

DIETETIC SCOPE OF PRACTICE

A Thesis Submitted to the College of
Graduate Studies and Research
in Partial Fulfillment of the Requirements
for the Degree of Masters of Science
in the College of Pharmacy and Nutrition
Division of Nutrition and Dietetics
University of Saskatoon
Saskatoon, Saskatchewan
Canada

Martina Rae Selinger

© Copyright Martina Rae Selinger, November 2012. All rights reserved.

PERMISSION TO USE MASTERS THESIS

In presenting this thesis in partial fulfillment of the requirements for a postgraduate degree from the University of Saskatchewan, I agree that the libraries of this University may make it freely available for inspection. I further agree that permission for copying of this thesis in any manner, whole or in part, for scholarly purposes may be granted by the professor who supervised my thesis work:

Dr. Shawna Berenbaum, Ph.D., M.H.Sc., R.D.

College of Pharmacy and Nutrition

In her absence, permission may be granted by the Dean of the College of Pharmacy and Nutrition. It is understood that any copying or publication or use of this thesis or parts thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of Saskatchewan in any use which may be made of any material in my thesis.

ABSTRACT

Scope of practice is seen as the base from which governing bodies prepare standards of practice, educational institutions organize curricula and employers prepare job descriptions. The meaning of scope of practice varies among and within healthcare professions. The purpose of this study was to explore the concept of scope of practice for dietetics in Saskatchewan and Canada. Little is known about dietetic scope of practice in Canada and literature has not shown a consistent use of the term. Saskatchewan is one of two provincial dietetic regulatory bodies without a scope of practice in legislation. Implications for having an undefined scope of practice include role confusion, competition among providers, diminishing professional identity and under- or over-utilization of health professionals.

Using interpretative description methodology, data was collected through four phases. In Phase I, eight provincial dietetic regulatory bodies participated in semi structured telephone interviews on scope of practice. Phase II used an online survey on 92 Saskatchewan dietitians to examine dietetic scope of practice. A follow up online focus group was conducted with ten Saskatchewan dietitians in Phase III to further explore dietetic scope of practice. Phase IV related dietetic scope of practice statements found across Canada to literature and data collected in Phases I-III. Themes were defined as a topic identified by participants in more than one phase. Data from all phases were coded using NVivo 9.0.

Results indicate that dietetic scope of practice statements are a product of a complex multi-player, political process. Without a scope of practice, Saskatchewan dietitian participants were interpreting their role from a combination of documents (e.g. ethics, research) and stakeholders (e.g. employers and colleagues). Participants believed a dietetic scope of practice should provide guidance to dietitians, employers, health professionals, the public, regulatory bodies, and other stakeholders. Challenges defining, understanding and working with a scope of practice include encompassing the diversity of dietetics in a concise statement, and working with stakeholders who have a poor understanding of the dietetic profession.

Our research also revealed variation in dietetic scopes of practice across Canada. A scope of practice cycle was proposed which included four phases: no scope of practice, creating a scope of practice, using a scope of practice and evaluating and updating a scope of practice. Factors influencing a scope of practice, such as the political environment, education of professionals and employer policies all

impact this scope of practice cycle. Perceived outcomes of a scope of practice include guidance, credibility, advanced practice and practice protection.

ACKNOWLEDGEMENTS

There are many people who have provided me with guidance, patience, encouragement and advice over the past two years. I could not have finished my program and have written this thesis without the support of the following outstanding people:

I was fortunate enough to have a wonderful and inspiring supervisor, Dr. Shawna Berenbaum. I looked up to Shawna as an undergraduate student and was excited when she agreed to take me on as a graduate student. You continue to be someone I look up to as a researcher, dietitian and colleague. I appreciated our chats in your office and your encouragement in not only my thesis, but in my career and aspirations as well.

I also had two fantastic committee members who shared valuable ideas which helped shape my thesis towards its final product. To Dr. Linda Suveges: thank you for carefully editing my drafts and teaching me the difference between apostrophe-s and s-apostrophe. I must have missed that in elementary school! To Dr. Linda Ferguson: thank you for introducing me to interpretative description and patiently answering my questions as I learned about this new methodology.

