commitment from our professional association and College.

The Task Force wishes to extend appreciation to the Project Lead, Jane Bellman for her tireless contributions in bringing this project together and consultants, Angela Cuddy for her work on the Key Informant Interviews and Environmental Scan; Dawna Royall for synthesizing data used to inform the Task Force on model development; and finally the Task Force wishes to gratefully acknowledge the unyielding energies of our consultant Jane Cooke-Lauder from Bataleur Enterprises Inc. Jane’s knowledge, expertise and strategic guidance were key to the success of this work.

Lastly, the Task Force wishes to thank those that participated in the key informant interviews including follow-up calls and the consultation participants for sharing their feedback. Their diverse perspectives and thoughtful comments inspired the model components.
### Table 1: Task Force and Steering Committee Membership

<table>
<thead>
<tr>
<th><strong>TASK FORCE</strong></th>
<th><strong>AFFILIATION</strong></th>
</tr>
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<tbody>
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<tr>
<td>France Rioux</td>
<td>Program Director, Baccalaureate of Nutrition Science, University of Ottawa</td>
</tr>
<tr>
<td>Marlene Wyatt</td>
<td>Director of Professional Affairs, Dietitians of Canada</td>
</tr>
</tbody>
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<tr>
<th><strong>STEERING COMMITTEE</strong></th>
<th><strong>AFFILIATION</strong></th>
</tr>
</thead>
<tbody>
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<tr>
<td>Dianne Gaffney</td>
<td>Corporate Lead, Professional Practice, Huron Healthcare Alliance and former chair of the Dietetic Leadership Forum of Ontario</td>
</tr>
<tr>
<td>Mary Lou Gignac</td>
<td>Registrar, College of Dietitians of Ontario</td>
</tr>
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Current Situation Assessment

In 2010, the Task Force\(^4\) was commissioned by Health Force Ontario, against a backdrop of change and innovation in the sector, to design a new dietetic education model. As with most regulated professions, dietitians are required to write a registration examination that is administered, in Ontario, by the College of Dietitians of Ontario (CDO). Eligibility to write the exam is dependent on successful completion of an accredited undergraduate program and an accredited practicum program\(^5\).

Different models of dietetic education are in place across Canada with a clear trend toward an integrated longer offering of some five years. In Ontario, the system is more fragmented, with increasing pressure being experienced on the availability of practical training positions for qualified graduates of university programs. This has contributed to the current shortage of Registered Dietitians (RDs) across the province and in different practice settings.

Forces and trends within the health, education and dietitian contexts across the country, with a focus on Ontario, are presented below. The section concludes with a summary statement of the key issues identified by the Task Force since these shaped the development of the proposed model.

Increasing Demand for Dietitians

Ontario currently has the lowest per capita number of dietitians in Canada, with a chronic shortage in long-term care and public health\(^6\). Additional factors putting pressure on the dietetic workforce include:

- The increasing prevalence of complex chronic diseases which include obesity and diabetes
- An aging population
- Role of the RD on interprofessional teams
- Increasing interest in foods and nutrition
- Reorientation of health services to primary and community based care.

Government program changes are also increasing the demand for dietitians as outlined below\(^7\):

- Family Health Teams
  - Currently 200 Family Health Teams in Ontario
  - Generally, one or more dietitians on each team
- Community Health Centres
  - Currently 90 Community Health Centres in Ontario
  - Generally one dietitian at each centre and possibly more if in a large urban area
- Long-Term Care Regulations
  - Long-Term Care Homes Act proclamation, July 2010
  - Regulation increased RD time from 15 to 30 minutes per client per month
- Diabetes Strategy – Diabetes Education Teams

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\(^4\) See Appendix 2 for Terms of Reference contained within the Interim Report

\(^5\) Or equivalent which includes successful completion of a graduate degree acceptable to the College Council; or successful completion of a program of practical experience that, in the opinion of Council, is equivalent to an accredited internship program or a graduate degree acceptable to the College Council. From: http://www.cdo.on.ca/en/viewPages.asp?ID=97#practical

\(^6\) From: Canadian Institute for Health Information (CIHI) report, Canada’s Health Care Providers, 1997 to 2006, A Reference Guide: www.cihi.ca

\(^7\) Additional background information and references are included in Appendix 8 under Workforce Projections
Currently 223 Diabetes Education programs in Ontario
- Generally, one or more dietitians on each team
- RDs recognized as integral member of the team, but are proving difficult to recruit to the RD/Nursing teams

• Public Health
  - In May 2006, the final report of the capacity review committee recommended that funding opportunities be expanded for the training of public health workers.

While a dietetic human resource planning model is under development, current demand for Ontario based dietitians exceeds the supply with some 200 RD positions being vacant at any one time. Further, survey results from DC Meta Analysis Workforce Report indicates that Ontario will have the greatest proportion (34%) of respondents (29% response rate in the survey) retire within the next 10 years^8.

**Academic Program Approaches and Structures Vary**

Two different approaches have been adopted to professional education:

1. All related university programs in Ontario, with the exception of the new bilingual University of Ottawa program, have adopted a broad-based approach to education in food and nutrition. This broad-based approach includes graduates who do not wish or do not qualify to pursue a career in dietetics but are interested in a career in food and nutrition.
   • The broad based approach is believed by many educators to prepare students more thoroughly for further advanced education, a stated priority for dietitians in their *Vision 2020^9* document and to prepare graduates for dealing with the complexities/challenges associated with lifestyle and societal intervention and change.

2. University of Ottawa’s approach is described as that of a professional school where all graduates enter with the intention of becoming an RD.

---

^8 DC Workforce Meta Analysis Report of the dietitian workforce in Canada was developed, based on the surveys conducted by provinces from 2007 to 2011. The report provides a “snapshot” of the dietetic workforce and identifies workforce issues affecting the profession. From: http://www.dietitians.ca/Downloadable-Content/Public/Workforce-Meta-Analysis-Report-English-pdf.aspx

There are three different paths to attaining eligibility to write the registration examination:

Table 2: Paths to Attain Eligibility to Write the Canadian Dietetic Registration Examination

<table>
<thead>
<tr>
<th>DEFINITION OF PATH</th>
<th>UNIVERSITIES OFFERING THIS PATH AND DURATION OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fully Integrated Undergraduate Program: all students admitted to Dietetics program have an internship included in the program</td>
<td>1. University of British Columbia – pre-requisite of 2 years and then 3 years in the program</td>
</tr>
<tr>
<td>2. University of Saskatchewan – pre-requisite of 1 year and then a 4 year program</td>
<td>2. McGill University, Quebec – pre-requisite of the 2 year Collège d’enseignement général et professionnel and then 3.5 years</td>
</tr>
<tr>
<td>3. Université Laval, Quebec – pre-requisite of the 2 year Collège d’enseignement général et professionnel and then 3.5 years</td>
<td>4. Université de Moncton, New Brunswick – pre-requisite of 1 year and then 4 years</td>
</tr>
<tr>
<td>4. Université de Montréal, Quebec – pre-requisite of the 2 year Collège d’enseignement général et professionnel and then 3.5 years</td>
<td>5. University of Ottawa – 4.5 years</td>
</tr>
<tr>
<td>5. Université de Montréal, Quebec – pre-requisite of the 2 year Collège d’enseignement général et professionnel and then 3.5 years</td>
<td>6. University of Montreal, Quebec – pre-requisite of the 2 year Collège d’enseignement général et professionnel and then 3.5 years</td>
</tr>
</tbody>
</table>
| 10. Ryerson University                                                           | 11. University of Ottawa

2. Partially Integrated Undergraduate Program: Programs have a limited number of internship positions and once admitted to the Dietetic Program, there is a competition for the integrated internship positions

<table>
<thead>
<tr>
<th>DEFINITION OF PATH</th>
<th>UNIVERSITIES OFFERING THIS PATH AND DURATION OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. University of Alberta – 5 years</td>
<td>1. University of Alberta – 5 years</td>
</tr>
<tr>
<td>2. University of Prince Edward Island – Charlottetown 4.5 years integrated program</td>
<td>2. University of Prince Edward Island – Charlottetown 4.5 years integrated program</td>
</tr>
<tr>
<td>5. Acadia University – Wolfville, Nova Scotia 4.5 years integrated program</td>
<td>5. Acadia University – Wolfville, Nova Scotia 4.5 years integrated program</td>
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3. Undergraduate Programs: which then requires the graduate to apply for a post-degree internship of some 42-52 weeks or masters practicum

<table>
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<tr>
<th>DEFINITION OF PATH</th>
<th>UNIVERSITIES OFFERING THIS PATH AND DURATION OF STUDY</th>
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</thead>
<tbody>
<tr>
<td>1. University of Manitoba</td>
<td>1. University of Manitoba</td>
</tr>
<tr>
<td>2. Brescia University College, affiliated with the University of Western Ontario</td>
<td>2. Brescia University College, affiliated with the University of Western Ontario</td>
</tr>
<tr>
<td>4. Ryerson University</td>
<td>4. Ryerson University</td>
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</table>

In addition, in Ontario, three Masters/Internship programs and two Masters of Science thesis Internship-Combined programs offer an integrated approach, to a limited number of graduates each year (30 positions in 2010)\(^2\).

Qualified internationally educated dietetic professionals may bridge their professional expertise to Ontario practice through the Internationally Educated Dietitians Pre-registration Program (IDPP) at Ryerson University. This program is presently funded by the Government of Ontario (Ministry of Citizenship and Immigration) and by tuition fees until August 2013 with a directive to establish permanent sustainable funding.

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10. This includes summer internships
11. University of Ottawa is funded for four years by the Ministry of Training, Colleges and Universities (MTCU). However, a couple of re-designs in the early years of program delivery to strengthen the program have resulted in a student experience of at minimum 4 years and 1 semester. Accreditation status has still to be confirmed
12. Dietitians of Canada: Ontario dietetic internship statistics
**Expansion of Student Enrolment in Academic Programs**

Popular university programs in Ontario, such as Foods and Nutrition, are under pressure to enroll increasing numbers of highly qualified students:

*Table 3: Number of University Graduates 2009-2010*

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>2009 GRADUATES</th>
<th>2010 GRADUATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Brescia University College</td>
<td>69</td>
<td>74</td>
</tr>
<tr>
<td>2. University of Guelph</td>
<td>64</td>
<td>87</td>
</tr>
<tr>
<td>3. Ryerson University</td>
<td>74</td>
<td>80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>207</strong></td>
<td><strong>241</strong></td>
</tr>
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</table>

* University of Ottawa will be graduating its first class of 29 students in 2011.

**Internship Program Challenges**

Ontario currently has 12 well regarded accredited dietetic internship programs each with its own coordinator who oversees the student selection process for that program. The University of Ottawa, the Internationally Educated Dietitians Pre-registration Program, (IDPP), three Masters/Internship programs and two Masters of Science thesis Internship-Combined programs also perform their own internship coordination. The majority of the current internship programs are hospital based, in tertiary care centres in the Greater Toronto Area.

While the undergraduate student numbers are growing, in Ontario, many internship programs are constrained in their capacity to provide competency-based experiences given such factors as:

- Uncertain funding as hospital global budgets are challenged to meet rising costs, affecting funds available for both education and client service
- Challenging mandates of internship coordinator within sponsoring institutions and uncertainty about the role of the internship programs moving forward
- Limited capacity to seek out new practicum opportunities
- Increasing workload demands made of preceptors leaving them with less opportunity to mentor and precept
- Decreasing flexibility regarding external affiliation agreements, and
- Increasing contractual and risk management constraints.

There is undue reliance on a small group of dietetic internship coordinators and preceptors.

Access to student financial assistance (including loan deferment), liability and accident insurance and employment insurance or income assistance is limited during the internship placement. Students report experiencing high levels of disappointment and frustration when they are unable to secure practicum experiences following graduation from a 4 year undergraduate program.

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13 Listing of internship programs, together with their current capacity and a brief overview of their strengths is included as Appendix 4
15 Some programs allow students to apply for DC liability and insurance coverage
Recent Initiatives

Recent and current national initiatives include the creation of Dietitians of Canada Vision 2020 and the formation of the Partnership for Dietetic Education and Practice (PDEP) which has a specific mandate to revise the existing entry-level competencies\(^\text{16}\). Of particular relevance to this project are the following:

- Development by PDEP of new Integrated Competencies for Dietetic Education and Practice (ICDEP) to be released in February, 2012. These competencies will replace the existing Competencies for the Entry-Level Dietitians, DC 1996 which separate academic knowledge statements and practical competencies; and
- Provision of leadership for the development of a national human resources database for dietetics to map both the inputs into the supply of RDs and the demand for RDs across areas of practice in Canada.

Provincially, the Diabetes Strategy has included funding for 28 new intern positions in 2010 and 2011, as well as providing the opportunity to develop some standardized training and evaluation materials. At the time of the proposed expansion, the Ministry received funding proposals from a number of the internship programs and determined a funding formula in the amount of $12,000 per student which has subsequently been applied to the placements for 2010-2011 and 2011-2012\(^\text{17}\). Additional, one-time-only funds for the 2010/2011 Academic Year\(^\text{18}\) were provided to the Northern Ontario Dietetic Internship Program at the Northern Ontario School of Medicine to cover the costs of expanding the program into the North Simcoe Muskoka Local Health Integrated Network.

Summary

In Ontario, the dietetic education system is not integrated. Universities offer foods and nutrition programs separate from a number of independent internship programs resulting in fewer qualified students finding the fieldwork opportunities that could make them eligible for registration. Schematically, the situation can be represented as in Figure 2 below.

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\(^{17}\) Funding in the amount of: $12,000 per student for practical experience; $9,000 for coordinator plus $3000 per program/faculty development and preceptor training and site support. Details included in Appendix 5

\(^{18}\) Additional one-time-only funds of $32,800 for 4 students were provided to the Northern Ontario Dietetic Internship Program
In summary, of the 241 broadly educated foods and nutrition graduates in 2010, 223 chose to apply for internship positions. Of those, 140 were assessed as qualified\textsuperscript{19}. There were placement positions for only 99 interns, meaning that some 41 qualified undergraduates failed to get placed. This number is expected to increase to 71 once the funding for the expanded internship positions from Diabetes Strategy comes to an end after 2012. Successful completion of the practical experience is an eligibility requirement to register with the College of Dietitians of Ontario for temporary registration and to write the Canadian Dietetic Registration Exam (CDRE). Limited access by qualified students to practical education is the major obstacle to increasing the capacity of the profession.

\textsuperscript{19} Qualified means ranked by internship programs and yet not offered a position due to limited numbers of available positions
The Proposed Model

The Task Force has integrated the best of the current model with innovative but proven pedagogical practices in an attempt to provide a quality education experience that will close the numbers gap in an efficient and sustainable manner. The highlights of the proposed model are included in this section, with much of the detailed materials, background of dietetic education, and the process followed by the Task Force to develop the model being available in Appendices 3 and 6.

Features of the Proposition

It is anticipated that a new Ontario Dietetic Education Program (ODEP) will enhance the undergraduate student experience through continuous learning. Each of the Ontario universities will provide an integrated learning environment of some four plus years in an academic environment followed by a fieldwork experience, through regionally based learning clusters. This integrated approach will introduce new efficiencies and result in a larger number of qualified dietitians being available to work in a range of employment settings across Ontario.

Figure 3: Proposed Ontario Dietetic Education Program
The defining elements of the model are as follows:

1. **An integrated approach**

   In keeping with sound pedagogical principles and in alignment with the trend across the sector, an integrated approach is proposed that strengthens the learning experience for the student. This strengthening occurs through the adoption of a consistent set of frameworks and principles designed to facilitate the adoption of the new set of entry-to-practice competencies (knowledge, skills and judgment) across dietetic areas of practice. The accreditation focus will be on learning outcomes achieved through integrated academic and practical learning.

   From the student standpoint, there are a number of benefits, including continuing registration as a student which provides, among other things, access to student loans. Students will also experience a reduced level of peer competition, currently described as a limiting factor in the education process given the anxiety to secure one of a limited number of fieldwork positions. Thus, the proposed approach will foster collegial relationships and enhance shared learning.

2. **An increased number of dietitian graduates ready to write the registration examination**

   Increasing the number of entry-to-practice ready graduates is dependent to a large degree, upon the identification of sufficient additional fieldwork placements.

   The Task Force is confident that this will prove feasible given the recent successes in finding placements for the University of Ottawa and Brescia University College’s Masters program and the Dietetic Intern Expansion Program. The idea of centralizing administration tasks and standardizing processes where appropriate, twinning students with preceptors, together with providing preceptors with standardized tools and additional training, will expand capacity, as will the reduction in the number of weeks in the field.

   Enrolling the support of other health professionals as preceptors, with oversight from a RD is a strong consideration.

   Strategies such as the use of a geographically targeted team-based approach that includes the development of well thought out key messages, has been found to be successful in recruiting both new sites, including less traditional sites (such as long-term care, community health centres, family health teams), and preceptors.

   It is anticipated that there will be ongoing student interest in dietetics as a career given the general level of societal attention being paid to the importance of foods and nutrition to health and well being. In addition, there would appear to be a significant demand for dietitians, and likely, an increasing demand given the nature of the policies being introduced by government, as well as projections for retirements across the profession over the next 5-10 years and the increasing needs of the aging population.

   Initially, the plan is to address the current number of qualified students who fail to get internship placements. Over time, once the integrated model has been evaluated, there will be the opportunity to expand the number of student placements to meet the demand at that time.
3. Is aligned with the Ministry of Training, Colleges and Universities’ stated preference to retain entry-to-practice professional competence as an undergraduate qualification

Many in the profession would like to see entry-to-practice established as requiring a Masters level qualification, combined with fieldwork education, given the increased complexity of practice, changing roles and the ongoing expansion to the body of knowledge.

Value is placed by the profession on higher education as borne out by one of the elements of Vision 2020 being a commitment to continuously improve practice and seek higher education.

There are practical concerns in the field as to reduced earning potential and potentially reduced status given that other professionals require a masters qualification at entry-level. There are also concerns that this reduction in both perceived status and earning potential will have a negative impact on the recruitment of students.

Notwithstanding the above, the Task Force is recommending the retention of the undergraduate level qualification, with the preference for a broader based academic experience that then positions the graduate to enter into a Masters program, something that the more tightly focused professional schools do not enable to the same degree. The Task Force also acknowledges the importance of continuing professional development to keep dietitians current and to provide the opportunity for development of specialty skills and knowledge.

4. The adoption of a number of innovative best practices to provide a quality education while reducing the total time to registration

The new Integrated Competencies for Dietetic Education and Practice (ICDEP) and associated performance indicators identified by the PDEP will help to frame academic and applied/fieldwork education so as to prepare safe and competent practitioners. In addition, new proven learning approaches are being introduced at a time when the demand is for both more effective but also more efficient use of resources.

