



# The Dietetic Workforce in British Columbia: Survey Report

May 2016

# Acknowledgements

This work was done with the support and guidance of the Dietitians of Canada (BC) Dietetic Workforce Committee. The committee thanks all dietitians in BC who participated in the survey and acknowledges Tracy Lister and Estelle Dufresne for their contributions to the survey and report development, as well as the College of Dietitians of British Columbia (CDBC) for the dissemination of the survey and contributions to this report.

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# Executive Summary

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.

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*Unregulated nutrition practitioners are increasingly entering the nutrition practice landscape in BC. ... 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.

## **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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# BC Dietetic Workforce Survey

## INTRODUCTION

Registered dietitians are the only nutrition professionals regulated by the British Columbia (BC) Health Professions Act. Dietitians are governed by ethical guidelines and standards of practice, and have the most extensive education and training in nutrition<sup>a</sup> to ensure they work to the highest standard by providing evidence based nutrition information. 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>.

Unregulated nutritionists 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 dietitian. This misperception contributes to the use of unregulated practitioners to fill gaps in nutrition services, raising concerns regarding quality of care and risk to patients and clients.

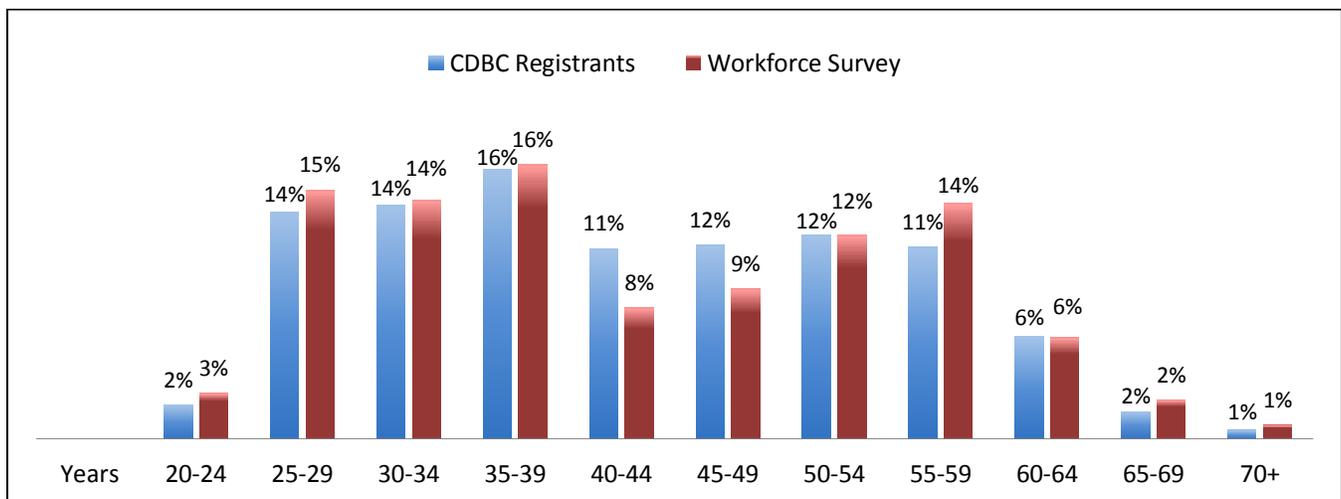
A key enabling strategy for improving the health of British Columbians is an engaged, skilled, well-led and healthy workforce<sup>3</sup>. Dietitians of Canada–BC Region (DC) is committed to working with the BC Ministry of Health (the Ministry), Health Authorities, the University of British Columbia, the College of Dietitians of BC (CDBC), and others to achieve and maintain quality, appropriate, cost-effective, and timely nutrition services through an accessible dietetic workforce in BC.

In March 2015, DC invited all dietitians in BC to complete an electronic survey to describe BC's dietitian workforce. Among the 1228 registrants of the CDBC, 514 responded to the survey (42% response).

## WHAT IS THE PROFILE OF THE SURVEY RESPONDENTS?

The survey respondents are reflective of the dietetic workforce in BC. The age distribution is consistent with CDBC registrants (Figure 1), with a slight under-representation from 40 to 49 year olds and slight over-representation of 55 to 59 year olds. The gender distribution was consistent in that almost all (98%) of survey respondents and CDBC registrants (97%) are female.