Thank-you to my chair Dr. Brian Bandy, and to Dr. Susan Whiting, who filled in as my chair this summer. It was great to reconnect with my undergraduate professors! Also, thank you to my external examiner, Dr. Brenna Bath. You gave me detailed feedback from another health discipline perspective which pushed me to think outside of my “dietitian lens”.

A special thanks to both graduate student colleagues and out of province dietitian colleagues for actively and critically participating in my pilot studies. A massive thank you to my 2009 classmate Andrea DiMenna who went above and beyond in her grammatical feedback!

I could not have included detailed descriptions of Saskatchewan dietetics in my thesis without assistance from the Saskatchewan Dietitians Association. In particular I would like to thank the SDA Registrar, Lana Moore, who answered my questions over the past year and went above and beyond in the detail I expected.

I am lucky to be surrounded by a great network of friends and family who are always willing to lend an ear or provide advice as I navigated through my graduate student journey. Thank you for coffee dates, phone calls, weekend adventures and listening to my rants about my hatred of the font Times New Roman. To Mike: thank you for your unconditional love, cooking me comfort food when I was feeling stressed (go Kraft Dinner!), and being my best friend.

And finally the biggest thank you of all - my parents. They weren't alarmed but only offered support when I announced that I had enough of the real world two years in and wanted to go back to school. Thank you for offering more love, support and encouragement than I will ever need!

Table of Contents

PERMISSION TO USE MASTERS THESIS	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	ix
LIST OF FIGURES	x
1. INTRODUCTION	1
1.1 Introduction	1
1.2 Problem	1
1.3 Background Information	2
1.4 Purpose	2
1.5 Research Questions	2
1.6 Significance of Study	3
1.7 Definitions	4
1.8 Summary	5
2. LITERATURE REVIEW	7
2.1 Introduction	7
2.2 Profession	7
2.3 Health Human Resources in Canada	8
2.4 Health Profession Regulation	8
2.5 Scope of Practice	10
2.5.1 Scope of Practice Defined	10
2.5.2 Development of Scope of Practice	11
2.5.3 Issues in Scope of Practice	12
2.5.4 Scope of Practice and Interdisciplinary Relationships	13
2.5.5 Scope of Practice in Medicine	14
2.5.6 Scope of Practice in Nursing	15
2.5.7 Scope of Practice in Pharmacy	16
2.5.8 Scope of Practice in Therapies	16
2.6 Dietitians	17
2.6.1 Definition of Dietitian	17
2.6.2 Practice of Dietetics	17

2.6.3 Training of Dietitians in Canada	19
2.6.4 Dietitians’ Scope of Practice	23
2.6.5 Dietitians in Saskatchewan	24
2.6.6 Standards of Practice for Saskatchewan Dietitians.....	24
2.7 A Comparison of Health Professions in Saskatchewan	26
3. METHODOLOGY	28
3.1 Introduction.....	28
3.2 Research Framework	28
3.3 Researcher’s Story	29
3.4 Study Design	30
3.4.1 Introduction and Timeline	30
3.4.2 Study Population and Recruitment	32
3.4.3 Data Collection.....	33
3.4.4 Data Analysis and Interpretation	37
3.5 Reflexivity and Bracketing.....	38
3.6 Trustworthiness	39
3.6.1 Evaluative Criteria	39
3.6.2 Beyond Traditional Evaluation.....	41
3.7 Ethical Issues	42
4. RESULTS AND DISCUSSION	44
4.1 Introduction.....	44
4.2 Phase I: Interview Results and Discussion.....	44
4.2.1 Description of Interview Participants.....	44
4.2.2 Interview Results.....	44
4.2.3 Discussion of Interview Results	52
4.3 Phase II: Survey Results and Discussion	54
4.3.1 Description of Survey Participants	54
4.3.2 Survey Results.....	55
4.3.3 Discussion of final survey question	59
4.4 Phase III: Focus Group Results and Discussion	62
4.4.1 Description of Focus Group Participants	62
4.4.2 Focus Group Results.....	64