To that end, the purpose of this model is to reduce the amount of time taken to become competent. Currently, the Ontario accredited programs that qualify people for registration with the College by meeting competency outcomes comprise 8 academic semesters (finishing in April/May) and then some 42-52 internship weeks starting in September of that year, for an elapsed time of five calendar years. Given the benchmarks established by the University of Ottawa and other integrated dietetic programs across Canada, the commitment is to deliver ODEP in no more than 4 years and 2 semesters (31 weeks), enabling students to complete their studies in under 5 calendar years. These timeframes are in keeping with sector norms and will help to increase capacity.

Being successful in reducing the length of the fieldwork is dependent, to some degree, on the effectiveness of the applied learning opportunities during the academic experience. Investment will be required to re-design part of the academic experience to include the expanded use of existing and new technologies that will help ‘bring the field to the student’\(^\text{24}\), as well as opportunities for observation, experiential learning, seminars, skills practice etc in small groups.

The adoption has been recommended of a standardized competency assessment tool (similar to an OSCE\(^\text{25}\)) prior to entry into fieldwork to ensure student readiness. This assessment approach will be standardized across all universities thus providing the preceptors with confidence in the skills and abilities of the student entering the fieldwork environment.

\(^{24}\) Examples include: competency and narrative based portfolio development, service learning modules, IPE formats, additional simulation activities with the appropriate follow up and reinforcement, case studies, videotaping of role plays, and observational and experiential complements to existing courses

\(^{25}\) http://www.oscehome.com/What_is_Objective-Structured-Clinical-Examination_OSCE.html, plus see Appendix 9 for more information
5. An inclusive approach with multiple entry points that uses preceptors efficiently

The proposed model is designed such that students will enter the university of their choice based on meeting selection criteria set out by that university. At the same time, optional entry points are available for those with previous nutrition and other degrees. Internationally educated dietitians may be integrated into the program with appropriate additional supports specific to their bridging needs.

While the universities are located in Southern Ontario, the concept of the learning cluster or home base enables a range of different potential fieldwork sites in co-located parts of the province, to form a cluster, offering the student a range of experiences but largely within a geographically confined or defined location.

Clusters will provide the mechanism for developing competencies in the practical environment through university approved courses. Clusters will include more traditional sites as well as emerging areas of practice and provide opportunities in a variety of practice settings (such as primary health care, long-term care, rural and remote, and diabetes education centres). Clusters may also offer specialized opportunities to students, aligned with the strengths of the facilities within a given cluster.

The Ontario Dietetic Education Program embraces the centralization of certain process and decisions for efficiency, speed and critical mass reasons. Embedded in the central coordination function is the concept of a rubric that will enable, together with the application of the appropriate software, personalized placement selections to be made. This sense of cluster identity builds strong relationships between and among the site affiliations, preceptors and the students, an approach that could serve as a model or pilot for other regulated professions.

Preceptors will be recruited and receive support from the cluster coordinator and at the same time, will be oriented and trained centrally in order to take advantage of economies and efficiencies of scale. Evaluation and other similar processes will be standardized. Preceptors will have a primary identity and role in the clusters. In addition, given the stated need to bring the ‘field to the classroom’ as part of applied learning, preceptors will be encouraged to forge stronger relationships with the universities, teaching courses, using the library and generally, taking advantage of the opportunity to enhance their professional expertise.

6. High levels of accountability within a collaborative model

Jointly, the universities are accountable for the design and delivery of the Ontario Dietetic Education Program in its entirety. To build and deliver the best possible program, a collaborative relationship with the fieldwork leadership is essential. To that end, the commitment has been made for a highly integrated approach to be taken to the detailed design of the model, utilizing the respective strengths of academic faculty, internship coordinators and preceptors.

Success will also require the universities to work together. While each university administers its own accredited version of the program, there are multiple opportunities for collaboration and synergy both in design and delivery. Further, the program as a whole will require funding and oversight to ensure that the benefits are realized. To that end, it is proposed that the universities and the funder/s sign a Consortium Agreement that will identify the commitments, expectations, funding and evaluation criteria. The Agreement will also empower a Steering Committee, comprised of university and field representatives to provide ongoing leadership, consistency and coordination to the program.

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26 This concept of a cluster is borrowed from the University of Toronto's successful medical education academy model. More information is provided in Appendix 9.
**Affiliation**

For successful implementation of the model as outlined, the following affiliations will be required.

*Table 4: Required Affiliations for Successful Implementation*

<table>
<thead>
<tr>
<th>Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership for Dietetic Education and Practice</td>
</tr>
<tr>
<td>College of Dietitians of Ontario</td>
</tr>
<tr>
<td>Brescia University College; Ryerson, Ottawa and Guelph Universities</td>
</tr>
<tr>
<td>Fieldwork Leaders (including preceptors)</td>
</tr>
<tr>
<td>Dietitians of Canada</td>
</tr>
</tbody>
</table>

Synergies and learning opportunities through a working relationship with the Council of Universities may also support the model and its implementation.
Funding

Using the Diabetes Expansion Strategy funding formula as a guide\(^\text{27}\), revenue and cost assumptions covering both the development as well as the ongoing running costs of the new model have been developed as outlined below. It is assumed that the current funding that covers 4 years of undergraduate education will continue.

There are three different time horizons to the cost projections:

A. One-time-only costs in the first two years (2012-2013) primarily associated with detailed planning, design, consultation and change management, in the amount of $500,000 per year;

B. The costs associated with running the program in the first four years, together with the costs of providing a centralized form of coordination to support current and upcoming graduates in the amount of $425,000 to $1,625,000 for years 1, 2, 3, 4 (2014-2017) of the first cohort as different elements of the model are implemented. There is expected to be some minor offset of these coordination costs through the payment of fees by graduates for the placement support\(^\text{28}\); and

C. From the fifth year of the introduction of the integrated program, the additional permanent funding requirements for a stable, adequately resourced education program for the dietetic profession are shown together with the offset of some 40% of the costs through the payment of tuition fees by students for the additional semesters in the fifth year. Actual program costs are in the vicinity of $1.7m, with student tuition fees offsetting some $770,000\(^\text{29}\), provided these are made available to the program. The funding required is thus in the amount of $1 million for each year, starting in 2018.

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\(^{27}\) Diabetes Expansion Strategy funding formula is outlined in Appendix 5

\(^{28}\) Currently, graduates pay some $140 to DC to be matched to an internship program. Payment is required for each application.

\(^{29}\) $770,000 resulting from the average tuition of $5,500 paid by 140 students
A six year budget is shown based on the phased implementation plan proposed later in this report. The ongoing costs are presented in groups linked to the main elements of the model, as this provides a snapshot of what activities the funding will be supporting. These grouped numbers are then broken out to show the constituent parts together with the related assumptions.

**Table 5: Proposed Six Year Budget 2012 - 2018**

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>A. One-Time-Only Funding</strong></td>
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<tr>
<td>Governance/Consortium Agreement</td>
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<tr>
<td>Program Director</td>
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<td>$120,000</td>
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<tr>
<td>Program Management/Implementation Support</td>
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<td>$205,000</td>
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<tr>
<td>Curriculum/Course Development</td>
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<tr>
<td>Consultant Support</td>
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<td>$35,000</td>
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<tr>
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<td>$15,000</td>
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<td><strong>Total</strong></td>
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<td>$500,000</td>
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<tr>
<td><strong>B. Funding to Support Initial Years and Placement Function</strong></td>
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<tr>
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<td>$5,000</td>
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<td>$5,000</td>
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<td>$380,000</td>
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<tr>
<td>Applied Learning</td>
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<td>$300,000</td>
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<tr>
<td>University Coordination</td>
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<td>$150,000</td>
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<td>Legal Counsel</td>
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<td>Website/Technology</td>
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<tr>
<td>Introduction of Learning Clusters</td>
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<td>$600,000</td>
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<tr>
<td><strong>Total</strong></td>
<td>$425,000</td>
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<td>$875,000</td>
<td>$1,625,000</td>
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<td><strong>C. Ongoing Funding</strong></td>
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<td></td>
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<tr>
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<td>$5,000</td>
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<tr>
<td>Central Coordination</td>
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<td></td>
<td>$430,000</td>
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<tr>
<td>Applied Learning</td>
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<td></td>
<td>$300,000</td>
</tr>
<tr>
<td>University Coordination</td>
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<td>$300,000</td>
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<tr>
<td>Legal Counsel</td>
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<td>$20,000</td>
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<tr>
<td>Website/Technology</td>
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<td>$600,000</td>
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<tr>
<td>Learning Clusters</td>
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<tr>
<td><strong>Total</strong></td>
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<td>$1,675,000*</td>
</tr>
</tbody>
</table>

*Note: Starting in 2018, student tuition fees provide offset of some $770,000
### Table 6: Details Supporting the Budget

<table>
<thead>
<tr>
<th>COST</th>
<th>ASSUMPTIONS</th>
<th>BREAKDOWN OF COST/YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. One-Time-Only Funding</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governance – Consortium Agreement</td>
<td>Universities and funder/s will meet at least twice in-person to finalize and sign the agreement.</td>
<td>2 meetings including travel costs at $5,000 each = $10,000/y</td>
</tr>
<tr>
<td>Governance/Oversight</td>
<td>Steering Committee composed of DC, CDO, university, and fieldwork leaders.</td>
<td>2 in-person meetings including travel costs at $5,000 each = $10,000/y</td>
</tr>
<tr>
<td>Program Director</td>
<td>Staff lead to set-up consortium/secretariat, facilitate getting agreements signed and ODEP charter developed.</td>
<td>Salary and Benefits = $120,000/y</td>
</tr>
</tbody>
</table>
| Program Management/Implementation Support     | Program Manager – Assisting with the design and implementation of the program changes along with managing operations of Central Coordination; setting-up portal containing preceptor/student education and support; collaborating with practice sites and universities to develop assessment and evaluation tools; setting up research focus and managing placement database program.  | Program manager salary = $108,000 and Placement Data Coordinator salary and benefits = $90,000  
Total = $205,000/y                                                                 |
|                                                | In consultation with the Program Director, select and implement Placement Database: Example: HSPnet is an electronic data base service that loads placements available, identifies those filled and not filled and links student with the placement, including pre-reading and other pre-placement requisites.  | HSPnet for the universities = 6,400/y  
Total = $210,000/y                                                                 |
| Curriculum/Course Development                 | Faculty secondment or hire fieldwork leader to develop university practical courses (3 in total) to cover professional practice development in addition to current programs. Estimated development time of 6 months per course. Process will also involve a thorough curriculum review and adoption of the PDEP Integrated Competencies for Dietetic Education. Costing figure is fairly low as universities will be collaborating on curriculum design. | Estimated = $50,000 X 3 courses across all universities = $150,000 over 2 years  
= $75,000/y                                                                 |
| Consultation Support                          | Supporting the detailed design of the cluster concept, standardization of processes and tools; development of role descriptions, reporting tools and processes. | Cost estimate: 50 days per year at $800/day = $40,000/y                                  |
| Website/Technology                            | This portal is a process to share tools and resources to do things consistently and support preceptor training. Development of the portal, over a two year period, is based on cost estimates from the University of Alberta preceptor online program. Their development costs included content development, configuration of the webCT site, graphics, approval of copyrights, videography, total = $23,000. | Web portal development over two years  
Total = $15,000/y for 2 years                                                                 |
<table>
<thead>
<tr>
<th>COST</th>
<th>ASSUMPTIONS</th>
<th>BREAKDOWN OF COST/YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Funding to Support Initial Years and Placement Function and C. Ongoing Funding Governance/Ongoing Stewardship</td>
<td>Steering Committee composed of DC, CDO, university, and fieldwork leaders. Monitor and provide guidance. Focus on evaluation of the education system and quality of graduates from a number of perspectives, including employers.</td>
<td>1 face-to-face meeting including travel costs at $5,000/y</td>
</tr>
<tr>
<td>Central Coordination</td>
<td>Program Director, Program Manager, Data Coordinator and admin support. One of the universities will act as the ‘secretariat’ and provide a ‘home’ for the Program Director and central coordinating function as well as act as the ‘bank’ and the ‘employer’ Main focus of the central coordinating centre will be:  - Recruit and set up of fieldwork clusters  - Manage learning portal and placement data base and process  - Link with steering committee for strategic planning for dietetic education Starting in 2017, Central coordination will require dedicated funding to support its work and networking with the dietetic profession, visiting preceptors; supporting them through education initiatives and continuous quality improvement activities.</td>
<td>Program Director salary &amp; benefits = $120,000/y  Program Manager salary &amp; benefits = $108,000/y  Placement Data Coordinator salary &amp; benefits = $90,000  Admin support salary &amp; benefits = $55,600/y  HSPnet X 4 universities = 6,400/y  Central Coordination support/quality improvement = $50,000y (as of 2018) Total = $380,000  Starting 2018 Total = $430,000/y</td>
</tr>
<tr>
<td>Applied Learning Development, piloting of the Standardized (OSCE-type) Assessment $500/assessment tool x 2 tools developed per year = $1,000 X 4 universities = $4,000 OSCE type and simulations = 2 assessment and 2 simulations each per student @ $60 each for actors * 140 students = $33,600 IPE - From University of Toronto, approximately $2,000/year per class X 4 universities = $8,000 Additional sessionals, or other support to assist with smaller class sizes Sessionals at ~$7,000/course to teach practical courses: 1 practical course during 1st, 2nd and 3rd year and at each of the universities = $84,000 Ongoing course/curriculum redesign occurs within regular university mandates</td>
<td>Sessionals paid across all universities = $84,000  OSCE type development = $4,000  Testing - OSCE &amp; simulation = $33,600  IPE = $8,000  Sessional or other support = salary &amp; benefits $40,000 X 4 universities = $165,000  Total = $300,000/y</td>
<td></td>
</tr>
<tr>
<td>COST</td>
<td>ASSUMPTIONS</td>
<td>BREAKDOWN COST/YEAR</td>
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<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
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</tbody>
</table>
| University Coordination       | 3 Coordinators (with assumption that University of Ottawa continues to have funding for a Bilingual coordinator through separate funding) Main roles:  
  - Oversee continuum of learning. Universities follows the student from the start of university to completion of fieldwork, including competency attainment  
  - Complete WSIB and other legal requirements  
  - Complete the overall evaluation of students, with preceptor and ‘cluster’ coordinator providing core evaluation documentation results  
  - Assist faculty/preceptors with dietetic focused experiential learning activities (e.g., charting), IPE, simulation and other experiences for a well rounded experience  
  - Maintain partnership with other coordinators  
  - Arrange graduation.  
  - As role progresses, could take on teaching some practical courses or components of the courses | Salary & benefits $100,000 X 3 coordinators  
$150,000/y (starting mid way in 3rd year)  
Total = $300,000/y in year 4 |
| Legal Counsel                 | Coordination of affiliation agreements, WSIB and site requirements          | $20,000/y                                                          |
| Website/Technology            | Maintenance of portal and conference line                                   | $20,000/y                                                          |
| Learning Clusters             | Coordinators of clusters  
2 coordinators for Greater Toronto Area, and one coordinator for each of SE, SW, North and East  
Clusters will support student site orientations and Coordinators will supervise and support learning for a specified region of students and preceptors  
The concept of the learning cluster or home base enables potential fieldwork sites in co-located parts of the province, to form a cluster, offering students the opportunity to gain practical experience in a particular environment e.g. rural or remote Ontario; or in a pediatric or food services setting. The clusters will:  
  - provide the mechanism for developing competencies in the fieldwork environment through university approved courses  
  - include more traditional sites as well as emerging areas of practice and provide opportunities in a variety of practice settings (such as primary health care, long-term care, rural and remote, and diabetes education centres)  
  - may also offer specialized opportunities to students, aligned with the strengths of the facilities within a given cluster.  
  - as the model evolves, other regional clusters may develop and coordination may be shared across clusters. | Coordinator salary and benefits totaling  
$100,000 X 6 coordinators  
= $600,000/y |
Possible Funding Sources

During consultation, mention was made of the following as possible funding sources for all or part of these changes:

- MOHLTC: to continue to cover costs related to professional education out of global budgets
- MTCU: to extend Basic Income Units (BIU) funding to include fieldwork
- MTCU: special purpose grants to support some of the one-time-only as well as ongoing delivery costs
- Continuation of the Diabetes Strategy Expansion funding to accommodate some of the students still seeking fieldwork expertise in the ‘old’ model during the transition period
- Northern funding: Ontario Health Human Resources Research Network to address the chronic shortage and repetitive turnover of RDs across Northern Ontario; Northern School of Medicine support; and Northern Bursary fund.
Implementation Planning

**The model as proposed requires change at multiple levels within the dietetic education system.** Complexity is introduced with the number of universities and internship programs that must collaborate in order for the planned efficiencies and effectiveness to be accomplished. The timing of the approvals and the need for detailed design of the proposed model require that the current education and practicum approaches must continue in parallel, likely for the next three years.

These multiple factors have been taken into consideration in developing the implementation process as outlined below. Further detailed design is required to map out the ramifications and opportunities identified in the initial high level design. At the same time, the recommendation is made to adopt a phased approach to design, transition and implementation, in order to tackle some of the most significant issues as early as possible. This section covers how this could be achieved, starting with ideas about the detailed design. Roles and responsibilities are suggested, together with the identification of risks/barriers and proposed contingency plans.

**Detailed Design**

The model as presented is the output of a thoughtful and well constructed process. In some areas, the opportunity and evidence available has enabled a more in-depth understanding to develop among Task Force members. In other areas, the due diligence has been done to enable Task Force members to feel comfortable to include the concept in this report, but significantly more analysis and design is required for a shared understanding to be developed of exactly how that part of the model would function. In addition, input from students and preceptors into the design should be sought.

Continuing with the processes and practices established in this first phase of the work, it is proposed that the detailed design phase be conducted in a similar principles-based manner with strong project management and communication support. An inclusive process that combines experts and advocates, engaging stakeholders in a thoughtful and timely manner, is required.

Accountability could be given to the Steering Committee, with appropriate support from a strong secretariat, to develop detailed propositions over the course of the next 12-18 months.

Given the approval processes of the academic institutions, change initiatives that require substantive review and approval must be tabled with the academic institutions some 18-24 months preceding the start of the academic year in which implementation is planned.

It is also proposed that a parallel approach is taken to the design, with the building out of the coordination process being accelerated at the front end. This would allow the early implementation of supports to increase the number of placement positions available to graduates. As implementation of the coordination process and structure are being introduced, detailed design of the remainder of the model could continue.

The clarity provided by the detailed design process will also help with fine-tuning the implementation phasing and staging.

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30 See Consultation Summary in Appendix 7
Transition and Implementation

The transition and implementation process will be carefully planned and executed, using best practices in project and change management.

In order to develop transition and implementation timelines, it has been assumed that the MOHLTC will approve this proposal by Fall, 2011 and that funding sources will be identified such as to allow the universities and the funder/s to enter into some form of binding collaborative agreement (likely a six month process) by Spring, 2012. It is anticipated that this Consortium Agreement will identify performance expectations, funding agreements and the nature of the collaboration. Detailed design would thus commence in Spring, 2012.