*Figure 1: Age distribution of dietetic workforce survey respondents and registrants of the College of Dietitians of BC*



<sup>a</sup> All dietitians in BC must have a minimum of a four-year bachelor's degree in dietetics and completion of a supervised internship program with a minimum of 1250 hours [approved](#) by the CDBC Board, or academic and practical training assessed by the CDBC to be substantially equivalent.

## WHAT IS THE CURRENT CAPACITY OF THE BC DIETETIC WORKFORCE?

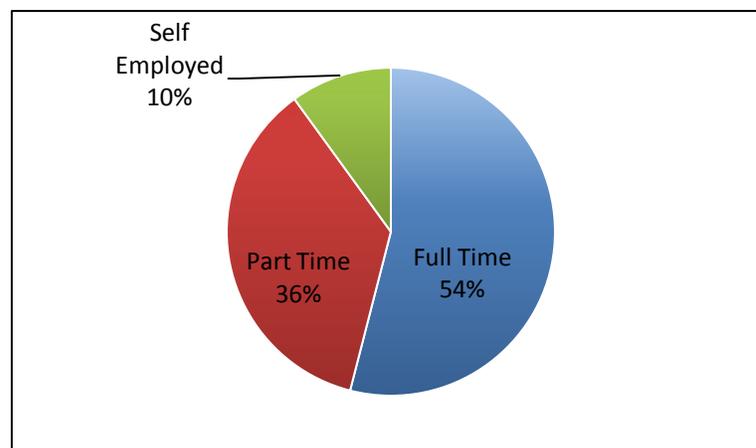
Most (97%) of the survey respondents were employed. Among the respondents who were not employed, the primary reasons were studying or retirement. Only 2% of dietitians were seeking additional employment, indicating limited capacity within our existing workforce to maintain existing and meet increased demand for dietitian services

Among employed respondents, just over half (54%) were employed full-time (Figure 2). Over one-third of respondents (36%) were employed part-time. Self-employment was the most common employment status of the remaining 10% of respondents.

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*Only 2% of dietitians were seeking additional employment. This highlights the limited capacity within our existing workforce to meet increased demand for nutrition services.*

*Figure 2: Status of employed dietitians*

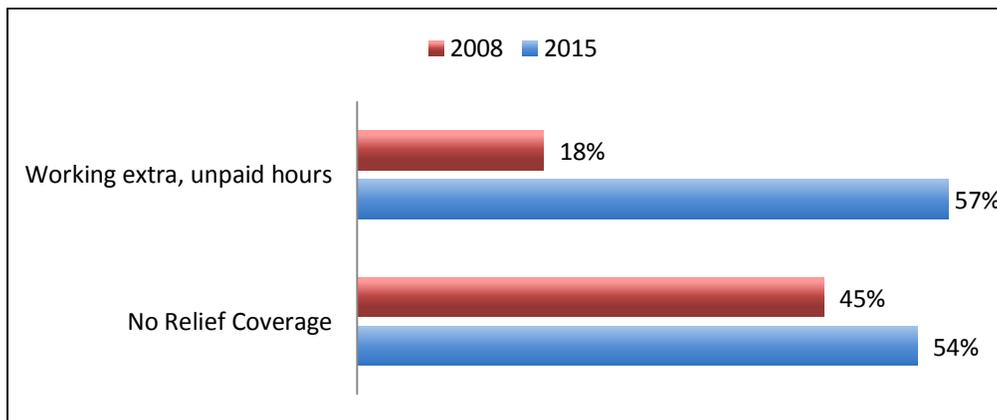


One in five responding dietitians (21%) worked in multiple positions. Clinics and facilities that employ dietitians for limited part-time positions (e.g. one day a week) may find that such positions become increasingly difficult to fill as the workforce declines. If this happens, critical work undertaken by dietitians will not be done. Alternatively, under qualified nutrition practitioners may be hired to replace dietitians, increasing public risk.