4.4.3 Discussion of Focus Group Results.....	71
4.5 Phase IV: Comparison of Provincial Scope of Practice Documents	73
4.5.1 Introduction	73
4.5.2 Provincial Scope of Practice Descriptions.....	74
4.5.3 Provincial Scope of Practice Statements	80
4.5.4 Discussion	83
4.5.5 Conclusion	89
4.6 Discussion of Themes.....	91
4.6.1 Sources of Data	91
4.6.2 Overarching Themes	92
5. CONCLUSIONS AND RECOMMENDATIONS.....	106
5.1 Introduction.....	106
5.2 Research Questions	106
5.3 Major Findings	112
5.4 Recommendations.....	115
5.4.1 Recommendations for Practice.....	115
5.4.2 Recommendations for Future Research.....	119
5.5 Limitations.....	121
5.6 Significance of Study	122
5.7 Conclusion	122
References	123
Appendices	134
Appendix A: Invitations to Participate.....	136
Appendix A.1: Email Invitation to Dietetic Regulatory Bodies for Phase I Interview	137
Appendix A.2: Email Invitation to Saskatchewan Dietitians Association (Phase II).....	138
Appendix A.3: Email Invitation to Saskatchewan Dietitians for Phase II Online Survey.....	139
Appendix A.4: Email Invitation Letter to Saskatchewan Dietitians for Phase III Focus Group	140
Appendix B: Participant Consent Forms	141
Appendix B.1: Consent Form for Phase I Interviews	142
Appendix B.2: Consent Form for Phase III Focus Group	144
Appendix C: Phase I Interview Guide.....	146
Appendix D: Phase I Interview Transcript Verification Email.....	148

Appendix E: Phase II Online Survey 149

Appendix F: Phase II Online Survey Results 153

Appendix G: Phase III Focus Group Questions 163

Appendix H: U of S Course Tools – Working with Discussions 166

Appendix I: Enriching the Online Focus Group Handout for Phase III Participants..... 170

LIST OF TABLES

Table 2.1. Protected Titles and Initials for Use by Dietitians by Province	22
Table 2.2. Key Documents Informing Dietetic Practice in Saskatchewan	25
Table 2.3. Dietetic, Pharmacy and Occupational Therapy Professional Organizations By Role	27
Table 3.1. Research Phases.....	31
Table 3.2. Research Flowchart.....	32
Table 3.3. Comparison of Evaluation Criteria	39
Table 4.1. Demographic Characteristics of Phase II Survey Participants	55
Table 4.2. What a Scope of Practice Should Be	57
Table 4.3. Use of Scope of Practice	58
Table 4.4. Definition of Scope of Practice in Legislation	83
Table 4.5. Reference to Practice Areas.....	85
Table 4.6. Methods Used to Practice Dietetics.....	86
Table 4.7. Responsibility of Dietitians as Outlined in Scope of Practice Statements.....	87
Table 4.8. Reference to Integrated Competencies	88

LIST OF FIGURES

Figure 2.1. Integrated Competencies for Dietetic Education and Practice19

Figure 2.2. Path to Becoming a Registered Dietitian in Canada19

Figure 3.1. Data Sources34

Figure 4.1. Flow of Phase III Participants63

Figure 4.2. Factors Influencing Participants’ Scope of Practice69

Figure 4.3. Dietetic Scope of Practice Cycle91

Figure 4.4. Perceived Outcomes of Scope of Practice102

Figure 5.1. Process of Defining Dietetic Scope of Practice.....111

1. INTRODUCTION

1.1 Introduction

Scope of practice is an integral part of many professions. Most expect that a professional should know and be able to describe what they do. However, the process of reaching an accepted scope of practice for a profession can be a long and complex process (Lillibridge, Axford & Rowley, 2000). Although the term “scope of practice” is frequently used in the literature, there is not a widely accepted definition (Baranek, 2005). Implications for having an undefined scope of practice include role confusion, competition among providers, diminishing professional identity and under- or over-utilization of health professionals. The ability to provide Canadians with the best care possible is dependent on how effectively health human resources are managed (The Council of the Federation, 2012). This includes the agreement and understanding of which health professionals should do what and why (Baranek, 2005).