The chronological outline of the required steps to implementation is described below and captured in Figure 4 on page 22 that follows:

a. Current programming continues with intake years in 2011, 2012 and 2013
b. Early in Spring, 2012, a project management or secretariat function is established and the Steering Committee members are identified. The project plan is developed, inclusive of communication, change management and consultation
c. The secretariat, under the direction of the Steering Committee, initiates detailed design work, possibly through small mixed groups of academic and practitioner experts
d. Design of the coordination process is accelerated, including appropriate consultation. The assumption is made that this form of change does not require lengthy academic approvals. Following approval by Steering Committee, the coordination process is introduced to be ready by Spring, 2013 to provide support to graduates seeking internship positions for Fall, 2013
   • Coordination resources begin the process of standardizing forms and agreements, identifying new sites and providing support to preceptors
e. Academic and fieldwork courses/changes are designed collaboratively with representation from both academic and fieldwork leaders, and designs are shared with other stakeholders for their input. Substantive design is completed by January, 2013 for submission to universities
   • This is contingent on the timely identification of the entry-to-practice competency framework from PDEP
f. Small groups design other elements of the model such as the learning cluster and the assessment process with stakeholder input
g. University approvals are received in time for admission of the first cohort for academic year 2014/15, graduating possibly in December, 2018 or by Spring, 2019 depending on fieldwork options selected
   • Each new university program is accredited prior to graduation of the first cohort
h. Standardized assessment tools and other system-wide supports are developed for use across all universities and placement sites.

In summary, Ontario Dietetic Education Program implementation, scheduled for Fall, 2014, could see the graduation of the first cohort of students from this new integrated program as early as December, 2018 and certainly by Spring, 2019. Through the early implementation of the coordinating function, additional placement sites and matches are made starting in Spring/Summer, 2013, resulting in additional dietitians ready to write the Canadian Dietetic Registration Examination from 2014.
**Figure 4: Implementation Timeline**

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**NEW MODEL**

- Receive funding

- Develop Consortium Agreement  
  - *Assume Fall, 2011*

- Perform detailed design  
  - **May take as long as a year**

- Design Coordination Process

- Implement Coordination Process

- Receive academic approvals

- First cohort: graduates Spring, 2019

- First standardized competency assessment  
  - Develop & Pilot  
  - ***

- Provincial facilitating capacity

**Internship**

- Assume placement in the fall following graduation and that program is between 36-52 weeks
- September, 2013 would be last intake year for current program

- Assume that changes require some 12-16 months of design and can be completed by Jan 2013

- Changes requested in January of 2013 allow new/revised courses to be offered in 2014 academic year

- If design not completed by Jan 2013, implication is first cohort completes in Spring 2020

- Integrated cohort - first graduates could complete by Spring 2019

- Capacity to project manage the change. May become the Central Coordinating Centre over time

Documentation submitted in Jan 2013; first cohort Sept 2014
Roles and Responsibilities

In the following section, the roles of the major players are described briefly:

Secretariat
- Develop and implement the work plan including consultation and change management
- Implement central coordination capacity
- Establish computerized data base for placement and criteria for placements, e.g., geographic, configuration of sites and experiences, and amount of student choice
- Coordinate developing and piloting of standardized assessment tools
- Establish preceptor education and support program
- Set up implementation monitoring and evaluation processes

Universities
- Collaborate on curriculum design with other universities and placement sites and standardized assessment tools and process
- Fine tune role of university coordinator
- Establish linkages to IPE and simulation, and other applied learning mechanisms as identified
- Provide leadership in embracing and implementation this model
- Continue to develop programming and support advanced level education and work with CDO to establish better recognition for advanced learning

Internship Programs
- Redefine themselves in terms of clusters, sites and/or specialized courses
- In collaboration with the universities, determine entry-level fieldwork competency requirements
- Support the development and assessment, in collaboration with universities, of a standardized assessment tool (e.g. OSCE) to determine readiness for fieldwork semesters

Preceptors
- Develop and apply structured assessment tools in collaboration with universities
- Identify interest in cross appointments to the universities and teaching of applied learning courses
- Continue to support students through the fieldwork courses

Dietitians of Canada
- Amend required DC policies, such as those relating to upgrading and the number of times applications can be submitted for fieldwork
- Continue advocacy for dietitians and adequate resources

College of Dietitians of Ontario
- Continue advocacy for dietitians and adequate resources
- Continue to support the concepts of preceptoring and continuing professional development
- Consider certification/recognition for advanced learning

Partnership for Dietetic Education and Practice
- Support educators in Canada to collaborate on how to implement competencies and performance indicators
- Assist with defining entry-level and education for entry-level competencies
- Provide leadership and implementation of an integrated accreditation process
Risks and Mitigating Strategies

As with any change, there are risks – risks both in terms of how the change is implemented as well as whether improvements and/or unintended consequences materialize.

Strong project and change management processes as outlined above, together with oversight from the Steering Committee, will mitigate much of the implementation risk. In terms of achieving the desired results, two risks have been identified:

1. Failing to develop the required infrastructure and central coordinating capacity that will enable the identification of additional placement sites and the efficient allocation of students to the available positions; and
2. Expecting changes of the system without providing the appropriate resources.

For both these risks, the profession and the government must come together to ensure that adequate resources are made available: people, infrastructure, tools, processes and practices.

Input from stakeholders during the consultation process brought other risks to the attention of the Task Force31. These have been documented in the table below, together with proposed mitigating strategies:

<table>
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<tr>
<th>IDENTIFIED RISK</th>
<th>MITIGATING STRATEGIES</th>
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</table>
| Loss of current internship program identity and specializations | • Introduce learning cluster model as a way to create identity for different sites and settings, and to facilitate relationship building for preceptors and students  
• Opportunities may be provided for clusters to develop specialized modules that showcase their specific strengths (for example: pediatrics, research, etc)  
• Engage fieldwork leaders in the detailed design of the model, including the standardization of placement, evaluation and preceptor orientation and education processes  
• Ensure that the ‘rubric’ by which students and sites will be matched takes into account the factors that might support later recruiting decisions |
| Inability to obtain enough placements for all students | • Use network to identify potential sites and target them strategically, using champions where possible to influence the decision making. Learn from the experiences of University of Ottawa and Brescia University College with their more recent successful attempts to recruit new sites  
• Ensure messages about benefits and opportunities of supporting dietitian education are clearly articulated  
• Introduce the learning cluster model to provide support to sites  
• Standardize all placement and evaluation processes so that demand placed on existing sites is minimized  
• Introduce strategies like twinning and peer coaching to extend the number of placements in existing sites |

Table 7: Risk and Possible Mitigating Strategies

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31 A complete summary of consultation findings is included in Appendix 7
### Identified Risk vs. Mitigating Strategies

<table>
<thead>
<tr>
<th>Identified Risk</th>
<th>Mitigating Strategies</th>
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</table>
| Some students may have challenges or different levels of readiness during the education process | • Ensure that support [including academic and fieldwork extension] is available to students during the academic and fieldwork courses.  
• Create support mechanisms for preceptors working with students who are finding the fieldwork experience challenging.  
• Build into model implementation, a review of graduation and exam rates after two years; and also analyze linkage to standardized testing results.  
• Analyze cause of changes and take appropriate steps: reasons for change could include changes to assessment, standardized competency assessment not screening appropriately, applied learning approaches requiring review, etc. |
| “Stranded” students from the current program find themselves unable to source an internship position | • Need for transparency in terms of the change, timing, and possible implications. DC’s policy with respect to the number of fieldwork application opportunities available to graduates will change.  
• Introduction of coordinating function earlier than the integrated model should reduce this risk significantly with more qualified students being placed each year.  
• Grandfathering opportunities could be considered for strong students.  
• Out of province opportunities could also be sought. |
| Current employer support for the internship programs is reduced                  | • Request that MOHLTC establish policy to the effect that all funded employers must commit resources to support professional education. |
| Broader health system is not informed of the changes, specifically the new entry-to-practice competencies and the new education program and does not make the necessary adjustments to accommodate the changes | • Develop a robust communication and change management strategy as part of the detailed design.  
• Include stakeholders in the detailed design process so that the touch points with other processes, such as recruitment and orientation, are discussed.  
• Request of the universities that attention is paid to the recruitment of students interested in pursuing a career in dietetics. Special messaging may need to be developed so that interested students are fully informed as to the changes and the implications for their career choices. |
Monitoring and Assessment Strategies

Change of this kind requires careful and thoughtful implementation, and then ongoing assessment to ensure that the change occurring is the one that was planned. Unintended consequences can derail projects and undermine support. Thus, sound project management is critical especially since in reality, very little unfolds exactly according to plan. Hence we have outlined below two different but related processes: one to monitor the front end implementation to determine that the designed model is implemented as approved; and the other to test moving forward that the new model delivers against expectations.

Implementation

Successful implementation will be dependent on sound project and change management. Once the secretariat is in place, a detailed work plan is developed and shared with Steering Committee. This lays out resourcing requirements, critical dependencies, the role and expectation of other stakeholders as well as deliverables, major milestones, critical success factors and risks. Important for success is also the development of a communication plan to enable dynamic two way communication throughout the process. A similar process is followed once the other aspects of the model design have been approved.

The ODEP Director is accountable for implementation, monitoring the work plan and keeping the Steering Committee informed as to achievements, changes, challenges and concerns. The Program Director is at the centre of the project, monitoring risks, issues, quality, scope, documentation requirements, accounting, communication and benefit delivery. Likely the work plan will determine how frequently the Steering Committee will need to meet, but typically this will be at minimum, monthly by teleconference at this stage of the project. More frequent check points, particularly early in the process, may be helpful to build both momentum and trust.

Monitoring

As part of the detailed design, specific outcome measures are developed. These will relate to the issues driving the change (for example: the number of RD’s being registered each year; the number practicing in traditional and emerging sites; the commitment of the clusters to the program) as well as other metrics that describe a quality education and a ‘healthy’ process (for example: satisfaction of employers; satisfaction of graduates; change in pass rate of the Canadian Dietetic Registration Examination).

A further element of the program to be assessed on a regular basis is whether the overall duration could be shortened; i.e., some sort of determination of the value being derived from each part of the program and alternative methods to achieve the same or better outcome over a shorter time period.

A “balanced scorecard” approach could be adopted to provide management and the Steering Committee with a regular snapshot of the Ontario Dietetic Education Program’s performance.

A monitoring and assessment process should be designed so that the timing of reporting and other requirements are clarified and communicated. These kinds of metrics would also form the basis of the accountability reporting to the funder/s, to the universities, and to the profession.

Figure 5 provides examples of the type of measures to be considered for inclusion in a ‘balanced scorecard’. During implementation, benchmarks and targets for each of the defined objectives in the scorecard will be developed.

---

### Figure 5: Example of the Balanced Scorecard Reporting Format

<table>
<thead>
<tr>
<th>Balanced Scorecard</th>
<th>Ontario Dietetic Education Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Students/Preceptors</strong></td>
<td><strong>Quality Education</strong></td>
</tr>
<tr>
<td>Preceptor and Student Satisfaction</td>
<td>Highly qualified graduates</td>
</tr>
<tr>
<td>First job placements/locations</td>
<td>Team feedback on dietitian role</td>
</tr>
<tr>
<td>Demographics of student population</td>
<td>Accreditation results</td>
</tr>
<tr>
<td>Ongoing continuing education</td>
<td>Ongoing stakeholder review</td>
</tr>
<tr>
<td>Masters enrollment</td>
<td>Model growth and development</td>
</tr>
<tr>
<td><strong>Resource Management</strong></td>
<td><strong>Innovation and Growth</strong></td>
</tr>
<tr>
<td>Retain and engage talented people</td>
<td>Innovative approaches to education</td>
</tr>
<tr>
<td>Optimize and balance budget – Achieve accountability targets</td>
<td>Ongoing skill measurement &amp; evaluation</td>
</tr>
<tr>
<td>Optimize revenue sources to support innovation</td>
<td>Innovative use of technology</td>
</tr>
<tr>
<td>Ongoing workforce patterns</td>
<td>Prior learning assessment</td>
</tr>
<tr>
<td></td>
<td>Simulation and other learning modalities</td>
</tr>
</tbody>
</table>
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### Appendix 1: Acronyms

**Table 8: Acronyms**

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>FULL NAME</th>
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<tbody>
<tr>
<td>BIU</td>
<td>Basic Income Unit</td>
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<tr>
<td>CRDE</td>
<td>Canadian Dietetic Registration Exam</td>
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<tr>
<td>CDO</td>
<td>College of Dietitians of Ontario</td>
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<tr>
<td>DELFO</td>
<td>Dietetic Education Leadership Forum of Ontario</td>
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<tr>
<td>DC</td>
<td>Dietitians of Canada</td>
</tr>
<tr>
<td>GPA</td>
<td>Grade Point Average</td>
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<tr>
<td>HSPnet</td>
<td>Health Sciences Placement Network</td>
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<tr>
<td>ICDEP</td>
<td>Integrated Competencies for Dietetic Education and Practice</td>
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<tr>
<td>IDPP</td>
<td>Internationally Educated Dietitians Pre-registration Program</td>
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<tr>
<td>IED</td>
<td>Internationally Educated Dietitians</td>
</tr>
<tr>
<td>IPE</td>
<td>Interprofessional Practice Education</td>
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<tr>
<td>MOHLTC</td>
<td>Ministry of Health and Long-Term Care</td>
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<tr>
<td>MTCU</td>
<td>Ministry of Training, Universities and Colleges</td>
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<tr>
<td>PLAR</td>
<td>Prior Learning Assessment and Recognition</td>
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<tr>
<td>OSCE</td>
<td>Objective Structured Clinical Examination</td>
</tr>
<tr>
<td>ODEP</td>
<td>Ontario Dietetic Education Program</td>
</tr>
<tr>
<td>PDEP</td>
<td>Partnership for Dietetic Education and Practice</td>
</tr>
<tr>
<td>RD</td>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>WSIB</td>
<td>Workplace Safety and Insurance Board</td>
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Executive Summary

While there are numerous challenges facing the training and retention of all health professionals in Ontario, the dietetic profession is particularly at risk. Practicum education in dietetics differs from most other health professions, in that ‘internships’ or practicum take place ‘post-degree’ and are administered in largely tertiary health care organizations. While this model has several historic strengths, current limitations include a lack of responsiveness regarding capacity, geographic representativeness, and shifts in health and health care delivery services and programs. This situation is compounded by traditional female work patterns, retirement projections and incremental increases in the requirement for dietitians through the provincial expanded focus on chronic disease prevention, risk reduction and management.

The Ministry of Health and Long-Term Care through Health Force Ontario has provided funding to create an Ontario Task Force. Its objective is to develop a new recommended model for dietetic education and training in Ontario, along with an associated implementation plan. The model will better meet the demands and evolving needs of the province’s health and health care system, while ensuring that all qualified students can complete the required practicum education requirements.

The Task Force will study and make recommendations to modify the current system of dietetic education to enable all qualified graduates of nutrition and food programs to meet the academic and practicum education requirements for registration with the College of Dietitians of Ontario.

The Task Force has initiated data gathering as well as explored and discussed models for dietetics and other professions education. At its December 2010 meeting, the Task Force will consider model issues and options, build consensus towards a preferred model and begin identifying major implementation strategies.
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I. Overview of the Current System for Dietetic Education and Practice

Routes to Qualify for Registration

In Ontario, three universities: Brescia University College (affiliated with the University of Western Ontario) – Division of Food and Nutritional Sciences; Ryerson University – School of Nutrition; and the University of Guelph – Department of Family Relations & Applied Nutrition, provide non-integrated Dietitians of Canada (DC) accredited undergraduate programs. In 2009, 184 qualified graduates of these three programs competed for 77 Ontario post-degree, DC accredited internship positions. This practicum experience is required for those who wish to qualify for licensure. Undergraduate student awareness and anxiety regarding the limited number of internship positions has a marked and negative influence on the quality of academic life and professional acculturation.

Current Dietetic Internship Programs

Thirteen programs throughout Ontario provide post degree practicum experiences. The current programs are predominately urban and unevenly distributed across the province. Each program provides primarily in-hospital training. Internship selection is a very competitive, time and labour intensive process, leaving many qualified undergraduate students without access to the dietetic profession.

Due to the inequitable and inadequate funding of internship coordinator positions within hospitals and other health care agencies, there is limited capacity to increase the number of interns entering the current system. As well, due to the volatility of health agency budgets and frequency of budget cutbacks, funding of internship programs is constantly under threat.

Integrated Program

Ottawa University offers a 4.5-year program with an integrated practicum component. This program began in 2007 and the first cohort of students will complete the integrated programs in the summer of 2011.

Masters Degrees

Graduates of DC accredited undergraduate programs may also complete an accredited practicum through the completion of an applied nutrition masters program. These accredited practicum meet the practical education requirement for registration with the College of Dietitians of Ontario. There are three programs in Ontario: The University of Guelph offers the Masters of Applied Nutrition (MAN) program through the Department of Family Relations and Applied Nutrition, accepting 8 graduate students yearly. The University of Toronto offers a Masters of Public Health - Community Nutrition Specialization (MPH), program through the Departments of Public Health Sciences and Nutritional Sciences and has 10 graduates per year. The Master of Science in Foods and Nutrition (MScFN) (Internship Stream) is available from Brescia College affiliated with the University of Western Ontario and accepts 12 students each year.
Internationally Educated Dietitians Pre-registration Program (IDPP)

Each year Ontario receives qualified dietetic practitioners who have been educated outside of Canada. From January 2005 the Government of Ontario continues to fund a demonstration-bridging program at Ryerson University through the G. Raymond Chang School of Continuing Education. The intent of IDPP is to develop an appropriate, sustainable assessment and integrated academic and practicum training program, such that internationally educated dietetic professionals will qualify to practice in Ontario.

Completion of accredited academic and accredited practical education qualifies graduates to write the Canadian Dietetic Registration Examination. Others qualify to write the exam by having their academic and practicum education assessed by the College to be equivalent to accredited education.

Key Limitations of the Current System

In 2009, 184 graduates applied for internship positions. Shortage of post degree internship positions left 103 of these graduates of Ontario undergraduate dietetic education programs without the requisite practicum positions needed to obtain registration with the College of Dietitians of Ontario (Ontario statistics universities and internships DC 2009). Limited access by qualified students to practicum education remains the major obstacle to expansion of the dietetic profession.

At the same time, health and health care services, and the role of dietetic professionals within these services, are evolving as chronic diseases (e.g., diabetes) and an aging population increase demands on the system (Government of Ontario, 2008; Ontario Chronic Disease Prevention Alliance, 2006).

The settings in which dietitians’ practice, and the roles they have within these practices, has changed greatly and there is an increased focus placed on the prevention and management of chronic disease. Interest in nutrition and food has continued to feed the demand for dietetic services, and the demand for dietitians is not currently met by the supply.

More dietitians are working in roles within primary health care as a means of promoting health and reducing the risks associated with chronic disease and/or within long-term care settings (CDO, 2008; Gamblen et al, 2007). This reorientation of health services to primary and community-based health care has created a shift in orientation in the education and training of dietitians and other nutrition and food professionals.