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 (77%). Respondents also worked the extra, unpaid hours to complete administrative tasks (69%), to compensate for lack of sick or vacation relief (27%) or to act as a preceptor for students (24%). This demonstrates that there is high demand for the existing services and indicates there are not enough employment positions to address current workload issues or enough dietitians to sufficiently meet client/patient needs.

More than half (54%) of the dietitians did not have any relief dietitian coverage for absences greater than three consecutive days (up from 45% in 2008). Only 7% had their position fully covered and 39% had emergency or partial coverage. Respondents stated that full relief coverage was not provided due to lack of funding and lack of available relief staff. This is concerning as 70% of the respondents' primary employment was in a unionized dietitian position which typically involves direct patient care. Lack of relief coverage has a direct effect on patient care as medical nutrition therapy is delayed or not provided. 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>.

Figure 3: Decreasing capacity in the BC dietetic workforce: Dietitians' workload and relief coverage



Almost one-third of all survey respondents indicated they might leave their current position in the next year, most often to work in a different practice area or for career advancement. This movement within the workforce is desirable, but difficult to manage when at full capacity as positions inevitably sit vacant during transitions, leaving services unfulfilled.

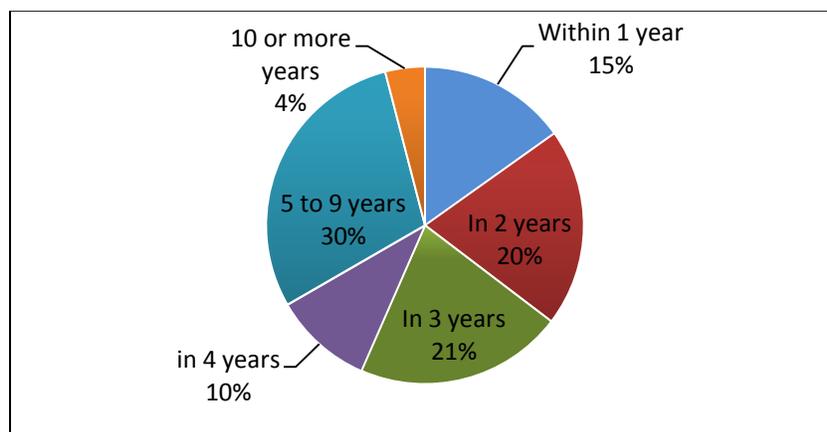
### WHAT IS THE POTENTIAL ATTRITION?

Over half (56%) of the respondents over the age of 55 were planning on retiring from their current positions within three years and almost all (95%) were planning to retire in fewer than ten years. This would translate into 120 dietitians in BC retiring within the next three years – 10% of the workforce – based on the CDBC database, which has 215 registrants aged 55 to 64. In addition to these retirements, 3% indicated that they are planning to leave their current position in the next year because they no longer want to work in dietetics, which could amount to an additional 111 dietitians leaving the BC workforce within three years. This amounts to about 230 dietitians exiting the workforce within three years.

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*Over half (56%) of the respondents over the age of 55 were planning on retiring from their current positions within three years.*

Figure 4: Timing of planned retirement of dietitian respondents over the age of 55



The average number of dietitians entering into the BC workforce as UBC graduates, internationally trained and migrating from other provinces was 4% (43 per year as measured by new registrants with the CDBC), which is lower than the national average of 6%<sup>11</sup>.

The slow growth rate of the BC dietetic workforce contributes to its existing limited capacity. The anticipated retirements and departures from dietetics will result in a further shortfall within three years of approximately 100 dietitians in BC. This will make it difficult to maintain existing services and leaves no opportunity to meet the increased demand for dietetic services related to government priorities and population growth which is forecasted to be sizable in some parts of the province.

*The anticipated retirements and departures from dietetics will result in a further shortfall within three years of approximately 100 dietitians in BC.*

## WHERE ARE DIETITIANS CURRENTLY WORKING?

Most survey respondents worked in the Vancouver/Coastal area (32%), followed by the Fraser Valley (28%), Vancouver Island (20%), the Interior (9%) and the North (4%). Figure 5 illustrates how the survey responses align with the size of the population served. In addition, 5% of dietitians worked in a provincial role and less than 1% worked in other provinces, nationally, or internationally.