1.2 Problem

Little is known about dietetic scope of practice in Canada and literature has not shown a consistent use of the term. Although most provincial regulatory bodies have documents describing scope of practice, these documents vary in specificity, depth and origin. The Canadian professional association for dietitians, Dietitians of Canada, does not have a current definition for dietetic scope of practice. In the United States, the Academy of Nutrition and Dietetics (formerly the American Dietetic Association) describes scope of practice as the competency of the individual dietetic practitioner and his/her specific practice setting (Visocan & Switt, 2006).

All practicing dietitians in Canada are regulated by the dietetic regulatory body in their province. Each provincial regulatory body has its own regulations and legislations. Saskatchewan dietitians must be members of the dietetic regulatory body in Saskatchewan, the Saskatchewan Dietitians Association (SDA). SDA protects the public by setting and monitoring standards for dietetic practice in Saskatchewan (Saskatchewan Dietitians Association [SDA], 2012b). *The Dietitians Act* (2001) outlines who can be a member of SDA, board procedures, and disciplinary policies. Unlike most other dietetic regulatory bodies in Canada, SDA does not have a legislated scope of practice for its members. As part of the 2010-2013 Strategic Plan, SDA is planning to pursue the creation of a legislative dietetic scope of

practice in Saskatchewan with the assistance of its members (SDA, 2011). In the process of determining a scope of practice for dietetics in Saskatchewan, it is important to understand how dietitians themselves describe what scope of practice means to them.

1.3 Background Information

Scope of practice is seen as the base from which governing bodies prepare standards of practice, educational institutions organize curricula and employers prepare job descriptions (Baranek, 2005). It evolves as knowledge, technology and the health care environment expand (Visocan & Switt, 2006). Although the term “scope of practice” is used frequently in research and policy documents, there is no consistent definition (Baranek, 2005). The meaning of scope of practice varies among and within healthcare professions (White et al., 2008). Concepts of roles, professional competencies, standards of practice, registration requirements, and scope of employment are often used interchangeably with scope of practice (Baranek, 2005). There also seems to be a lack of collaboration and consultation among the many stakeholders (legislators, regulators, accreditors, educators and employers) involved in defining a profession.

Registered Dietitians are regulated health care professionals who apply the science of nutrition to the education of individuals or groups in health and disease (Dietitians of Canada [DC], 2012d; International Confederation of Dietetic Associations [ICDA], 2004). Dietitians are educated and trained in science, management, human development, and health of populations. This preparation allows dietitians to practice in many diverse roles which can lead to each dietitian holding a wide range of skills. This has also produced varying definitions of the scope of practice for dietetics.

1.4 Purpose

The purpose of this study was to explore the concept of scope of practice for dietetics in Saskatchewan and Canada.

1.5 Research Questions

1. How do Saskatchewan registered dietitians describe their individual scope of practice?
2. How do Saskatchewan registered dietitians describe scope of practice for the profession?
3. What challenges and opportunities do Saskatchewan registered dietitians see in defining, understanding and working with a scope of practice for the profession?

4. How do Canadian provincial regulatory bodies for dietitians define their scope of practice?
 - 4.1. What are the similarities and differences among these definitions?
5. How do views of scope of practice for dietetics compare among the provincial regulatory bodies and registered dietitians in Saskatchewan?
6. How could the term “dietetic scope of practice” be defined?

1.6 Significance of Study

The results of this study can be used by educators, dietitians, policy makers and regulatory bodies. Educators need to be able to provide accurate knowledge to their students about the role of dietitians in Canada. This research may be used to reinforce or clarify professional practice curricula. It could also open dialogue for educators to have with their students regarding how the profession is defined and regulated. Dietetic students can critically examine their future profession and can be better prepared for potential challenges as they enter the workforce. Students need to be prepared with knowledge and skills that are easily transferable and will allow them to manage uncertainty and change (Tomblin Murphy & O’Brien-Pallas, 2002).

Dietitians can use the results from this study to gain role clarity through the collection of colleagues’ opinions. One of the characteristics of a well-rounded health professional is the “consciousness of well-being of self and colleagues” (Tomblin Murphy & O’Brien-Pallas, 2002). Many dietitians work in isolation from other dietitians and are not able to readily discuss professional practice issues with their colleagues. This research showcases dietitians’ views and allows dietitians to reflect on their own ideas of scope of practice.