As such, there is a need to enhance the responsiveness of current dietetic education models to the evolving demands of the health and health care system/labour market. Specifically:

- There is a need for the development of an enhanced skill set for dietitians in order to implement best practices in health promotion and chronic disease prevention and management (Chronic Disease Prevention Alliance of Canada, 2008);
- There is a need to re-examine how current models of education can anticipate and adapt rapidly to shifts in the environment in which dietitians practice; and
- There is a need to explore new approaches to delivering post-degree dietetics education and practice.
II. Task Force Development

Overview

In the spring of 2009 a proposal was submitted to the Ministry of Health and Long-Term Care (MOHLTC) for the establishment of a Task Force to study and make recommendations for a modified system that ensures qualified dietetic program graduates are able to complete their education in order to obtain registration with the College of Dietitians of Ontario (CDO). The MOHLTC through Health Force Ontario provided funding to create this Ontario Task Force and carry out its mandate. The end date is March 31, 2011 and any modifications must be within the current funding parameters of the Ministry of Training, Colleges and Universities (MTCU).

Project Scope

The work of the Task Force will involve the following:

I. Model Development

A. Identify models that have integrative academic preparation and practicum education in dietetics and other professions.

B. Document lessons learned as other jurisdictions and/or other professions have made major transitions in the delivery methods of education.

C. Assess the benefits and opportunities of optional models for the Ontario environment.

II. Plan for Implementation

A. Identify barriers to implement the new model(s) with reference to issues such as: the ability to ensure that all qualified students have access to program completion; continued participation of existing practical education sites (internship/practicum programs); funding and, impact on access to upgrading and practicum opportunities for internationally educated dietitians.

B. Develop transition strategies as needed to address the barriers and support expedited implementation of the new dietetic education model.

Task Force Membership

The role of Task Force members is to bring their experience and expertise to the areas of enquiry and building of recommendations. The role is also to link into their sector to expand insights and knowledge to achieve the Task Force goals and objectives. Representatives were recruited between March and April 2010.

Current membership includes:

- Four members of the Dietetic Education Leadership Forum of Ontario (DELFO), including the DELFO chair
- Representative from the Internationally Educated Dietitians Pre-registration Program
- One representative from each of the five university academic programs in nutrition and food (dietetics)
- Dietitians of Canada
- College of Dietitians of Ontario
- Director of Chronic Disease Prevention – Region of Peel Public Health
- Director of Health Sciences & Interprofessional Education – Northern School of Medicine
- Executive Director – Ontario Professional Planners Institute
Chairperson
A Chairperson was selected based on her proven leadership, ability to inspire people to work toward new visions and ability to build consensus.

Support for the Task Force and Chair
A Steering Committee was established to assist the Chair and Project Lead to manage the work of the Task Force and ensure appropriate communications and negotiations with stakeholders. In addition to the Project Lead, additional consultants have been/will be hired as required to accomplish the work of the Task Force.

Project Lead Role
- Design specific strategies and processes to achieve the goals and objectives of the Task Force as set out in the transfer payment agreement.
- Manage and/or carry out project tasks in a way that ensures effective and efficient use of available resources including financial and human resources.
- Ensure work is done in a way that emphasizes collaboration, consensus building and securing commitment from key stakeholders.

For more detail, refer to Terms of Reference in the Appendices.

III. Progress to Date

1. Confirmed Task Force Membership and Terms of Reference

As noted above, there are fifteen members of the Task Force representing the universities, the Dietetic Education Leadership Forum of Ontario, Internationally Educated Dietitians Pre-registration Program, Dietitians of Canada, The College of Dietitians of Ontario and three stakeholders external to the dietetics profession. The Project Lead and Chair are also members of the Task Force. Roles, responsibilities and the Terms of Reference were reviewed at the first and second face-to-face meetings of the Task Force and edits for clarity were made:

- Title of the Task Force was broadened to ‘dietetic education and practice’ verses ‘dietetic practical training’ as it was recognized the work of the Task Force might influence the full spectrum of dietetic education.
- A consensus model was added and will be used if decision on model(s) is warranted.
- Clarified wordings: replaced undergraduates with graduates and model to model(s) to be more inclusive.
- Removed ministries from Terms of Reference, as they are not active members.

2. Held three meetings of the larger Task Force in Toronto

April 22-23, 2010
June 21-22, 2010
September 24, 2010
Preparation of materials for the first face-to-face meeting of the Task Force were provided to ensure all Task Force members understood the current project and dietetic landscape and included:

- PowerPoint presentation of dietetics health human resources;
- History of dietetics in Ontario; and a
- Summary of integrative undergraduate, university-based education programs.

3. Developed a draft set of criteria/elements for model(s) selection

This set of criteria/elements will be used to determine model(s) that fit the values and goals of the Task Force.

4. Formed six subgroups of the Task Force members

The Project Lead ensures they have the resources to complete their objectives.

Models development – brainstormed a number of integrative program models. The framework for a model of dietetics practicum education has the goal of creating a sustainable model(s) that is cost-efficient, flexible, accountable and responsive to evolving health and health care system needs. This subgroup has evolved beyond the small group and model development work will be moved to become the focus of the Task Force at the December 16 and 17, 2010 meeting. Beyond considerations of the structural elements of optional models for integrating academic and practicum education, early discussions highlighted the critical capacity deficit and collaborative approaches needed to create and sustain enough practicum opportunities to meet the obligations.

Health Force Projections – this subgroup set out to explore the MOHLTC joint work on Health Human Resource planning for the profession. Through a couple of meetings, the Ministry, CDO and DC agreed to pursue planning, starting with supply-side data. This work will continue outside of the Task Force and will take some time to complete.

Internship Expansion Project – shared insights of this Diabetes Strategy funded project that are applicable to model development.

Communication – developed a communications plan. First communiqué released in November 2010 following signing of the project transfer payment agreement.

Interprofessional Education & Collaboration – investigated innovations in delivery of education and opportunities for collaboration among health disciplines.

Data Collection – a variety of data has and is being collected to assist in the identification of effective models and areas to consider in implementation:

- Review models that integrate academic and practicum education in dietetics, health disciplines and other professions noting barriers, facilitators, lessons learned, recent innovations, collaborations/partnerships, areas of efficiency and funding requirements from the models through key informant interviews and internet searches. The Task Force partnered with University of British Columbia who were collecting similar information in support of their dietetic program with a focus on funding parameters. Fifteen Canadian Dietetic Programs including integrated
academic and Masters practicum based; four International Dietetics programs (Australia, US, New Zealand, England); and six Canadian academic health profession programs were reviewed. This information will be collated into a comparison table and provided to Task Force members so that they can refer to the information during model discussions.

Survey recent dietetic graduates (18 – 36 months following internship program completion) on their perception of their practical education and what was helpful to their first position as a registered dietitian. In July 2010 the survey was sent directly to 84 internship graduates from 2008 and 75 from 2007, and to approximately 39 masters combined practicum graduates totaling 197 graduates. Ninety-seven responses were received resulting in a 49% response rate.

Review of annual Ontario University and internship program evaluations. This information focused largely on individual programming feedback.

Survey of employers who employ dietetic graduates to assess readiness to practice. The purpose is to obtain feedback from employers who hire dietitians on how well prepared new graduates are for their job and apply these results to dietetic education and practice model development. The focus of the questions will be to understand the current practice environment in a number of settings, especially in emerging settings; determine the orientation time needed for dietitians to feel confident in their job; and to assess from employers how prepared new dietitians are compared to other new health professionals.

5. Setup an intranet for Task Force communication and posting of information

This was done so that all documents, presentations and resources are available on one site and can be easily accessed and where messages can be posted and documents reviewed in one central location.

Project Accomplishments

- Commitment of the Task Force members to work together to better the education experiences of nutrition and food (dietetic) students, that better meets the need for dietetic services for people in Ontario.
- Well attended, productive meetings thanks to a spectacular chair and in-kind meeting logistic assistance and teleconference coverage from the College of Dietitians of Ontario, Ryerson University and Dietitians of Canada.
- Collaborative interactions with University of British Columbia and local practicum programs for the key informant interviews.
- Establishment of six Task Force work groups to inform the Task Force.
- Identification of rich information sources and economical methods of collection and analyses.
- Availability of key informants I.e. Dr. Alice Ormiston, Senior Policy Analyst Council of Ontario Universities, Office of Health Sciences regarding HSPNet and COU health sciences positioning.
Project Limitations

- Setting up communication channels between members and determining meeting dates.
- Identifying model options that address the multitude of practicum education realities.
- Identifying issues and approaches related to program students who would not qualify for or be interested in practicum dietetic education.

IV. Budget

Current Budget spending is within parameters and we do not anticipate any future issues. The Task Force has spent approximately $65,000. Task Force face-to-face 2-day meetings cost roughly $6000. We are moving meetings to a downtown Toronto location and starting a bit later so that hotel costs can be reduced. This is also a more convenient location with regards to travel time and transfers. In-kind meeting space and teleconference coverage has assisted in keeping costs down.

With the Project Lead hired as part time, additional hours have been and will be contracted out for data collection, facilitation with model decision-making and implementation strategy identification and possibility for final report writing.

It is anticipated that additional meetings of the Task Force are needed to complete the work. Face-to-face meetings are invaluable to sharing ideas and coming to consensus.

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<tr>
<th>Budget Item</th>
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<tbody>
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<td>22,390</td>
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<td>Total</td>
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V. Next Steps

Three more meetings of the Task Force have been scheduled: December 16 & 17, 2010; January 20 & 21, 2011 and March 7 & 8, 2011. The work ahead includes decision-making on the identification of a new model, reviewing the model with stakeholders with the identification of challenges and facilitators to implementation and development of implementation strategies to move the model into reality.

The Task Force has identified several criteria for a successful model(s) including the following:

- A sustainable collaboration for capacity building and coordination
- A formal, flexible governance model
- An integrative process for education and experiential learning (e.g., simulation, exchanges, practica)
- Programming which is enhanced through mentorship, and interdisciplinary and interprofessional exposures & collaboration
- Incremental learning through paired or team learning, and facilitate the facilitator training
- Emphasis on meeting entry to changing practice setting requirements
- Increased and shared use of technologies to improve efficiency and enhance effectiveness for learning and program management

The final report is due March 31, 2011. In addition to outlining areas that the Task Force researched and key findings gained, this final report will contain a description of the new recommended model for dietetic education and practice and a detailed implementation plan. Recommendations and/or commitments from key stakeholders and specific monitoring and assessment strategies to ensure the implementation plan is carried are anticipated.

Submitted by,

Jane Bellman
Project Lead to Linda Dietrich,
Dietitians of Canada
November 30, 2010
APPENDICES

Task Force on Dietetic Education and Practical Training in Ontario – Terms of Reference

Background

Approximately 185 students graduate from Ontario dietetics education programs annually. These graduates compete for approximately 114 practicum positions (approximately 82 positions in 13 accredited dietetic internship programs based in Ontario and 32 Masters/practicum program positions).

The shortage of these internship positions leaves approximately 70 graduates of Ontario undergraduate dietetic education programs each year without the requisite training position needed to obtain registration with the College of Dietitians of Ontario (the College).

There is a current and projected shortage of registered dietitians in Ontario at a time when the province is seeking to expand its focus on chronic disease prevention and management. Despite the efforts of committed leaders to expand the dietetic workforce, several barriers persist. Limited access by qualified students to practical education remains the major obstacle to expansion of the profession. Immediate efforts to address this issue are needed.

Goals and Objectives

The Task Force will study and make recommendations to modify the current system of dietetic education programs where all qualified graduates of dietetic programs meet the education and practical education requirements for registration with the College upon graduation and programs are flexible to meet the needs of the dietetic workforce. Education programs include both academic and practicum components. Any modifications must be within the current funding parameters of the Ministry of Training, Colleges and Universities.

The work of the Task Force will involve the following:

1. Exploration

   A. Examine academic preparation and practicum education models for health professions in Ontario and other relevant jurisdictions and other professions.

2. Model Development

   Recommend a new dietetic education and practicum model that includes in the development process:

   A. Identify models that integrate academic preparation and practicum education in dietetics and other professions.

   B. Document lessons learned from other jurisdictions and/or other professions which have experienced major transitions in the delivery methods of practical education.

   C. Assess the benefits and opportunities of optional models for the Ontario environment.
Ensure that this new recommended education and practicum model:

A. Makes certain that all students have access to required academic and practicum education requirements;
B. Allows for the continued participation of existing education sites;
C. Incorporates broader skill set for dietitians in order to implement best practices in health promotion and chronic disease prevention and management;
D. Anticipates and adapts rapidly to shifts in the environment in which dietitians practice;
E. Qualifies students, upon completion, to register with the College of Dietitians of Ontario; and
F. Is contained within the current funding parameters of the Ministry of Training, Colleges and Universities.

3. Plan for Implementation

A. The implementation plan will establish key milestones, roles and responsibilities, risk and mitigation strategies, with a target completion date of March 31, 2014.
B. The implementation plan will clearly outline the required cooperation with necessary stakeholders, including the Government of Ontario (Ministry of Health and Long-Term Care and the Ministry of Colleges, Training and Universities), the College of Dietitians of Ontario, Dietetic Education Leadership Forum of Ontario, Ontario universities offering dietetic education and practicum, practicing dietitians and dietetic students.

The work of the Task Force is to be carried out in a way that builds consensus and secures commitment from partners and funders. This approach is needed to ensure that the recommended model(s) and related recommendations are feasible and enable implementation to occur in an expedited manner.

The Task Force is to deliver a report and recommendations covering the following:

- Areas of enquiry and key findings.
- Description and recommendations for a model(s) of dietetic education (structure, affiliation, funding, accountability).
- Recommended strategies and time frame for key stakeholders to implement the model(s) across Ontario.
- Recommendations and/or commitments as needed to or from provincial and national groups such as the Partnership for Dietetic Education and Practice to support additional exploration and study of national standards that affect development of dietetic education.
- Monitoring and assessment strategies to ensure implementation by key stakeholders and achievement of desired results.

Timeframe

The Task Force is to be established by April 2010 and deliver its final report and recommendations on implementation by March 31, 2011.

Members

The role of the members of the Task Force is to bring their experience and expertise to the areas of enquiry and building of recommendations. The role is also to link into their sector to expand insights and knowledge to achieve the Task Force goals and objectives. Representatives from the following areas are part of the membership:

Dietetic Practical Education Programs

- Four members of the Dietetic Education Leadership Forum of Ontario (DELFO), including the chair
• Representative from the Internationally Educated Dietitians Pre-registration Program (the manager of the IDPP program was unable to provide a full time commitment to the project)

University Programs
• One representative from each of the five university academic programs in food and nutrition

Dietitians of Canada

College of Dietitians of Ontario

Others
• Director of Chronic Disease Prevention – Region of Peel Public Health
• Director of Health Sciences & Interprofessional Education – Northern School of Medicine
• Executive Director – Ontario Professional Planners Institute

Chairperson

A Chairperson was appointed due to her proven leadership, ability to inspire people to work toward a new vision of dietetic practice training, and ability to build consensus.

Support for the Task Force and Chair

A Steering Committee was established to assist the Chair and Project Lead to manage the work of the Task Force and ensure appropriate communications and negotiations with stakeholders. In addition, to the Project Lead, additional consultants will be hired as required to accomplish the work of the Task Force.

Task Force Project Lead Role
• Design of the specific strategies and processes to achieve the goals and objectives of the Task Force as set out in the transfer payment agreement.
• Manage and/or carry out project tasks in a way that ensures effective and efficient use of available resources including financial and human resources.
• Ensure work is done in a way that emphasizes collaboration, consensus building and securing commitment from key stakeholders.

Approach:
• Foster a climate of transparency, trust and respect
• Communicate with clarity and commitment
• Encourage open, constructive discussion of diverse perspectives based on a thorough understanding of the issue.
• Seek constructive input and accurately represent the views expressed

Key Deliverables:
• Provide a work plan in accordance with the timeline and budget in the transfer payment agreement for review by the steering committee prior to the first meeting of the Task Force
• Support and manage the work of the Task Force on Dietetic Education, including working with the Task Force Chair to prepare meeting agenda and supporting materials and making the logistical arrangements for the meetings
• Support the work of the steering committee to prepare agenda and supporting materials and arrangements for meetings
• Collect and present data on existing dietetic practicum programs and other models used in other jurisdictions, by other health professions and other relevant professions
• Provide direction to consultant(s) for data collection, facilitation and other activities deemed appropriate by the Steering Committee or Task Force
• Provide information from multiple sources to form a comprehensive perspective
• Identify and support the management of complex risks/conflicts associated with successful project delivery
• Engage members of the Task Force, Steering Committee and Project Chair in designing methods for dialogue and collaborative problem solving
• Support effective consultation and communications strategies as identified throughout the project
• Manage the project’s operation including budget, resource allocation, synthesis of relevant literature and preparation of background papers
• Prepare quarterly reports on progress of the Task Force for review by the project administrator according to the transfer agreement
• Draft final report for review and acceptance by the Task Force

**Consensus Model**

If the voting members are having difficulty in reaching a decision, the following consensus model will be used (from National Evaluation Team for Children Terms of Reference, Annex C and adapted from the BC Labour Force Development Board):

The simplest and most basic definition of consensus is *“general agreement … collective opinion”* (The Canadian Oxford Dictionary). In this approach, people are not simply for or against the decision, but have the option to situate themselves on a scale that lets them express their individual opinion more clearly. This model is usually used with a round, so that everyone in the meeting is given the opportunity to state where they are according to the following six levels:

1. Fully support
2. Support with reservations
3. Acceptable
4. Will not block it, can live with it
5. Need more information or more discussion
6. No, cannot accept it

If someone is at level 2, 3 or 4, they have the option of explaining their reservations. These can be addressed by the meeting, if the group wishes to. This is not absolutely necessary for achieving consensus if everyone is already at 4 or higher, but it usually improves the recommendation or suggestion being discussed.

If someone is at level 5, they have the obligation to explain what information or discussion they require from the group. If someone is at level 6, it is important for them to try to offer a solution that can accommodate their needs and the needs of the rest of the group.

In addressing someone’s reservations, it is important to ask:

1. Everyone for possible solutions (the person expressing the concern and the rest of the group both have a responsibility to find solutions); and
2. People to suggest improvements or alternatives that meet the objectives of the entire group.
Reports

Two key reports are to be provided to the representatives at Ministry of Health and Long-term Care (Health Force Ontario) and Ontario Ministry of Training, Colleges and Universities according to the following schedule:

<table>
<thead>
<tr>
<th>Name of Report and Details</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>1. Interim Progress Report Identify progress and achieved outcomes for the Project</td>
<td>November 30, 2010</td>
</tr>
<tr>
<td>2. Final Report</td>
<td>by March 31, 2011</td>
</tr>
<tr>
<td>A final Project outcome report outlining the progress of the Project and achieved outcomes and will include an audited financial statement and a copy of any report and recommendations developed through this Project</td>
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</table>

Other stakeholders and influencers of this work will need to be kept abreast of the Task Force progress. A communication plan/strategy will be developed and implemented so that the dietetic community and related stakeholders are engaged in the process.