These results do not necessarily reflect actual positions, as participation in the survey was voluntary. However, there is currently no accurate data that better captures the regional distribution of all dietitians in BC.

*Figure 5: Geographic distribution of survey responses, compared to population distribution*

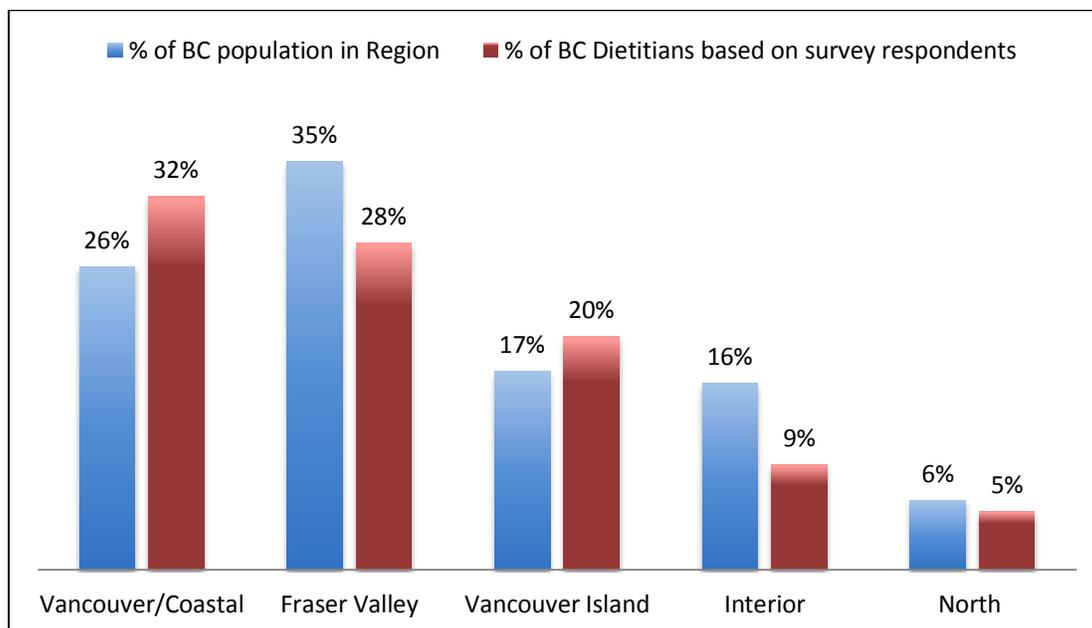
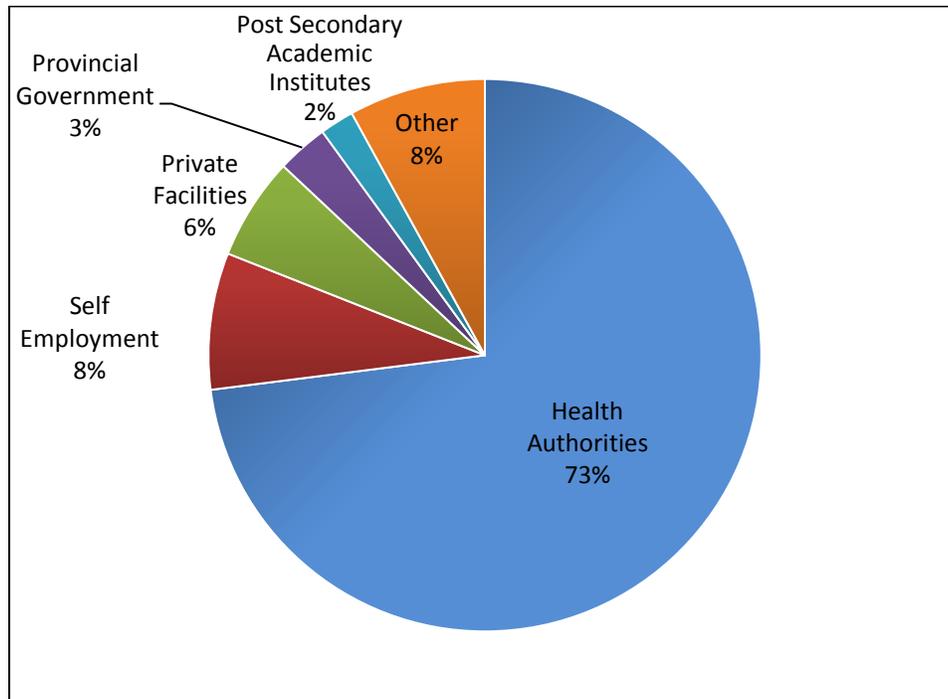


