

# Dietitians of Canada (British Columbia)

## The Dietetic Workforce in BC Survey Report

### *Executive Summary*

MAY 2016

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**Dietitians' expertise reduces malnutrition, prevents and delays progression of chronic diseases, decreases symptoms associated with diseases, improves food service and quality, and enhances food security<sup>1,2</sup>.**

Registered dietitians (RDs) are the only nutrition professionals regulated by the British Columbia (BC) Health Professions Act, are governed by ethical guidelines and standards of practice, and have extensive education and training in nutrition to ensure they work to the highest standard by providing evidence based nutrition information. There are over 1200 registered dietitians in BC.

Unregulated nutrition practitioners are increasingly entering the nutrition practice landscape in BC. The general public and many health care professionals and policy makers assume these unregulated practitioners have an education and scope of practice equivalent to a registered dietitian. This misperception contributes to the use of unregulated nutrition practitioners to fill gaps in nutrition services, raising concerns regarding quality of care and risk to patients and clients.

A key enabling strategy for improving the health of British Columbians is an engaged, skilled, well-led and healthy workforce<sup>3</sup>.

Dietitians of Canada–BC Region is committed to working with the BC Ministry of Health, Health Authorities, the University of British Columbia, the College of Dietitians of BC, and others to achieve and maintain quality, appropriate, cost-effective, and timely nutrition services through an accessible dietetic workforce in BC.

The purpose of this summary is to present the results of the 2015 survey of the dietitian workforce in British Columbia. Survey results confirm there are significant challenges in the sustainability and growth of the dietetic workforce.

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### **The current BC dietetic workforce is at capacity:**

- Only 2% of survey respondents were seeking additional employment, indicating limited capacity within our existing workforce to maintain existing and meet increased demand for dietitian services.
- In an average week in 2015, 57% of respondents worked more hours than they were paid for (up from 18% in 2008<sup>4</sup>), primarily to meet patient/client needs. This demonstrates that there is high demand for the existing services and there are dietitian workload issues.

### **BC Government priorities are not being met with current dietetic services:**

The shortage of dietitians as well as the emergence of unregulated nutrition practitioners in the province means many British Columbians lack access to credible nutrition information. This threatens the ability to implement provincial healthy eating priorities and achieve meaningful improved outcomes for population and patient health in the following priority areas:

#### ***Improved access to primary care through a primary care home model***

- BC's primary care home model is built around interdisciplinary teams and functions, yet only 3% of dietitians reported working in primary care services associated with a physician's office. This is the equivalent of about 36 dietitians as compared to over 500 dietitians on family health teams and in community health centres in Ontario<sup>5</sup>.

#### ***Reduced demand on hospitals by improving care for the frail elderly***

- In Canada, 45% per cent of older adults admitted to hospital medical and surgical units are malnourished<sup>6</sup>, 55% in BC<sup>7</sup>, increasing length of stay and associated health care costs. And yet, no BC dietitians reported having the majority of their time dedicated to serving the frail elderly in the community to mitigate and prevent malnutrition. This is a result of the limited home health nutrition services provided.

#### ***Reduced demand on hospitals by improving care for those with mental illness and substance use issues***

- As experts advising on diet, food and nutrition, dietitians have an important role in mental health promotion, disease prevention and treatment of mental health conditions<sup>8</sup>, yet very few BC dietitians are employed in mental health and addictions or substance abuse (4%).

#### ***Improved delivery of rural health services***

- The majority of BC dietitians provide care in large and urban settings with a population of over 75,000 residents. There is limited to no full time work for dietitians to provide direct client care in rural and remote communities.

#### ***Improved access to surgical services and procedures***

- Patients with poor nutrition status prior to surgery are at increased risk of poor outcomes and complications that can lead to increased length of stay in hospital<sup>9,10</sup>. More than half (54%) of the dietitians surveyed did not have any relief coverage for absences greater than three consecutive days. Lack of relief coverage has a direct effect on patient care as medical nutrition therapy is delayed or not provided.

### Other challenges facing the BC dietetic workforce:

- Ten percent of the workforce is forecasted to retire in the next three years. The anticipated retirements and departures from dietetic practice will result in a further shortfall within three years of approximately 100 dietitians in BC.
- Expansion of services related to government priorities and population growth is forecasted to be sizable in some large and urban parts of the province. Additional dietitian positions are anticipated to provide the nutrition care necessary for effective services and improved outcomes for patient health. This will further challenge rural and remote communities to successfully recruit for their positions.
- UBC offers the only dietetics education program in the province and the number of graduates continues to be insufficient to address workforce demands. BC currently relies on registrants from other jurisdictions to meet almost 40% of their supply requirements. This level of out of province recruitment is not sustainable.

The BC dietetics workforce has grown by an average of 2% per year – half the national average of 4%<sup>11</sup>. This slow growth rate has contributed to the limited capacity within the dietetic workforce. Further reductions through anticipated retirements and plans to leave the dietetics profession will make it difficult to maintain existing services and leaves no opportunity to meet the future needs. These findings demonstrate the need to increase the BC dietetic workforce to better meet government priorities, to address food and nutrition challenges that threaten the health of the population, and to sustain our health care system.

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