Budget

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# Membership – Contact List

<table>
<thead>
<tr>
<th>Members</th>
<th>Title</th>
<th>Address</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Mary Bush</td>
<td>Chair</td>
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</tr>
<tr>
<td>Universities</td>
<td></td>
<td></td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Internship Programs</td>
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<tr>
<td>SMH - Mary Keith</td>
<td>Coordinator, Dietetic &amp; Nutrition Education</td>
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<td>416-364-5551 <a href="mailto:keithm@smh.toronto.on.ca">keithm@smh.toronto.on.ca</a></td>
</tr>
<tr>
<td>DCLFO Choir - Roula Tzanetas</td>
<td>Coordinator, Dietetic Internship, Education &amp; Rese</td>
<td>Mount Sinai Hospital 600 University Avenue Toronto, ON M5G 1X5</td>
<td>416-566-4800 x5023 <a href="mailto:rtzianetes@smisna.on.ca">rtzianetes@smisna.on.ca</a></td>
</tr>
<tr>
<td>HHSC - Judy Baxter, Foremen</td>
<td>Acting Dietetic Education Coordinator</td>
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<td>905-521-2100 x64923 <a href="mailto:judy.baxter-foreman@jhc.hhsc.ca">judy.baxter-foreman@jhc.hhsc.ca</a></td>
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<tr>
<td>NODIP - Denise Raftis</td>
<td>Program Manager</td>
<td>Northern Ontario School of Medicine 935 Ramsey Lake Road Sudbury, ON P3E 2C6</td>
<td>705-662-7167 <a href="mailto:denise.raftis@normed.ca">denise.raftis@normed.ca</a></td>
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### Members

<table>
<thead>
<tr>
<th>Internationally Educated Dietitians Pre-registration Program (IDPP)</th>
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<tbody>
<tr>
<td><strong>Beverly Brookes</strong></td>
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<td><strong>Carolyn Larden</strong></td>
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<td><strong>Executive Director</strong></td>
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<th>Gayle Bursey</th>
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<td><strong>Director, Chronic Disease Region of Peel</strong></td>
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### Steering Committee

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<td><strong>Linda Dietrich, DC project administrator</strong></td>
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<tr>
<td><strong>Regional Executive Director</strong></td>
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</table>

| **Dianne Gaffney, DELFO advisor** |
| **Corporate Lead, Professional practice** | Huron Perth Healthcare Alliance Room W2 207 Stratford General Hospital 46 General Hospital Drive Stratford, ON N5A 4G5 | 519-272-8210 X2316 Dianne.gaffney@hpha.ca |

| **Janet Chappell, Academic advisor** |
| **Associate Professor** | Ryerson University 350 Victoria Street, 349A Kerr Hall Toronto, ON M5B 2K3 | 416-979-5000 x7072 jchappel@ryerson.ca |

| **Mary Lou Gignac, CDO advisor** |
| **Registrar** | College of Dietitians of Ontario 1810-5775 Yonge Street Toronto, ON M2M 4J1 | 1-800-668-4990 or 416-598-1725 gignacra@cdco.on.ca |
Task Force Communication
November 2010

Creation of an Ontario Task Force
on Dietetic Education and
Practical Training
November 2010

Ontario has one of the lowest per capita numbers of dietitians in Canada. Although there are nutrition and food graduates being educated in Ontario, there are not the numbers of practicum positions for graduates to qualify for registration with the College of Dietitians of Ontario.

At the same time, health and health care programs and services, and the role of the dietitian is evolving as chronic diseases and an aging population increase demand on the system. There is an increased focus on risk reduction and management of chronic disease. Correspondingly, the setting in which dietitians practice has shifted, with an increased focus on health services to primary and community based health care.

To address the increasing demands and evolving practice areas for dietitians in the Ontario health and health care system, the Ministry of Health and Long Term Care through Health Force Ontario has provided funding to create an Ontario Task Force. Its mandate is to develop a new dietetic practicum model for Ontario which better meets the demands and evolving needs of the province’s healthcare system, while ensuring that all qualified students can complete the required practicum education requirements. The Task Force’s mandate also includes developing an associated implementation plan.

The Task Force composition includes representatives from:
- Dietetic Education Leadership Forum of Ontario (DELFO)
- Each of the five Ontario University Programs accredited by Dietitians of Canada
- Internationally Educated Dietitians Pre-registration Program (IDPP) at Ryerson University
- Dietitians of Canada
- College of Dietitians of Ontario
- Employers and recognized leaders from Chronic Disease programming, chronic disease prevention, primary care and persons involved with the practical education of multiple professions or involved in related policy, funding, accreditation or management.
The Task Force will explore academic preparation and practical education models for health professions in Ontario, as well as in other relevant jurisdictions. It has been asked to propose a model of practicum education that ensures:

- All qualified students from accredited university programs have access to required practicum education to be eligible to register with the CDO;
- There is continued participation of existing sites, and
- It is contained within the current funding parameters of the Ministry of Training, Colleges and Universities and the Ministry of Health and Long Term Care.

The implementation plan with a target date of March 31st 2014 will outline the required cooperation with stakeholders, including the Government of Ontario (Ministry of Health and Long Term Care and the Ministry of Colleges Training and Universities), the College of Dietitians of Ontario, the Dietetic Education Leadership Forum of Ontario, Ontario Universities offering Dietitians of Canada accredited education programs, practicing dietitians and dietetic students.

This is an exciting opportunity to collectively build on current strengths, identify current challenges and shape dietetic practicum education to better serve the needs of consumers and learners while optimizing the use of resources and enhancing the profession of dietetics.

A final report is due March 31, 2011 that will outline areas of inquiry and key findings. It will contain a description for a recommended model of dietetic practicum education, an implementation plan that includes recommended strategies, time frame for key stakeholders to implement the model across Ontario and recommendations and/or commitments as needed to/or from provincial and national groups such as the Partnership for Dietetic Education and Practice to support additional exploration and study of national standards that affect development of dietetic practical education and training in Ontario.

The Task Force has a significant amount of work to accomplish in a relatively short time frame; however, there are plans to seek input so stay tuned!

For further information:

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Regional Executive Director
Dietitians of Canada
linda.dietrich@dietitians.ca
www.dietitians.ca
Appendix 3: Process Followed by the Task Force

As noted in the Interim Report, November 2010\textsuperscript{33}, the Task Force on Dietetic Education and Practical Training was chartered by Health Force Ontario\textsuperscript{34}.

The Chair, Project Lead and hired consultant focused on the management of deliverables for the Task Force according to the schedule outlined in the Terms of Reference. In doing so, they were guided by the four key areas of DC’s Vision 2010\textsuperscript{35}: leaders in promoting health; roles are diverse, rewarding and novel; self-directing and self-renewing professionalism; and dietetic education is accessible, flexible, inclusive and innovative.

An overview of the Task Force’s process follows:

A. Task Force Meetings

1. During the 15 months of the Task Force’s term, six meetings of the full Task Force were held in Toronto between April 2010 and May 2011, with a separate model option discussion session held in October, 2010. The meetings were rich in discussion and consensus on the proposed model structure was obtained at the last meeting (May 30/31, 2011).

B. Areas of Enquiry and Key Findings

1. From April 2010 to March 2011, the Task Force examined academic preparation and practicum education models for health professions in Ontario, Canada and internationally, including other relevant jurisdictions. A summary of the key data findings is included in Appendix 8.

2. Through this process of gathering data and targeted conversations, recommended changes in the education of dietetic students were identified and summarized:
   - Increase interprofessional experiences
   - Pay greater attention to the outcomes of education
   - Provide more “leadership” and management training
   - Need to develop readiness to advocate for their professional role on the team
   - Develop greater proficiency in emerging health care settings e.g. primary care, long-term care

3. Other education highlights and considerations from this data that relate to the proposed model include:
   - Integrated learning under the oversight of universities is common to all models.
   - Practical experience / placements are fundamental to learning, but the current system of finding placements is challenging and inefficient.
   - Central coordination for placements offers efficiencies of scale - consider the value of Health Sciences Placement Network (HSPnet) for improving management of placements.
   - Standardized evaluation to assess clinical competence prior to placements integrates practical and academic learning e.g. dietetic Objective Structured Clinical Examination (OSCE)
   - Preceptors are a pressure point in the system - preceptors need to be recruited, supported and rewarded.

\textsuperscript{33} Refer to the Interim Report and accompanying Communiqué in Appendix 2
\textsuperscript{34} See Terms of Reference in Interim Report in Appendix 2
\textsuperscript{35} DC Vision 2020: http://www.dietitians.ca/Downloadable-Content/Public/DC_Vision2020_eng.aspx
• Collaboration / linkages are vital between academia and the field - Clusters of learning / home-bases (e.g. University of Toronto Medical Education Academies) could capture the best of current internship programs and provide flexibility for adding other placements.

• Funding issues - financial models vary greatly, but the majority of programs fund some site-based coordination staff; coordination role must be built into the funding model. Resources, both one-time only from program start up and sustainable resources, will need to be obtained from MOHLTC, MTCU and other sources.

C. Guiding Principles

During the course of the Task Force work, Guiding Principles were developed as follows:

• The model will provide a new approach to quality education for the practice of dietetics in Ontario for 2015 and beyond, consistent with the vision of the profession 2020. It will:
  - Provide people of Ontario with sufficient number of dietitians to address current and emerging health needs and chronic disease prevention
  - Establish a new format of dietetic education that expands the integration of theoretical and experiential learning
  - Be sustainable over time and responsive to change
  - Be developed and introduced using an inclusive evidence-informed process that will engage stakeholders.

D. Consultation

1. During the March Task Force meeting, key stakeholders were identified and an approach for the consultation process outlined. A consultation document was developed. Consultations occurred in three stages:

• Initial reactions were sought from universities, internship coordinators, CDO and DC.

• A shortened consultation document was developed and shared with preceptors, some internship program administrators, university faculty and some administrators along with the Public Health Nutritionist Capacity Advisory Committee (part of the Ministry of Health Promotion and Sport).

• Targeted conversations were held to obtain clarity on specific elements of the model:
  - Coordination processes: subgroup of internship coordinators and a university course director
  - Academic implications: teleconferences with university program directors
  - Meetings with Council of Universities; Dr. J Tepper, Vice President Education at Sunnybrook Health Sciences; Denis Prud’homme, Dean of Health Sciences at the University of Ottawa; and Neil Neebar, Special Projects Manager, Undergraduate Medical Education, Faculty of Medicine, University of Toronto.

2. Feedback from the consultations and outreach was summarized and is included in Appendix 7. In general:

• It was clear from the consultations that stakeholders support a review of the education system to ensure students receive a quality and complete education.

• Stakeholders, particularly the internship coordinators and preceptors, care deeply about dietetic education and its future. The extensive and thoughtful feedback of the internship coordinators was taken into consideration during discussions of the Task Force at its May 30/31 meeting, resulting in the current proposed model.

• More detail with respect to how the proposed new program will work is required in order for stakeholders to feel comfortable supporting the model as presented, and the desire for more involvement in model design and implementation by the internship coordinators. These suggestions were welcomed by the Task Force and are included in the report.
With formal approval for the Task Force only being received in November 2010, communication and consultation with the dietetic community was limited in scope.

Further consultation and engagement with preceptors and students is also required.

As outlined in the proposed implementation steps, future joint collaboration between practice and academia are needed to build consensus and secure commitment from partners on model design features and staffing during the implementation phase of the model. This approach will ensure that the proposed model and related recommendations are feasible and enable implementation to occur in an expedited manner.
Appendix 4: Overview of Internship Programs

The following table provides a listing of the internship programs and the number of trainee positions in 2010, together with a statement of current program strengths and uniqueness as identified by the Internship Program Coordinators and IDPP Curriculum and Practicum Coordinator during the April 15, 2011 consultation meeting.

<table>
<thead>
<tr>
<th>DIETETIC INTERNSHIP PROGRAMS</th>
<th># OF Trainee POSITIONS</th>
<th>OVERVIEW OF STRENGTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aramark (Canada)</td>
<td>3</td>
<td>• Provide a diversity of experience and opportunity to create professional network early in their career</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provide education to two out of province students</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Internship experience covers all pillars of dietetics with a strong emphasis on foodservice administration</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Program’s purpose is to train for recruitment</td>
</tr>
<tr>
<td>Grand River Hospital</td>
<td>4</td>
<td>• Big-little hospital (large community hospital with a small town feel)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Committed group of preceptors who support the program, enjoy learning and get along as a group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strong clinical skill development through access to a large renal program, regional stroke and obstetrical programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Many community affiliations available through public health and community health centres</td>
</tr>
<tr>
<td>Hamilton Health Sciences</td>
<td>6</td>
<td>• Flexible and dynamic program with established internal and external placement relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Clinical expertise developed in a variety of pediatric and adult rotations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hands-on practical projects available in health promotion, patient education, research and foodservice</td>
</tr>
<tr>
<td>London Health Sciences Centre</td>
<td>8</td>
<td>• Practiced-based research in a variety of specialities such as cystic fibrosis and neonatal intensive care unit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Multi-site experience matching practical experience to an intern’s interest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Academic mission of the healthcare organization which supports preceptors and students building in interprofessional opportunities over next few years</td>
</tr>
<tr>
<td>Mount Sinai Hospital</td>
<td>4</td>
<td>• Well prepared, successful graduates who are employed in a variety of sectors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Access to practice-based research focused on innovation and to an IPE centre with medical residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Partnerships for internship (Humber College and William Osler)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strong administrative dietetics history with practical experiences in specialty areas such as surgery, obstetrics and oncology</td>
</tr>
<tr>
<td>Northern Ontario Dietetic Internship Program</td>
<td>12</td>
<td>• Students from the North, learning in the North with strong recruitment potential</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inclusion of many partners for provision of practical experiences such as public health and community health centres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Student development of cultural competency, social accountability and skill development in a variety of dietetic sectors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Capacity building of preceptors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Opportunities for IPE</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------</td>
<td>-----------------------</td>
</tr>
</tbody>
</table>
| South Eastern Ontario Dietetic Internship | 6 | • Well established policies, procedures, affiliation agreements, liability insurance, PLAR, police checks, immunizations  
• Regional program with over 60 preceptors  
• Long history (1993) and committed sponsoring agency – Kingston, Frontenac and Lennox & Addington Public Health  
• Significant rotation time in public health and community nutrition  
• Access to a variety of health, research and communication professionals  
• Solid professional development opportunities: clear language, working with media, presentation skills, nutrition support, renal, eating disorders, paediatrics, breastfeeding, orientation to clinical practice.  
• Access to library services and literature searches, DC Practice-based Evidence in Nutrition and community nutrition toolbox |
| Sunnybrook Health Sciences Centre and the New Women’s College Hospital | 6 | • Invested, enthusiastic and flexible preceptors with high level of participation in program design and development  
• Innovative models of education such as twinning, special projects, mini-multi interviews and preceptor sharing  
• Access to research projects and interesting learning opportunities such as home total parental nutrition, burns, aging and ambulatory clinics  
• Emphasize comprehensive learning – clinical, administrative and community |
| St. Michael’s Hospital | 8 | • Strong clinical focus in general and specialized areas such as adult cystic fibrosis, cardiology and paediatrics  
• Established mentorship program for interns with stipend provided  
• Research experience and support from the Li Ka Shing Knowledge Institute for library and statistician access  
• Linkage to University of Toronto through combined-masters program |
| The Hospital for Sick Children | 4 | • Strengths include complex paediatric care; strong clinical and counselling focus; practice-based research with presentations, publications and awards; resources to support preceptors, stipend provided for the interns; strong organizational support for the internship; and access to a MSc-RD combined-masters program |
| The Ottawa Hospital | 0 | Program closes 2011; currently supporting 5 expanded positions only |
| University Health Network | 6 | • External placements available for management experience  
• Access to IPE placements  
• High calibre and commitment of preceptors  
• Connected to three hospitals with exposure to different cultures |
| North York General Hospital | 4 | • Community teaching hospital with IPE placements  
• Well rounded program with flexibility with rotation choice  
• Access to paediatric rotations (inpatient, outpatient and Neonatal Intensive Care Unit)  
• Enthusiastic preceptors who are also excellent clinicians and educators |
| Diabetes Strategy: Expansion Program | 28 | Funded for 2010 and 2011 only |
| **Total Internship Positions** | **99 positions** | **Post 2012, will reduce to 71 positions after expansion is over** |
| Internationally Dietetic Pre-Registration Program (IDPP) | 25 positions | • Comprehensive pre-assessment model which is OSCE based  
• Responsive and flexible of individual needs of Internally Educated Dietitians  
• Extensive use of simulation to teach and assess clinical and communication skills  
• On-campus involvement of practicing dietitians as instructors and a practicum component  
• 50+ practicum partnerships annually with new partners each year that offer diverse experiences  
• Strong relationship with DC, School of Nutrition at Ryerson University, and CDO for advice as needed for specific Internationally Educated Dietitians  
• Experienced and on-going learning in unique areas to successfully bridge Internationally Educated Dietitians to be ready to apply to the college |
Appendix 5: Details of Diabetes Strategy Coordination Funding

$12,000 per student for practical experience: $9,000 for coordinator plus $3,000 for program/faculty development and preceptor training and site support, to be used as follows:

a. $9,000 under Coordinator Salary and Benefits
   - Recruitment, salaries & benefits of a program coordinator and related administrative support. The coordinator will provide oversight and coordination for:
     - Intern enrolment and orientation processes;
     - Mandatory and elective student placements;
     - Diabetes-specific experience via placement and/or research;
     - Travel and accommodation of interns and staff, as required;
     - Placement agreements and/or Workplace Safety and Insurance Board requirements and/or liability insurance;
     - Accreditation requirements;
     - Graduation requirements;
     - Intern support services; and
     - Reporting to the Ministry on enrolment, graduation and employment statistics for the 2010/11 Academic Year
   - Program Expenses:
     - Supplies (ie. Office supplies, training & instructional manuals)
     - Services (ie. Costs of accident and liability insurance and WSIB coverage, graduation/orientation costs, accreditation fees, office space)
     - Travel and accommodation, as required
     - Student evaluation costs
     - Program evaluation costs

b. $1,500 under Program and Faculty Development Preceptor Training and Development
   - Manuals
   - Workshops
   - Coaching
   - Travel and accommodation, as required

c. $1,500 under Program Supports
   - Administrative and Legal Fees
   - Student application and enrolment processes
   - Agreements with program areas
   - Ensuring accreditation of program areas

d. Additional one-time Funds ($32,800 for 4 students) for the 2010/2011 Academic Year were provided to the Northern Ontario Dietetic Internship Program at the Northern Ontario School of Medicine to cover the costs of expanding the program into the North Simcoe Muskoka Local Health Integrated Network, including costs related to:
   - Establishment of new core training sites and placement opportunities in the North Simcoe Muskoka Local Health Integrated Network
   - Recruitment of new faculty and preceptors for these sites
   - Delivery of planned educational sessions for new faculty and preceptors
Appendix 6: Dietetic Education Background

Since the 1990’s, various organizations and groups have made attempts to increase the number of qualified graduates from dietetic internship programs in the province. These initiatives have included:

- Formation of the Dietetic Education Leadership Forum of Ontario (DELFO) in 1997 to enable collaboration, provide linkages with the university programs and to develop efficiencies in support of internship placements for dietetic graduates.
- In 2002, a one-year pilot of the Northern Ontario Dietetic Internship Program was conducted with funding for this program formalized in 2007.
- In 2003, Ryerson University, in collaboration with DC, was successful in obtaining Government of Ontario [Ministry of Citizenship and Immigration] funding for the establishment of the IDPP, which continues to provide the bridging education and support required for internationally educated dietitians to become eligible for practice in Ontario.
- DELFO applied for funding, in 2006, for an Ontario Collaborative Dietetic Practicum Program, which requested the addition of six regional placement coordinator positions, while still maintaining post-degree internship programs as separate entities from the undergraduate programs. The proposal indicated that the Ontario Collaborative Dietetic Practicum Program would enable 255 additional dietitians to enter the profession in the first five years of operation, at a cost of approximately $2.2 million per year, for the five-year period. The proposal was not successful.
- In 2008, DC with Ryerson University, School of Nutrition and the IDPP sponsored a practicum capacity audit for the Barrie/Muskoka and greater Oshawa regions. While local institutions and practitioners were interested in providing these field experiences, it was determined that a coordinating body was required in order to support these practical activities. [Some of these identified practica were utilized by the Diabetes Strategy sponsored internship expansion initiative.]
- In 2009, DELFO received a request for a proposal from Dr. Tepper, Assistant Deputy Minister of the MOHLTC [Health Force Ontario], to address the RD shortage in the province. The proposal was to address and contain plans for the following:
  - Diabetes strategy
  - Fast track dietetic education within 2-year time frame
  - Increase dietetic intern positions for 2010-11 and 2011-12
  - Funding for a Task Force to address shortage of RD across Ontario

As a result, 28 new dietetic intern positions in existing dietetic internship programs were created and funding was obtained for the creation of this Task Force on Dietetic Education and Practical Training.
Appendix 7: Consultation Feedback

This section includes copies of letters of support from the CDO, DC and the IDPP, followed by a summary of all input received during the consultation process described in Appendix 3.