Figure 6 shows that health authorities were the most frequently cited primary employer (73%), followed by self-employment (8%), private facilities (6%), provincial government (3%) and post-secondary academic institutes (2%). Other employers included industry, private facilities/clinics, and non-profit organizations.

*Figure 6: Employers of survey respondents*



For respondents with a second employment position, self-employment was most common (30%), followed by health authorities, private facilities, post-secondary academic institutes and community agencies.

About one-half (48%) of responding dietitians indicated that their primary area of practice was providing nutrition care in a hospital setting. Sixteen percent of respondents worked in residential care, 9% in public and population health, and 8% in health care administration (Figure 7).

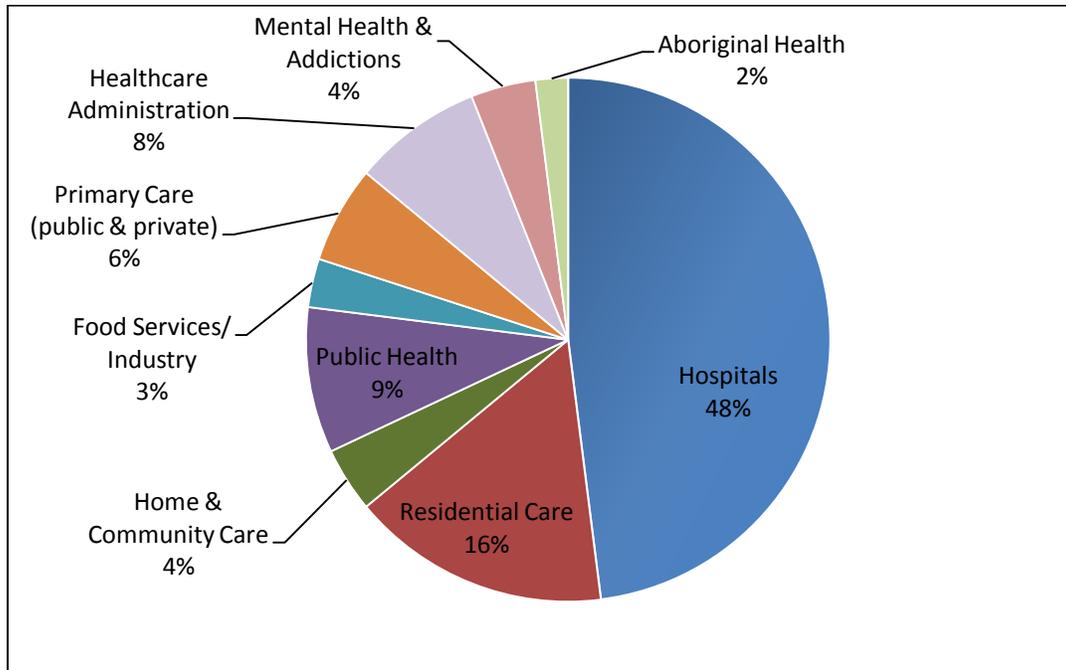
BC's primary care home model is built around interdisciplinary teams and functions, yet only 3% of dietitians reported working in primary care services associated with a physician's office. This is the equivalent of about 36 BC dietitians working in primary care – compared to over 500 dietitians on family health teams and in community health centres in Ontario<sup>5</sup> – suggesting the dietitian role in team-based care in a primary care setting is under-utilized in BC. An additional 3% provided nutrition counseling not associated with a physician's office, demonstrating more opportunity to integrate dietitians within primary care as part of the interdisciplinary team in the Primary Care Home model.

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*This is the equivalent of about 36 BC dietitians working in primary care – compared to over 500 dietitians on family health teams and in community health centres in Ontario.*

Only 4% of respondents indicated a role in home and community care, 4% in mental health and addictions or substance abuse, and 2% in Aboriginal health. This is concerning as there are insufficient dietitians positioned to support these vulnerable populations which have been identified as priority areas for the BC government<sup>3</sup>.