Letters of Support

1. From the College of Dietitians of Ontario

May 12, 2011
Ontario Task Force on Dietetic Education
c/o Jane Bellman, RD
Project Lead Ontario Dietetic Education
jane.bellman@dietitians.ca

Thank you for the opportunity to provide comments on the proposed new model of dietetic education in Ontario. Members of the College Council and Registration Committee have reviewed the model description and provide the following comments.

It is truly exciting to be at this point in history in the evolution of the dietetic education system in Ontario, and the College wishes to express its deep appreciation of the years of work and leadership that has led to the articulation the need for change and the conceptualization of this new model. We also recognize the work of the Task Force over the past year and their daunting task of researching and designing and building consensus for the new way of preparing tomorrow’s Registered Dietitians.

The College’s paramount interest is serving the interests of the people in Ontario. We have been very concerned about the shortage of dietitians to meet their needs, the vacuum created by unmet needs in the marketplace, and the resultant increase in unregulated nutrition care providers. We fully expect that, by removing the structural and funding barriers in the current education system, the qualified students will have the opportunities to complete the educational requirements to become Registered Dietitians where currently so many are lost from the dietetics profession. After years of monitoring the profession’s limited success in increasing dietetic internship positions in the province, it is clear that structural and corresponding funding changes must be made in order to achieve the critical goal of increased capacity for dietetic practical education.

Integration

The College supports the two critical fundamental aspects of the model, one, integration of practical education into the university programs and, two, more intensive integration of the applied learning into the university setting. Integration of academic and practical education for dietetics would hold a single entity, the university, accountable to design and deliver programs to meet the education outcomes relied on for professional registration. The integration also means that funding which is essential for the sustainability and growth of practical education is assured through government education transfers and tuition.

The model as presented represents a sizable reduction in the number of weeks/hours students would spend in practical education in dietetics practice settings. This one feature of the model translates into a significant increase in the number of students who can access practical education. We therefore support the model’s commitment to increase education efficiency by changing the way education is delivered – specifically with earlier and more intensive applied learning strategies being incorporated in course delivery at the universities. We appreciate that the extent of the education efficiencies is difficult to determine at this time, but we trust the confidence educators have in being able to accelerate the applied learning outcomes to prepare students to acquire the necessary competencies by the end of two semesters of fieldwork.
Capacity
The College can see that one of the biggest challenges is creating the needed capacity to deliver on the goal of ensuring that all “qualified” students access practical education to complete the requirements to enter the dietetic profession. The model contemplates multiple strategies to encourage health facilities and organizations to continue their generous contribution to dietetic education by making their sites and Registered Dietitians available to interns/students.

Preceptor education and other supports to sites are critical to the success of the model – especially throughout the development and transition years. Employer and preceptor support needs to come from different sources to make education a priority within the profession. The College is committing to increase its activities to promote to Registered Dietitians the importance and benefits of being a preceptor. We will explore ways to incorporate this content in College publications, workshops and Quality Assurance Program tools.

The College notes the importance of creating provincial capacity to initiate and execute projects that will address many needs, one of the most important being preceptor development and support. This is important for building and maintaining capacity. In addition, the shortened fieldwork experience might suggest that preceptors will need enhanced skills in areas such as being able to quickly determine learning objectives, focusing learning activities, and assessing learning outcomes with reference to the new entry level competencies.

Increasing capacity would also seem to be dependent on health facilities being willing and/or being funded and recognized for their contributions to health professions education. While this is an issue that crosses professions, the College would hope that broader inter-professional strategies and policies are developed to encourage facilities to formally accept an education mandate.

Given the success of the new Brescia masters program in developing practical training sites in South Western Ontario, the College is optimistic that, with university program funding and coordination, capacity can be increased by developing sites in new geographic areas and through renewed commitment to dietetic education.

Transition
One thing that is evident in the model concepts paper is the enormity of the work and challenges to implement the new model. It would appear that ultimately, it is the universities that would have to make the new proposed model work, but the College appreciates that there is a broader community of interests currently involved in transforming the education model. CDO is committing its continued involvement and support throughout the transition and as part of the provincial coordination group. It is unclear at this time exactly what this support might entail, but be assured that the College is committed to assist as it can. The College must be able to rely on the outcomes of the education system to ensure the public in Ontario continues to receive competent and ethical dietetic services and that there is sufficient supply of Registered Dietitians across areas of practice.

Accreditation
Of particular importance to the College is accreditation or, expressed more generally, a way to be assured that the new integrated programs can and do deliver to the intended education/competency outcomes. There are several options for consideration, and the College will work with accreditation body and university programs throughout the transition to ensure that students who enter and complete the fieldwork semesters are eligible for registration and to write the Canadian Dietetic Registration Examination.

On a final note, the College wishes to thank all of the leaders and participants who have contributed to the design of the proposed new model. It is truly exciting to see the years of effort and advocacy come together in the creation of an integrated and future oriented model. We look forward to being involved in the transition and being part of the historic change.

Sincerely,

Lesia Kicak, RD
President

Jill Pikul, RD
Chair – Registration Committee
2. From Dietitians of Canada

June 17, 2011

Ontario Task Force on Dietetic Education
c/o Jane Bellman, RD, Project Lead

Thank you for the opportunity to provide feedback on the proposed new model of dietetic education in Ontario developed by the Task Force on Dietetic Education and Practical Training. As a member of both the Steering Committee and Task Force, Dietitians of Canada (DC) has been grateful for the opportunity to actively participate in the consultation process and provide input into the proposed model.

The DC Board of Directors has reviewed the model and enthusiastically lends its support to the direction proposed. The DC Board supports the intent of the mandate of the Task Force, addressed by the model, which is to meet the demands and evolving needs of the province’s health and health care system, while ensuring that all eligible students have access to complete the required practicum education requirements.

The work undertaken by the Task Force is clearly aligned with the strategic direction for the profession to ensure “Enough dietitians to meet the needs of Canadians” outlined in Vision 2020. The DC Board believes that it is the responsibility of the specific province and those who are directly involved in education and training, as well, as organizations that have a vested interest in the profession, such as the professional association and regulatory college, to provide leadership and to find solutions that address education capacity to meet current and future health human resource needs.

The DC Board acknowledges the challenge that the lack of placement opportunities for graduates of academic undergraduate programs in Ontario have faced for several years. DC has partnered with other key stakeholders on action to address inadequate placements and dietitian workforce shortages. Involvement in the development of the Northern Ontario Dietetic Internship Program and the Internationally Educated Dietitians Pre-Registration Program at Ryerson University are two tangible examples of this commitment. Although these initiatives have been successful, DC recognizes that we must have other strategies to ensure an adequate number of dietitians are trained to service the needs of the Ontario population.

The proposed model has significant advantages as it links academic and practicum training in a seamless manner, thus creating efficiency in program delivery. Through coordination, it builds on the strengths of the current internship programs while enhancing the range of student opportunities in emerging practice areas and placing students in a variety of geographic areas to encourage practice in areas that have previously struggled in recruiting dietitians.

As the national accreditation organization for dietetic education and internship/practicum programs, DC is familiar with and has accreditation standards that address integrated education and training programs. Integrated programs have existed in other provinces dating back to the mid 1970’s and these programs have been successful in achieving and maintaining accreditation status. The present revision of two sets of education and internship/practicum standards into an integrated competency set for education and internship/practicum, currently being developed by the Partnership for Dietetic Education and Practice (PDEP) of which DC is a member, will further support integrated models of education and practicum training.

DC is committed to supporting the proposed model implementation through participation in a transitional group as well as a role on the eventual provincial coordination group. The DC Board would also like to recognize the tremendous effort of Task Force and Steering Committee members that has contributed to a model that will service the needs of students and continue to ensure quality dietetic education and training while at the same time, addressing the shortages of dietitians in Ontario; emerging population nutrition practice needs; and dietitian geographic recruitment challenges.

Sincerely,

Shawna Berenbaum, Chair
Dietitians of Canada Board
3. From Internationally Educated Dietitians’ Pre-registration Program

June 17, 2011

Dear Task Force Members:

Thank you for the opportunity to share some of our thoughts on the Ontario Dietetic Education Program (ODEP) model proposal.

The Internationally Educated Dietitians’ Pre-registration Program (IDPP) supports the proposed conceptual model. We see three major areas of potential advantage to internationally educated dietitians (IEDs), to the IDPP, and to the larger profession:

- **Supporting IEDs**
  - The proposed ODEP framework could or would permit *multiple entry points* based on individual strengths and learning needs of IEDs, as well as others who are upgrading. We see this as a critical feature of the model. For example, one IED may need to take eight courses based on specific learning needs before entering the final practicum phase. Another may need to complete two full years as a program student. A third may just need the final practicum and no additional coursework.
  - Particularly with an enhanced focus on the *recognition of prior learning*, there is an opportunity to focus licensure efforts on attaining and demonstrating competency versus completion of a specific number of courses or number of weeks. This better recognizes what individuals bring and enhances resource efficiencies.

- **Enhancing the IDPP**
  - The IDPP, which provides the greatest proportion of support for bridging to IEDs currently, exists on short-term, project-based funding. An integrated model may facilitate opportunities for sustainable funding for supports for IEDs over time.
  - The model has the potential to create equitable opportunities for practicum education for all students. For example, it has the potential to distribute the need for travel and relocation for practicum among all students.

- **Enhancing the dietetic profession in Ontario**
  - The model values development of entry-level competencies in various, diverse settings where dietitians currently practice and/or are needed.

Understandably, there are some specific details and assumptions that underlie our support.

- We understand that the imperative from the Government of Ontario for this project focuses on ensuring all qualified undergraduate students are able to access practical field experiences that create opportunities for gaining licensure. However, we believe it is critical that enhancing and ensuring access to dietetic education is clearly framed in the model as “all qualified students, including qualified IEDs and dietetics professionals required to do upgrading”. This speaks to the larger goal of increasing the pool of qualified dietitians in Ontario in order to serve public demand. It also speaks to the increasing demographic diversity in the province and diversity of dietetics practice. It is important to ensure the threads of this framing are carried throughout the ODEP model proposal and that, where possible, data presented are not limited to undergraduate students.

- Consideration of a more sustainable model of dietetics education must include consideration of the sustainability of education/bridging supports for IEDs. Currently, the IDPP is funded on a temporary project basis from the Government of Ontario (Ministry of Citizenship & Immigration). Within this funding model, the IDPP is required to seek ways to enhance sustainability of the program, with the goal of becoming less reliant on funding from the Ministry of Citizenship & Immigration. We welcome any opportunities to create resource efficiencies while maintaining or enhancing program effectiveness. If a more integrated model moves forward, it would be unlikely that the funding the IDPP currently...
receives would remain at the same level. Hence, it would be critical that the proposed model and related budget consider costs that may be associated with integrating the IDPP more fully. Of course, we are happy to assist with this work in whatever ways are helpful.

- The model needs to ensure that expansion is true expansion of new practical training opportunities versus shifting of practical training opportunities from one group of dietetic practicum students to another (i.e., if opportunities are expanded for undergraduate students, we would want to ensure that opportunities would still exist for qualified Masters students, IEDs etc.; therefore ideas around collaborative coordination and relationship-building would be essential)

- Key principles underlying the model need to be framed and made explicit. It would be critical that these include principles of access and equity as they relate to dietetics education.

The IDPP model:

- Runs parallel to undergraduate nutrition courses and dietetic internship programs as a separate 15-16 month program.
- Admission process includes a full-day assessment of prior learning through the use of multiple forms of assessment. Minimum eligibility criteria for the program exist (e.g., language proficiency levels).
- Entry is in September of each year.
- All IEDs in the program complete ten courses in the program, four of which are field/practicum courses. Work is currently underway to develop Recognition of Prior Learning processes to enable IEDs to pick up only those components of the program that they need.
- Coursework builds on pre-existing knowledge and skills, and focuses on the contextual aspects of dietetics practice in Canada.
- Coursework is highly experiential and practice-focused. Cases and simulated learning are used throughout.
- Supplemental learning supports are offered over and above formal class time including pre-program supports, within the program, and post-program (i.e., professional specific supports for and from program alumni).
- The program is based on the entry-to-practice competencies. All candidates are required to demonstrate all competencies to successfully complete the program.

With the proposed model, supports for internationally educated dietetics professionals would evolve (and hence, the IDPP structure would need to as well). The uniqueness of the bridging needs of IEDs needs to be clearly recognized within the OPEP integrated model. Ideally the integration of supports for IEDs would not be framed as a parallel or separate program, nor narrowed to exactly the same offering to undergraduate students, but rather as more of a hybrid of what is offered to undergraduate students. For example, some components would be shared (e.g., such as a course), while others may be distinct in design for IEDs. To ensure that the integration of supports for IEDs into the model would work, the following would be essential:

- Coursework that is shared would need to be highly experiential/professional experience-centered.
- Flexibility is needed to enable individual IEDs the time needed for bridging to the Canadian context and its related learning and skill development, both prior to and during practicum. Examples would be opportunities to “loop-back” into coursework or extended practicum.
- Online assessment and educational components would need to be developed (perhaps to support hybrid delivery of courses). This would have the potential to create supports for IEDs across the province/country, hence leveraging resource efficiencies.
- A modular format is needed wherever possible, which would enhance the ability of the model to recognize individual learner strengths and learning needs.
- Training for facilitators of learning (i.e., instructors, preceptors etc.) of IEDs would need to be developed and delivered.
During its six-year history the IDPP has gained experience which may be helpful to the ODEP community and developers. The IDPP can contribute to:

- Developing and integrating case-based and simulation-based learning, which we have used extensively to support learning and assess skills and competency.
- Using a range of assessment processes and supports to practicing RDs as assessors to observe and attest to knowledge, skills, and competency.
- Supporting preceptors in general and particularly as this support relates to IEDs.
- Regional planning of practicum opportunities, and relationship- and partnership-building.
- Supporting IEDs, and sharing insights on how supplemental learning supports may apply to a broader range of learners.

We believe that the ODEP model has the potential to create a more accessible, equitable, inclusive, and collaborative model of dietetic education. We see and value opportunities in the model to enhance learning opportunities for IEDS and the sustainability of the IDPP. We would do our best to integrate our program into this model in the best possible way for all.

Respectfully,

The Internationally Educated Dietitians Pre-registration Program (IDPP) Management Team
Bev Brockett, Curriculum and Practicum Coordinator, IDPP
Lori Buscher, Program Manager, IDPP
Janet Chappell, Associate Professor, School of Nutrition, Ryerson University
Nava Israel, Founder, Fusion Global Education
Kenise Murphy Kilbride, Interim Program Director, Gateway for International Professionals, Ryerson University
Phil Schalm, Phil Schalm Consulting
Marlene Wyatt, Director of Professional Affairs, Dietitians of Canada
Consultation Summary

The following consultation summary, arranged in categories, was developed based on the written feedback received in May 2011 from:

- The Dietetic Internship Coordinators
- Hospital for Sick Children Dietetic Internship Program
- Hamilton Health Sciences Internship Program including Dietetic Interns
- Sunnybrook Health Sciences Dietitians
- St. Michaels Hospital Dietetic Internship Program including Dietetic Interns
- Southeastern Ontario Dietetic Internship Program Current and Past Interns

This feedback was taken into consideration by the Task Force during its May 30/31, 2011 meeting when developing the proposed model included in this report. It will be used to guide further detailed design.

1. General Alignment with Proposed Direction

a. Project is timely as we need to have a sustainable education model to strengthen the dietetic profession
b. It aligns with MOHLTC general Human Health Resources strategy and with many other dietetic education models across Canada
c. Has the potential to graduate more dietitians
d. Modernizes education through expanded use of multiple applied learning techniques early in the education process
e. Addresses issues of current system: creates efficiencies, student loans, insurance coverage
f. Introduces competency assessment mechanism prior to fieldwork: OSCE or other form of assessment tool
g. Offers a better learning experience for students: seamless; financial support for duration; and integrated faculty (cross appointment of fieldwork leaders to academia)
h. The potential for existing practicum programs and preceptors to be involved in curriculum and field placement development is exciting

2. Inputs to the Detailed Design

a. Expand applied learning during academic experience
   i. Make it progressively more challenging from year 2, and provide early learning opportunities in the specialized areas, e.g., health promotion, to support students in choosing a career path
   ii. Could include advanced professional and research skills in year 4 with a practical research project or development of a research grant proposal – building off research courses (consider online) at each year
b. Practical Experience
   i. Support needed for orientation set-up at the site [liabilities, risk management, fire and safety, etc]; a point person (manager of practice; professional practice leader if not a site coordinator) to link with site; and funds to support
   ii. Need to balance the number of placements. Provide exposure to different settings, but need to be somewhat efficient as orientation time can be great
   iii. Consider one continuous research project across the fieldwork exposure
   iv. Requires longer practicum length than currently proposed (26 weeks)
   v. Provide standard lengths of rotations that provide enough time for competency attainment
   vi. Have prerequisites (e.g. one inpatient rotation prior to ICU rotation)
   vii. Consider peer support and collaboration opportunities that result from matched learner placements (e.g. “buddied” rotations). Such experiences have shown to be excellent learning experiences for both students and preceptors and have allowed the accommodation of more students
c. Coordination
   i. Need local presence for relationship building
   ii. On-site student support critical to successful learning experiences; position can focus on orientation, education components, including evaluation, research and mentoring, and student support
   iii. Consider regional placements for universities
   iv. Request that students are provided with choices/options
   v. Need boundaries set for placements
   vi. Consider standardized assignments for different areas of practice (eg cardiology across different hospitals)
   vii. Develop a centralized database with student information, e.g. grades, areas of improvement in future, resumes
   viii. Provide preceptor support and access to education and training

d. Evaluation
   i. Build in evaluation of the model; education must be outcome focused
   ii. Need standardized evaluation forms (with training)
   iii. Validate OSCE for dietitian education; develop process for its usage, including implications for students who fail; make OSCE consistent across all universities
   iv. Provide avenues for re-application for those who wish to reapply (i.e. ½-1 more semester)
   v. Prior Learning Assessment Recognition (PLAR) and workforce data (provincial data collected and CIHI elements) and completed competencies and performance tasks critical to defining education requirements

e. Preceptors
   i. Preceptor opportunity to be more involved in creating educational modules; OSCE assessments and specialized education pieces within their ‘area of excellence’ i.e. health literacy, pediatrics

f. Design Process
   i. Determine linkages to masters and masters-combined
   ii. Identify possible components of current internship programs that could be moved into labs/applied courses
   iii. In academic environment, need smaller classes for applied learning to be effective
   iv. Maintain a comprehensive practicum approach that offers students appropriate and sufficient preparation for a variety of practice placements options (research, population health and health promotion, patient care (inpatient/ outpatient) and nutrition/food services management)
   v. Provide opportunities for competency attainment in:
      - Critical analysis of the literature
      - Experiential practice-based learning; and
      - Communication training that results in clear and appropriate oral and verbal skills

g. Proposed Options
   i. Start with 3 fieldwork semesters in the model and scale back
   ii. Offer dietetics program at more universities
   iii. Consider a ‘call for proposal’ for central and geographic coordination from the provincial government
   iv. Offer summer experiences
   v. 1 year pre-requisite +4 year model – can provide more general science before entering dietetics; but will be difficult to implement at all the universities
   vi. Increase GPA i.e. to 3.2
h. General
   i. Critical that practice areas and universities interact and work together on model programming
   ii. Use work of expansion group i.e. preceptor training and support workgroup and situational assessment for future planning re core lectures and career days
   iii. Link with other relevant initiatives currently underway e.g., Practice-based Evidence in Nutrition and critical appraisal
   iv. CDO should mandate preceptoring as a competency
   v. Increasing pressure on hospitals regarding finances causing internship programs to be increasingly under scrutiny for their cost benefit

i. Funding
   i. Need dedicated resources for: central coordination, preceptor education; course development and delivery; experiential learning; evaluation development; Practice-based Evidence in Nutrition subscriptions; site requirements, such as badges; travel/accommodation support for rural and northern placements; and honorariums for RDs and preceptors

3. Risks/Concerns
   a. Demand – question if there is a need for more dietitians
   b. Quality of education
      i. Fieldwork too short. The allotted length of practicum time/fieldwork may be insufficient to allow for “entry level” skill development
      ii. Loss of capacity and capability in some areas e.g. food services
      iii. Balance delivery of core skills with emerging skills/gaps
      iv. The 12-week practical integration with potential reliance on simulated learning which, while beneficial, cannot be seen to replace experiential learning
   c. Fieldwork
      i. Challenge of moving all students through the system at the same pace given the differences in ability and background training
      ii. Limited preceptor pool; challenge of preceptor burnout; and expanded program challenged to find placements
   d. Research
      i. Perceived loss of practice-based research projects
   e. Internship Programs – concerns
      i. Loss of pride in the program
      ii. Less ability to select the right student for organization fit and decreased quality of future students
      iii. Universities accountable for practice work
      iv. Absence in control over re-development of courses
      v. Handling of out of province students
      vi. Loss of staff relief from students, recruitment potential and students research contributions
      vii. How will students who currently don’t have an internship program be handled
      viii. Potential job loss of internship coordinators
   f. Governance/Accountability
      i. Need to define and articulate who is accountable
g. Remuneration
   i. Not recommending a post graduate training model may lead to the inability to advocate for consistent pay scales
      with other health care professionals i.e. Speech Language Pathology, Occupational Therapy, Physical Therapy,
      Pharmacy etc.
   ii. Lower paying RD jobs may in turn have significant impact on recruitment and retention for the dietetic profession.

h. Funding
   i. Overarching concerns is the risk that funding for the proposed model may hinder any flexibility to shape it into
      a feasible, realistic, dynamic process that maintains high standards and recognizes and includes the needs and
      concerns of all the stakeholders

i. Coordination
   i. Competition for placements – regions, undergraduate and masters
   ii. Less personalized
   iii. Less student choice
Appendix 8: Summary of Key Data Collected
April 2010 – March 2011

Workforce Projections - Evidence for Increased Need for RDs

1. Ontario Statistics (From Subgroup: Workforce Projections)
   a. In 2010, 55% of eligible graduating students in Ontario did not get an internship:
      i. 99 internship positions (71 regular and 28 expanded program positions) for 223 graduates
   b. Ontario is importing dietitians from other provinces and internationally to meet needs:
      i. In 2010, 53% of new CDO members were from Ontario, 34% were from other provinces, 13% were international (including U.S.)
   c. Changing demographics means that many current CDO members will be retiring in the next several years:
      i. 15% of current members are >55 years of age; 27% are 45-54 years

2. Ratio of Ontario Dietitians Compared to Other Provinces
   a. Ontario has one of the lowest ratio of dietitians to provincial population. The following table lists these ratios from lowest to highest per population of Province or Territory (2006).

<table>
<thead>
<tr>
<th>PROVINCE / TERRITORY</th>
<th># RDs/100,000 POPULATION BY PROVINCE/TERRITORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>YT/NT/NU</td>
<td>20.69</td>
</tr>
<tr>
<td>ON</td>
<td><strong>21.24</strong></td>
</tr>
<tr>
<td>BC</td>
<td>22.52</td>
</tr>
<tr>
<td>AB</td>
<td>23.85</td>
</tr>
<tr>
<td>SK</td>
<td>26.40</td>
</tr>
<tr>
<td>NL</td>
<td>29.00</td>
</tr>
<tr>
<td>QC</td>
<td>30.88</td>
</tr>
<tr>
<td>MB</td>
<td>31.67</td>
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<tr>
<td>PE</td>
<td>41.33</td>
</tr>
<tr>
<td>NB</td>
<td>43.44</td>
</tr>
<tr>
<td>NS</td>
<td>46.48</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>25.92</strong></td>
</tr>
</tbody>
</table>

3. Employment Projections

a. New RDs are employed in emerging areas.

b. The 2009 survey, available in both English and French, was distributed electronically to all 2007 graduates of 38 accredited programs (dietetic internship/stage/master’s practicum programs) in Canada, as well as the IDPP at Ryerson University. The survey was sent to 95% or 428 new graduates. The survey response rate was 26%, from 112 graduates.

c. Results: 89% employment rate at one year:
   i. Principal Work Setting:
      • 37% in general or acute care hospitals
      • 29% in community, public health, home care, physician offices, clinics
      • 23% in extended care, rehabilitation, psychiatric, continuing & long term care
      • 8% self employed or in business or industry

d. Current advocacy efforts to employ RDs in long-term care and primary health care are being compromised by a lack of dietitians to fill future roles. Government support for new RD positions in Community Health Centres, Diabetes Education Teams and Family Health Teams has created increased demand and competition for the available supply.
   i. In 2010, most RDs were still employed in hospitals (28%), followed by 11% employed in long-term care, 9% in Diabetes Education Teams, 5.5% in Community Health Centres, 6.5% in Public Health, 5% in Family Health Teams, 7% in Private Practice and other
   ii. Emerging practice areas:
      • Family Health Teams – There are currently 200 Family Health Teams. Assuming one dietitian per team. (http://www.health.gov.on.ca/transformation/fht/fht_mn.html)
      • Diabetes Education and Care Teams – There are currently 223 Diabetes Education programs in Ontario. Assuming 1 dietitian per team, although some teams often have more. (http://www.health.gov.on.ca/en/public/programs/hco/options.aspx).
      • Community Health Centres – There are currently 90 CHC in Ontario. Assuming 1 dietitian at each, although some centres may employ more than one. (http://www.health.gov.on.ca/en/public/programs/hco/options.aspx).
      • Long-Term Care – Long-Term Care Homes Act, 2007, Ontario Regulation 79/10, section 74 (2) from: http://www.e-laws.gov.on.ca/html/source/regs/english/2010/elaws_src_regs_r10079_e.htm#BK94; “The licensee shall ensure that a registered dietitian who is a member of the staff of the home is on site at the home for a minimum of 30 minutes per resident per month to carry out clinical and nutrition care duties.”
      • Increasing Retirements – as of March 2010, of the 3082 dietitians registered under CDO, 417 dietitians were 55 years of age or older and 49 dietitians were over 65 years of age. The average age of retirement is 61 years. It is estimated over the next 5 years, that approximately 460 dietitians will be retiring.
      • Current Unfilled RD Positions – it is impossible to know how many positions remain unfilled currently, since not all jobs are advertised on the DC website job posting site. There are between 25 and 30 positions advertised in Ontario on the job posting site at any given time. (http://www.dietitians.ca/Career/Jobs.aspx)

37 From: Dietitians of Canada. Employment Profile for New Graduate Dietitians - One year after Internship / Practicum Program Completion; 2009
Appendix 9: Evaluation of Existing Models and Subgroup Work

1. Key informant Interviews and Scan of Integrative Models

Key informant interviews and website searches were conducted on education models that integrate academic and fieldwork education in dietetics, health disciplines and other professions noting barriers, facilitators, lessons learned, recent innovations, collaborations/partnerships, areas of efficiency and funding requirements from the models through key informant interviews and internet searches.

2. Methodology

a. Starting in April 2010, the Steering Committee, including the Project Lead and Chair, began to draft interview questions and collect contacts for key informant interviews to meet the first objective within the funding proposal from the MHL: explore academic preparation and practical education models for health professions in Ontario and other relevant jurisdictions and other professions that integrate academic and practicum education in dietetics, health disciplines and other professions noting barriers, facilitators, lessons learned, recent innovations, collaborations/partnerships, areas of efficiency and funding requirements from the models through key informant interviews and internet searches.

b. The Task Force contracted Angela Cuddy to conduct the interviews and partnered with University of British Columbia who were collecting similar information in support of their dietetic program with a focus on funding parameters.

c. Programs chosen for the environmental scan from Canadian universities offering integrated academic and internship programs in Dietetic Education were selected based having a long established program of this nature or if the program had more recently switched to this type of model based on having completed an in-depth consultation process with key stakeholders. Programs with more than one university in the province offering Dietetic Education were also interviewed.

i. Canadian Dietetic Programs (n=15): Integrated 5 year model Undergraduate Programs, Integrated 4+ year model Undergraduate Programs, Combined Masters / Internship Programs, Masters of Science/Internship-Combined Programs, and Post Degree Programs

ii. International Dietetic Programs (n=4): UK, Australia, New Zealand, USA (New York)

iii. Other Health Professions (n=8): Psychology, Physical Therapy, Social Work, Occupational Therapy, Michener Institute, Midwifery, Nurse Practitioner, Physician Assistant

d. Dietetic Education programs outside of Canada in the United Kingdom, New Zealand, and Australia were chosen based on similarities to the Canadian education environment. Only one program in the United States was chosen based on its approach to admission of students that recognizes and credits prior education within a combined undergraduate and graduate framework.

e. Programs within Ontario that graduate other health disciplines such as Occupational Therapy and Physiotherapy were chosen based on their recent move to a Masters level program model that permits access from a variety of undergraduate programs. These Masters model also include fieldwork. Other professions models, such as programs from the Michener Institute and Ontario Midwifery programs were chosen for interview based on use of program design elements that could prove beneficial to Task Force thinking including use of simulated learning and multi-site program management.

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Subgroup work was originally described in the November 2010 Interim Report
f. This information was collected and collated into a comparison table and provided to Task Force members so that they could refer to the information during model discussions.

3. Results

Program models in dietetics: Models are highly variable (some undergraduate, some graduate, some post graduate; with variable lengths and placement models). Coordination structures and roles are variable in the different programs, making it difficult to compare.

a. In general, integrated 5-year dietetics programs in Canada include one or two prerequisite years prior to admission into the program, and incorporate a practical component in the fifth year of study.

b. Integrated 4+- year programs in Canada include four years of study with the practical component generally included in the summer between the third and fourth year and completed at the end of the fourth year.

c. The practical component (internship placements) ranges from 34-52 weeks in integrated dietetic programs in Canada.

d. Internationally in dietetics, most countries include 21 to 30 weeks of supervised professional practice (International Confederation of Dietetics Associations. Dietitians around the world: their education and their work; 2008. (Available from: http://www.internationaldietetics.org)

Other health professional models:

a. Several are offered as integrated Masters degree programs (Physiotherapy, Occupational therapy, Psychology, Social work).

b. Midwifery is a 4-year program (total of 6 terms in placements).

c. Ontario Nurse Practitioner (NP) is a consortium model under the leadership of the Council of Ontario University Programs in Nursing (COUPN); the program offers Nurse Practitioner certificate or Master RN and certificate.

d. Physician Assistant is a 2-year Bachelor of Health Science; students are eligible to apply into the program after a minimum of two years undergraduate work.

Coordinator to student ratios: In dietetics, ratios range from 1:15 – 1:25 (median = 1:15). In Occupational Therapy, the ratio is higher at 1:40 for a coordinator to oversee fieldwork placement. Due to the open nature of interviews, it is difficult to interpret these numbers. Information such as the duties of the coordinator and the amount of time spent on those duties was not captured.

Barriers: Difficulties finding certain types of placements are widespread. Limited number of placements affects number of students accepted into dietetics. Additional barriers include:

a. Extensive research project can limit capacity

b. Travel/accommodation can limit use of non-traditional and rural placements

c. Preceptor burnout and awareness of competencies and requirements – need more standardization and education for preceptors

d. First placements are difficult to find – preceptors want experienced students

e. Competency assessment through evaluations is often inefficient and lengthy from both agency and student perspective.

f. Challenge experienced in defining entry to practice/entry level.
Enablers: Interviewees representing university-run programs suggested that the presence of university staff at the sites is important and that the coordination role must be built into the funding model. Facilitators to issues related to placements and preceptors include:

a. Finding creative ways to make preceptoring more appealing e.g. 4-day weeks with students versus 5 days
b. Moving some placements away from the hospital into the larger community – Family Health Teams, Community Health Centres, Diabetes Education Teams, home care and adding other ways to provide training through simulation and pairing of students.
c. Committed preceptors; collaboration can reduce duplication; need clear expectations, structure and access to resources; relationship building; pairing/group learning: students learn from each other; innovation; champions at sites
d. Preceptors acknowledgement, support and reward; building of preceptoring into college registration.

e. Internship coordination resources and field-based instructors are essential.

Lessons learned – recommendations:

a. Collaborate – avoid duplication/competition
b. Be flexible and keep an open mind, e.g. learning does not always have to be with an RD
c. Providing lots of placement choice is labour intensive
d. Involve players in the change process from the start; change takes time especially regarding buy-in
e. Consider phasing in changes if under tight timelines
f. Let students be more directive of their learning (setting up and evaluating). Leads to less dependence on the preceptor and coordinator
g. Many different options for model of delivery and education/experiential design – much depends on stakeholders and working together for the best option for all
h. Networking and relationship building are very important for placement attainment and sustainability

Recent innovations:

a. Adoption of HSPNet by University of British Columbia and University of Alberta dietetic programs to manage placements and the National Fieldwork Placement Service – service/database for placing/tracking out of region students (http://www.nfps.ca/)
b. Pairing students [learning teams] currently in Ontario expansion programs – for food service and research activities (‘weaker’ students may be at risk or gain from the experience; need new/specific tools to evaluate student achievement)
c. Twin setting – more than one intern with one preceptor (University of Alberta)
d. Some simulation used; on-line learning; case studies
e. Provide for PLAR, but needs streamlined process
f. Interprofessional learning
g. Portal learning and orientation sessions to group students versus one-to-one
h. Standardized tools across sites/programs with easy access via web
i. Distance education (e.g. New Zealand)
j. Streamlining communication: videoconferencing and teleconferencing
k. Online evaluations / Online surveys – efficient way to get student and preceptor feedback
l. Web-based preceptor training (University of Alberta)
Funding requirements: Financial models vary greatly, but the majority of programs fund some site-based coordination staff. Interviewees representing university-run programs indicated the presence of university staff at the sites is important and that the coordination role must be built into the funding model. Having a clear funding model and budget was recommended.

A large cost is the current coordination model for placement.

a. A workload analysis from British Columbia indicates that site coordinators spend on average 4 hours/week per student (scan data: 2 coordinator to 30-32 students) in direct and indirect involvement (e.g. admissions, preceptor event, research, policy/procedures, core council etc). Since many functions are centrally managed at UBC (e.g. overall admissions, accreditation, modules/forms etc.), if these functions were decentralized the site coordinator load would be higher.
   i. The financial aspect is a huge burden for students who pay additional Instructional Support Fees on top of tuition; student may also be required to pay travel and living expenses for mandatory placements in rural settings.

4. Dietetic Graduate Survey

A Graduate online survey was sent to 197 graduates (159 internship graduates from 2007 and 2008 and 38 masters combined practicum graduates), of which 97 responses were received (49% response rate).

a. Most (88%) were currently employed as an RD and 57% described themselves as very ready for practice.

b. In terms of their practicum experience, 44% of respondents felt it provided enough breadth and depth while 47% identified gaps in their training. Frequently identified gaps were in the areas of clinical/therapeutic nutrition (36%), public health/population health (25%) and health prevention/promotion (25%). Gaps in skills were identified for nutritional assessment (12%), community development (11%) and program planning (14%).

c. Qualitative data suggested that current internship program strengths included structural strengths, focused clinical and foodservice education, good preceptors and coordination as well as good opportunities for learning and skill development. Identified areas for practicum improvement included streamlining of foodservice, research requirements, more clinical and electives, more staff relief, consistent preceptor training, and issues around structure.

d. There was a wide range of time frames proposed for training ranging from 20 weeks to 52 weeks. Students identified case study groups, counselling courses and the use of simulation as areas to explore for learning.

e. Finally, when asked to provide input on a new model of dietetic education, the majority of respondents preferred an integrated 4 or 5 year model within the undergraduate program (34%), the current model with more positions (22%), and a collaborative partnerships model (16%).