Figure 7: Areas of practice



## HOW IS DIETITIAN CLIENT CARE TIME ALIGNED WITH BC GOVERNMENT PRIORITIES?

The BC dietetics workforce grew by an average of 2% per year (2009 to 2013), which is half the national average of 4% per year<sup>11</sup>. This slower growth in the dietetic workforce negatively impacts the profession's ability to meet BC government priorities.

### Targeting services to key population segments

The BC Ministry of Health divides the population into key segments according to health status and service use<sup>3</sup>. Respondents were asked to indicate how they allocate their client care time amongst these population segments.

Three quarters of responding dietitians (76%) provided direct client care. Respondents' client care time focused on populations with highly complex chronic conditions and the frail and elderly in residential care. This is consistent with the previously cited areas of practice, which identified hospitals and residential care facilities as the largest employers of dietitians.

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*The lack of dietitian services for this population [frail elderly] in community settings is reflective of the small number (4%) of respondents working in home and community care.*

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. The lack of dietitian services for this population in community settings is reflective of the small number (4%) of respondents working in home and community care.

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%).

Populations receiving the least amount of dietitian time were: pregnant women, healthy newborns, healthy individuals, and people in end of life care. There were also minimal direct nutrition interventions by dietitians to promote healthy growth and development, and to prevent disease.

Dietitians play a critical role in providing evidence-based nutrition information to the public. The shortage of dietitians and replacement of dietitians with 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, including increasing vegetable and fruit intake, and the ability to achieve meaningful improved outcomes for population and patient health as part of the Ministry's strategic agenda

### **Access to health care in rural and remote communities**

The BC Ministry of Health has made a commitment to improve access to health care in rural and remote communities, recognizing that one of the challenges is less availability of health care providers. Survey respondents were asked how much time they worked (excluding travel) in settings with defined sizes of population. Most of the direct client care time provided by dietitians was in large and urban settings with a population of over 75,000 residents. When direct client care dietetic services were provided to small urban, rural, small rural or remote areas, it was most often less than half a day per week. This suggests that there is limited to no full time work for dietitians to provide direct client care in more rural and remote communities.

This notion is reinforced by responses when asked to describe situations where there were difficult-to-fill positions and to provide insights as to why recruitment to these positions was challenging. Almost half (45%) thought that a limiting factor was insufficient work to sustain a living (for self or partner), followed by the type of work (34%), the location being in a remote area or in isolation (30%), the salary (19%) and lack of mentors in the area (11%).

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.

### **WHERE WERE DIETITIANS TRAINED?**

Over half of all survey respondents (53%) completed their training in BC (up from 49% in 2008), followed by Alberta (14%), Ontario (8%) and Saskatchewan (6%). Four percent of respondents were internationally trained and primarily came from the United States and Australia. This is consistent with the finding that BC relies on registrants from other jurisdictions to meet almost 40% of their supply requirements, compared to the national average of 36%<sup>11</sup>.

## HOW IS THE FUTURE DIETETICS WORKFORCE AFFECTED BY CURRENT EDUCATION AND TRAINING IN BC?

The only nationally accredited dietetics program in BC is the University of British Columbia (UBC) Dietetics Major, which is situated within the Faculty of Land and Food Systems at UBC Vancouver. UBC oversees the campus-based and the internship practicum curriculum and provides province wide support; however, the health authorities manage coordination of the site-based placements.

As of September 2015, this UBC program admits up to 36 students each year, an insufficient number of graduates to address workforce demands. BC currently relies on registrants from other jurisdictions to meet almost 40% of their supply requirements<sup>11</sup>. This level of out of province recruitment is not sustainable.

The health authorities are at or are near capacity within existing resources to coordinate student placements and to support dietitians who preceptor dietetic interns, limiting the ability to expand the UBC program. There is an opportunity to address recruitment challenges and expand the capacity of our future workforce because BC retains a high percentage (an average of 82%) of their graduates<sup>11</sup>.