5. Employer Focus Group

Focus groups were conducted with 12 employers of recent dietitian hires (last 3 years) by telephone in December 2010.

a. Questions for the focus group were gathered through discussions with the Steering Committee and the Data Subgroup. The questions focused on understanding the current practice environment in a number of settings, especially in emerging settings; determining the orientation type and timeframe provided for dietitians to feel confident in their job; and understanding from employers how prepared new dietitians are compared to other new health professionals.

b. Highlights of results:
   i. Preparedness
      • In general, new grads seem well prepared, knowledgeable in nutrition and research methods, are enthusiastic and ready to work.
      • They are less able to apply and find time to do practice-based research, advocate for their role in teams, handle ethical and mental health issues, limited comfort and interest in foodservice and long-term care.

39 From Subgroup: Data
40 From Subgroup: Data
ii. Opportunities for curriculum and practice:
   • Role for Dietitians in foodservice management — provide a positive spin on the relationship between foodservices and clinical nutrition in the education system to encourage interest and growth in this area
   • Showcase research projects/practice-based evidence as a professional responsibility, rather than an additional burden
   • Profession is moving into more leadership/consultation and decision-making roles — need more education/practice in politically savvy/business ethics, bigger picture e.g. how hospitals work; global budget, lobbying skills, and quality improvement when practicing
   • Centralize and share consistent resources – reading lists, evaluation forms, etc
   • It should be an expectation that all RD’s must be preceptors – establish a coordinated database to track preceptoring
   • Pairing and interprofessional networking important to gaining confidence in the position
   • Examine education structure and build on skills from university program rather than expect practicum to provide all experiences
   • It is important to make sure all qualified students get fieldwork. Need to look at new/innovative ways and channels to provide education and practicum - cannot continue to lose talent.
   • Consider specialist training after standard entry level experiences with specialization beyond internship/practicum (e.g. through a work term or specialized advance practice or masters or certification)

6. Expansion Program Learnings

Six internship programs have been given funding from MOHLTC (Diabetes Strategy) to create 28 new internship positions for 2010. Challenges identified include:
   a. Lack of funding commitment to sustain these positions
   b. Placement expansion includes external partners creating additional work and stress for internship coordinators. Centralized placement coordination would be beneficial.
   c. Development and support of preceptor training and resources are needed.
   d. Some programs have experience in applying PLAR; however longer-term approaches are needed including simulated learning modules and other shared resources that can facilitate expansion opportunities. PDEP is focussed on this nationally.

7. Interprofessional Education and Collaboration

Interprofessional Education (IPE) resources were reviewed and focus groups were conducted with five interprofessional leads in Ontario.
   a. Reflection of the focus groups:
      i. Resource Development – Canadian Interprofessional Health Collaborative website has several different types of resources available for use by other institutions and programs (http://www.cihc.ca/). Range of curricular materials (e.g. online videos, case vignettes, paper-based exercises) have been developed and can be adapted to current programs with minimal cost. Several institutions in Ontario have well-developed IPE activities.
      ii. Fieldwork Environment – Need to train and support current and new faculty and preceptors on new IPE approaches. Available opportunities include: a one-week course at University of Toronto, Faculty of Medicine ($2,000), an online course at Western and other manuals and resources for training preceptors. There is potential for training on being a preceptor for more than one profession. This cross-training could increase the number of preceptors available and make more diverse placements possible.

41 Subgroup: Expansion Program Learnings
42 Subgroup: Interprofessional Education and Collaboration
iii. Curricular Competencies – Need to have interprofessional competencies recognized at every level using the Canadian Interprofessional Health Collaborative National Competency framework: undergraduate curriculum, dietetic competency frameworks, and professional program accreditation standards. May need to have unique dietetic IPE model that speaks to diversity of our workplaces (e.g. public health, social services and foodservice contexts).

iv. Partnerships – Active pursuit of partnerships will be needed to implement IPE within all groups. There is a need for ongoing support of IPE development in the province, but there are currently no funding opportunities. Suggest that moderate one-time funding be provided to quick-start IPE development and then include IPE as part of standard curriculum over time.

v. Interprofessional Care / Education Funding Programs:
   http://www.healthforceontario.ca/WhatIsHFO/AboutInterprofessionalCare/InterprofessionalCareEducationFund.aspx
   • The Interprofessional Collaboration / Education Fund and related funding programs provide support to innovative health education or health care projects that foster and build interprofessional teams in Ontario. Interprofessional Collaborative projects are jointly funded by the MOHLTC and the MTCU, and administered by the HealthForceOntario Marketing and Recruitment Agency (ipcproject@healthforceontario.ca)
Appendix 10: Key Learnings of Model Options and Components

A. Model Options

The sub-group developed a Model Options Template, considering impact on students, educators, professions, and health system / consumers, as well as strengths and limitations.

The seven models reviewed were:

1. Direct undergraduate entry (year 1) (e.g. nursing, University of Ottawa dietetics):
   a. Strengths: increased access for students if marks /program requirements are met; more growth in other areas of practice (e.g. private practice); access to WSIB and student loans for students; and more rewarding for preceptors if affiliated at university.
   b. Limitations: can’t predict retention rate; pressure on universities to take more students; less flexibility in where placements occur; risk of limiting breadth of learning across disciplines (i.e. limited time for electives); could be limiting for students entering from different career paths (e.g. second degree students, upgrading dietitians); higher costs due to summer semester (both tuition and lost employment); has not resulted in increased numbers of students where this has model has been implemented.

2. Later undergraduate entry (year, 2, 3, 4 or 5) then accepted into dietetics where practicum is built into the program:
   a. Strengths: similar to #1 above; more mature students; 5th year model has WSIB advantage; more flexibility than option #1 for students who wish to transfer from another program.
   b. Limitations: similar to #1 above; need to determine whether you have to go to 5th year depending on GPA.

3. Existing system (post degree and graduate program internship) but with more funding for placements (e.g. IDDP, post-degree internship program, more satellite and workplace-based clusters):
   a. Strengths: variety or options / flexibility; able to enter dietetics at different career paths; regional / geographic strength; decentralized model – many practitioners involved; allows training in each dietetic pillar.
   b. Limitations: gaps in geographic spread; human resources and finance sustainability limitations; matching system is costly in personnel and time; WSIB, student loans, affiliation agreements for each placement costly and inefficient; unable to produce enough practitioners; one-to-one practitioner involvement is inefficient; internships clinically hospital-based; 0.2 to 0.4 Full Time Equivalent positions for coordinators are difficult to fill.

4. Graduate 4-year general science degree or nutrition degree + masters program (1-2 years):
   a. Strengths: entry from different programs – great flexibility; can push the profession forward with mature graduates; lots of work invested in current programs; academic and practica provided in master program; graduate degree provides more mobility and increased salary
   b. Limitations: impact for internationally educated dietitians; too qualified / limited pay; 6 year program.

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43 Subgroup: Model Development
44 There is a variety of masters programs available: master of science, not leading to college eligibility; and master of science or applied nutrition or public health plus dietetic internship that does lead to college eligibility
5. Employer-based apprenticeship post graduate degree:
   a. Strengths: could be an additional model for universities that can only provide a limited number of placements; could lead to a stronger mentorship culture; can help address needs that support current models in place (e.g. diabetes centres); flexible and learner centred; highly response to the workplace.
   b. Limitations: depends on a very strong mentorship model; not currently found within the health sector.
6. Partnership between existing programs and universities:
   a. Strengths: central coordination will assist with inefficiencies; can have areas of specialization; could encourage more foodservice companies to participate and combine into an apprentice model; requires stronger leadership from universities and better coordination of practicum and academics.
   b. Limitations: many partners – may be difficult to centralize aspects such as evaluation; organization management impedes collaboration; could end up with too much variability within regions; more coordination from university could take away recruitment benefits currently enjoyed by hospitals / sites; may be difficult to maintain program identify and strengths; travel for students could be an issue.
7. 5th year community college sponsored:
   a. Strengths: simulation environments already in place.
   b. Limitations: seen as “technical” (e.g. with food supervisors/ diet technicians) versus academic – could lessen professionalism.

B. Review of Innovative Education Components

1. Simulation
   Simulation has been effective as a teaching strategy when supported with feedback from the teacher and preceptors note that students are better prepared for placements following simulation experiences.
2. Academies or Clusters of Learning
   a. University of Toronto Medical Education Academies. From: http://www.md.utoronto.ca/partners/academies.htm
      i. The Medical Academy system for Undergraduate Medical Education at the University of Toronto was established in 1992.
      ii. The Academies constitute a key element of the integrated medical education program.
      iii. The Academy structure is designed to focus on the student experience, provide efficiencies between enrolment and resources for teaching and student support, and enhance partnerships with the University affiliated hospitals.
      iv. The academies provide a clinical ‘home’ for medical students – a base hospital, with access to support staff, a community of clinical faculty teachers, and educational resources.
b. Each Academy:
   i. Is comprised of an integrated network of hospitals and community agencies
   ii. Offers the unique and diverse strengths of their associated hospitals, while maintaining a consistent standard of excellence in their educational role
   iii. Academic accountability remains with the Faculty through the Undergraduate Medical Education Curriculum Committee and the Vice Dean
   iv. Director reports to the Vice Dean, Undergraduate Medical Education, as well as to the VP of Education at the anchor hospital(s) http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/ume/Organization+Chart.pdf?method=1
   v. Director works closely with the other Academy Directors and coordinates the provision of core clinical curriculum through the oversight of the Academy Education Committee
   vi. Office [coordination – administrative staff] relate to the Undergraduate Medical Education office and to community-based hospitals and health-care clinics

c. Structure, Faculty and Processes
   The academy structure is comprised of four Academies which serve as a framework/de-centralized platform for the delivery of clinical curriculum in the Undergraduate Medical Education program, but do not necessarily constitute the sum of where medical students learn and train, or have opportunities to train. http://epresence.med.utoronto.ca/1/watch/888.aspx
   i. “One of the strongest assets of the academy organization is its teaching faculty, who are committed to small group, case-based learning models, and best-practice patient-centered care experiences.” [During clerkship, students from all Academies will attend rotations at many different sites, including The Hospital for Sick Children and other sites around the Greater Toronto Area]
   ii. Students are exposed to a broad-based learning experience, including tertiary care, acute in-patient and ambulatory care and community-based experiences. At each site, educational facilities provide students with seminar rooms, computers, student lounge and access to libraries. Video-conferencing capability connects joint seminars.
   iii. Students’ preferences regarding campus and Academy assignments are maximized in the allocation process. All campus and Academy assignments are for the entire four years of medical school. All students have opportunities [through the electives process] to participate in clinical learning opportunities across the University of Toronto, Faculty of Medicine’s affiliates.
   iv. Academies are recognized as a good conduit for IPE learning experiences.

3. Objective Structured Clinical Examination (OSCE)45
   The OSCE is a form of performance-based testing used to measure candidates’ clinical competence and has potential for use in assessing student’s readiness for fieldwork. It is currently being provided in the IDPP.

Some key study abstracts that focused on dietetics:
      A study exploring what key dietetic skills could be assessed by an OSCE and which activity students performed best. An OSCE of six activities was developed, involving communication, discriminatory and interpretation and food knowledge skills. Of the 35 level two dietetic students who undertook the OSCE, the activities that students performed best were the two activities involving communication skills in simulated dietetic consultations using actors as standardized patients. The activities students performed least well involved discriminatory and interpretation of food knowledge skills (e.g. knowledge of portion sizes and the carbohydrate content of a specific food). The dietetic OSCE was generally positively accepted by the students and offered an effective way of assessing key dietetic skills.

45 http://www.oscehome.com/What_is_Objective-Structured-Clinical-Examination_OSCE.html

A pre-clinical OSCE was developed to test achievement of basic nutrition skills before dietetic students commenced clinical placement. Learning outcomes related to nutritional assessment skills were assessed using a preclinical OSCE in 193 students; application of skills was assessed after the first clinical placement when performance was compared to the preclinical OSCE. Results showed a strong relationship for individual student OSCE scores and the score achieved at the end of clinical placement (\( b = 0.66; \) 95% confidence interval = 0.46–0.86; \( p < 0.0001 \)). The authors conclude that a third-year preclinical OSCE was a valuable method of formative assessment for assisting students to prepare for their first clinical placement, by helping to identify early students who were less likely to do well.

4. Innovations

An innovative dietetic placement model developed in Australian to address challenges of quantity, quality and sustainability in existing programs that:

i. Involves pairing two students with one supervisor with students changing peer partners and supervisors every three weeks during a nine-week placement.

ii. Integrates four approaches: incremental exposure to tasks; use of a clinical reasoning framework to help structure student understanding of methods and judgements involved in patient care; structured enquiry in group discussions; and peer observation and feedback.

iii. Has potential to achieve efficiencies in supervisors’ involvement by coordinating students’ skill development activities as a group and promoting peer-assisted learning.


Conducted a scoping exercise to find solutions surrounding practice placements for pre-registration allied health professional students to increase capacity. The key challenges to providing practice placements that were identified in the scope included:

i. Ensuring adequate staffing and funding levels in National Health Services settings

ii. Identifying and training sufficient numbers of practice placement educators

iii. Clarifying the quality assurance of practice placements

iv. Raising the profile of practice placements within the service and encouraging all suitably trained and experienced staff to participate in practice education

v. Addressing issues such as accommodation and travel for students

vi. Improving communication between placement providers including joint appointments and a more coordinated approach to placements

vii. Improving cooperation and collaboration between professions and services

The Dietetic Practice Placement Project was part of this initiative. In 2005, the British Dietetic Association ended its United Kingdom-wide coordination of placement allocation, which meant that placement would move towards a collaborative approach between National Health Services employers and Higher Education Institutes. The project included providing introductory practice placement educator training for 286 dietitians. The project increased placements by 364 weeks; however there is still a significant shortfall of placements required for self-sufficiency in Scotland.
  i. While competencies have a place in education, they can lead to conflict. There needs to be more dialogue and innovation within professions and between professions to determine common and unique competencies and how that related to education and practice.

  i. Fieldwork, or ‘learning in the field’ is a vital component in the education of professionals in preparation for the workplace. However, heavy workloads, high cost of health care with limited time to devote to students (‘distractions’) and issues of accountability, litigation and quality assurance are making fieldwork more difficult to obtain. Key benefits of fieldwork include: students develop professional identities and competencies (problem-solve and make professional decisions), continued learning of staff, improved staff morale and client interaction and recruitment of new graduates.
  ii. Current research findings indicate that there is inadequate evidence to favour one fieldwork model over another. Each provides valuable and different learning opportunities and has advantages and disadvantages. Stakeholder perspectives require consideration when determining the optimum model for individual fieldwork sites. Most significant or prevalent trends shaping model decision in recent and coming years are:
    • Move towards new areas of practice
    • Increasing shift towards interprofessional initiatives
    • Advances in communication technologies
    • Making fieldwork part of the curriculum
  iii. Educators in Australia are realizing the value of fieldwork so Universities Australia, the national voice for higher educator sector, in 2008 released a paper in support of the adoption of a national internship scheme. Following this, a number of ministers from the federal government have promoted partnerships between educational providers and industry to encourage a range of fieldwork education initiatives.
    • Research into cost-benefit analysis concluded that in most instances the benefit of placements outweigh the costs for industry partner, with the major benefits including improvements in service delivery, completion of projects that other staff lacked time to complete, and professional development opportunities of the supervisors themselves.
    • With a limited pool of fieldwork educators across a range of health care settings, several health disciplines in Australia are moving towards adopting national standards for fieldwork education, developed by national accreditation bodies. In some disciplines, universities are cooperating with accreditation bodies to develop shared student assessment tools as well, leading to a more efficient use of educator time.
    • Online tools for student assessment and tools to prepare fieldwork practitioners to become fieldwork educators hope to make resources more accessible to educators and students and improve fieldwork experiences in rural and remote areas.
  iv. In the United Kingdom, physiotherapy has similar placement issues to those of dietetic students. Placement scarcity makes it very difficult to provide each Physiotherapy student with a number of diverse setting experiences and in specialty units, where in the latter case students deem to be most valuable. Transferable skills, collaborations between universities to share placements and pairing of students, including team models of supervision and peer evaluation, are processes used to overcome placement number limitation.
v. Advantages of an organizational and centralized approach to fieldwork management include:
   - Capacity to address systemic issues centrally
   - Absence of duplication
   - Improved coordination of placements and enhanced capacity to identify placements
   - Establishment of communication and informed pathways that provide a framework for sharing and disseminating good practice
   - Organizational support that encourages local organizations to actively engage in fieldwork education and establish more learning partnerships
   - Provision of funding to support local facilities to expand their capacity

vi. Alternatives to fieldwork that still provide opportunities to understand the field include: peer to peer learning and group supervision; simulations; service-learning, and interprofessional learning (working collaboratively with other disciplines) and sharing resources. The challenge of classroom experiential learning is to convince others, and students themselves, of its value.

5. Preceptoring
   a. Bertrand J. Strategies to Increase Recruitment of Dietitian Preceptors for Dietetic Internship Programs in Canada. Master’s Thesis: Central Michigan University; 2010
      i. The purpose of this research was to provide a deeper understanding of the common strategies associated with dietetic preceptors’ recruitment, as well as to examine the perceived barriers by Dietetic Internship Coordinators in relation to preceptors’ recruitment.
      ii. A literature review was conducted in addition to in-depth interviews with five selected Dietetic Internship Coordinators, representing: integrated internship, non-integrated internship, as well as internships from the west and east coast of Canada which consisted of rural, urban, and northern internships.
      iii. Results:
          The main strategies for facilitating preceptor recruitment included “having an internship infrastructure model where preceptors’ participation was granted, then having a global and master affiliation agreement to assist with preceptors’ recruitment; obtaining provincial funding to get more dietitians within the workforce who have a direct impact on preceptor availability for recruitment” (p. 75).

          Practical suggestions to support these strategies include:
          - Establishing strong partnerships with community partners in order to obtain support from management to incorporate the role of preceptor within the dietitian job description and to facilitate their engagement of the preceptor role.
          - Promoting the preceptor role benefits among dietitians
          - Encouraging the workplace to recognize the value of preceptoring and incorporating this into the internal culture
          - Offering preceptor support, training and evaluation, supported with placement activities developed according to interns progression.
          - Finding the right fit for each preceptor
          - Establishing an organizational culture for internship programs where each individual facilitates the other’s learning and growth
          - Offering incentives to preceptors (e.g. annual education event, title recognition, access to university library and other university supports, wage adjustment or contribution to continuing professional development, work flexibility or staff relief, recognition letter or certificate)
6. Service Learning
   i. Service-learning “links information taught in the classroom with skills and insights that students learn when they volunteer in their communities.” It can be used to promote social justice and can encourage students’ personal development and social engagement.