When respondents were asked what would be helpful for them to start preceptoring dietetic interns or preceptoring more interns, the most frequent response was “partial relief to cover some of the workload”, followed by “being asked to be a preceptor”, “partnering with another dietitian to share the workload”, and increased training for preceptors”. A key theme from survey respondents’ comments was that preceptoring students/interns is not valued or supported by management (particularly non-dietitian managers).

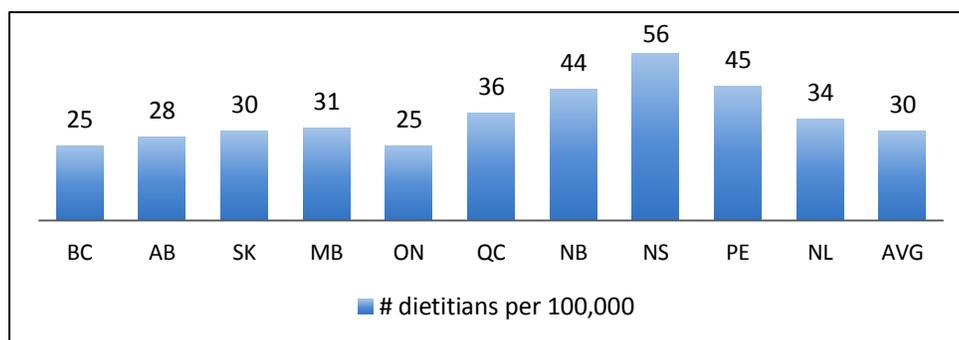
*...UBC program admits up to 36 students each year. BC retains a high percentage (an average of 82%) of their graduates.*

## How Does the BC Dietetic Workforce Compare to Other Provinces?

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.

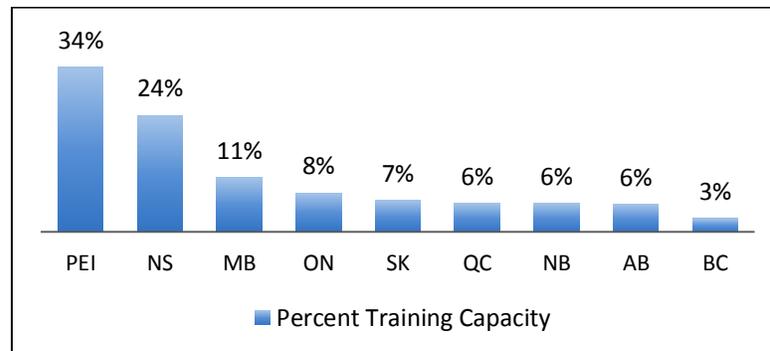
The 2012 Canadian Institute for Health Information (CIHI) data showed that BC and Ontario had 25 dietitians per 100,000 population, the lowest ratios in the country and less than the national average of 30 dietitians per 100,000<sup>6</sup> (Figure 8).

*Figure 8: CIHI (2012) – Dietitians in Canada per 100,000 population*



Another comparison that can be made with other provinces is the number of training spots for dietitians relative to the size of the existing workforce. This is an indicator that reflects the province's local capacity to match attrition, expand and provide needed services. In 2011, BC had the lowest training capacity in Canada (Figure 9).

*Figure 9: CIHI (2012) – Dietetic training capacity in Canada*



## Conclusion

The BC dietetic workforce is at capacity. With the anticipated retirements and departures from dietetics, there will be a further shortfall of 100 dietitians in BC within the next three years, making it difficult to maintain existing services and leaving no opportunity to meet the increased demand for dietetic services related to government priorities and population growth.

There are considerable differences among provinces regarding their ability to meet the need for qualified dietitians, their reliance on dietitians from other jurisdictions, and trends in new graduate mobility. Compared to other provinces, British Columbia has the fewest dietitians per capita, the least dietetic graduates relative to the size of the workforce, and the slowest workforce growth. However, there is good retention; once registered in BC, dietitians tend to stay, as do BC graduates.

The dietetic workforce issues identified are relevant to Dietitians of Canada-BC Region, the BC Ministry of Health, Health Authorities, the University of British Columbia, and the College of Dietitians of BC. It is important that these groups consider the issues and collaborate on a plan of action that addresses the health needs of British Columbians.

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