This study contributes to the growing literature on dietetic professional issues in Canada. It may clarify dietitians’ diverse roles and identify perceived gaps in dietetic practice. Policy makers may gain a greater understanding of the skills dietitians have and their capacity in health care. This research may also aid the Saskatchewan Dietitians Association as they create a scope of practice. Furthermore, exploring the concept of scope of practice may provide insight for other regulatory bodies creating or updating their own scope of practice.

1.7 Definitions

Advanced Practice: practice of applying in-depth knowledge, skills and diversified experiences across practice settings and disciplines. Advanced practice is different than specialization, which often lacks the dimension of breadth (i.e. a broad perspective and range of practice) (Wildish & Evers, 2010).

Collaborative Practice: developing and maintaining effective working relationships with other disciplines, clients, families, learners, and communities, to enable optimal health outcomes (Saskatchewan Ministry of Health [SMH], 2011).

Dietitian: regulated health care professional who applies the science of nutrition to the education of individuals or groups in health and disease (DC, 2012d; ICDA, 2004). The titles “dietitian” and “registered dietitian” are protected through provincial legislation in Canada (DC, 2010). Some provinces also protect “professional dietitian”, “registered nutritionist” and “nutritionist” titles as shown in Table 2.1. Only qualified dietetic practitioners can use the protected titles in each province.

Dietitians of Canada: a national professional association that represents over 5,000 dietitians across Canada. Dietitians of Canada educates Canadians on food and nutrition issues, advises government, develops evidence based standards and resources, and advocates for dietetic practice (DC, 2012a).

Entry-Level Competencies: essential knowledge, skills and abilities required for initial registration with a profession (Black et al., 2008).

Individual Scope of Practice: Scope of practice based on individual skill, knowledge and competency within their professions’ scope of practice (Shuiling & Slager, 2000).

Interprofessional Care: provision of comprehensive health services by multiple health professions working collaboratively to deliver care within and across settings (The Council of the Federation, 2012).

Professional Standards: describe minimum levels of performance of a professional. They are intended to guide daily practice and are applicable to all members of a profession, regardless of practice area (DC, 2000).

Regulatory Body: protects the public from incompetent and unethical practitioners. Self-regulation allows regulatory bodies’ legal authority to develop, implement and enforce various rules. May also be referred to as a college, society, board or association (Randall, 2000; SMH, 2008).

Role Enactment: actual performances of tasks and activities associated with professional roles, as defined by legislation, employer policies, experience, context of practice, competence etc. (Oelke et al., 2008).

Role Delineation: process of describing all current aspects of a profession. Usually involves surveying professionals, their characteristics, where they work and what they do – these results are used to guide professional development and education programs (Hooker & Rangan, 2008; Taub, Gilmore, Olsen & Connell, 2011).

Saskatchewan Dietitians Association: a self-regulating body established by the Government of Saskatchewan to ensure the public is protect from unprofessional conduct and incompetent dietetic practice (SDA, 2012b).

Saskatchewan Registered Dietitians: dietitians who hold a full practicing license with the provincial dietetic regulatory body, Saskatchewan Dietitians Association.

Self-Regulation: regulatory model where an occupational group enters into an agreement with government to formally regulate the activities of its members. Monitoring of professional standards is typically delegated to a regulatory body (Randall, 2000).

Scope of Practice: activities practitioners are educated and authorized to perform – it sets the outer limits of practice. It is the base from which governing bodies prepare standards of practice, educational institutions organize curricula and employers prepare job descriptions. Most scope of practice statements are held within legislation (Baranek, 2005; Canadian Nurses Association [CNA], 1993).

Standards of Practice: umbrella term for key documents describing values, priorities and practice of a profession necessary for safe practice including: professional standards, ethical guidelines, entry-level competencies, provincial regulations, standards of care, and practice guidelines. Standards represent performance criteria and can help interpret a scope of practice (Baranek, 2005; DC, 2000).

1.8 Summary

Inefficiencies in Canada's health system occur when health care practitioners are not fully utilized in terms of their education, training and competencies (McCauley & Hager, 2009). There is a need for more research on clarifying the role of dietitians and dietetic scope of practice in Canada. From

this research we have been able to identify issues regarding discrepancies in definitions, and opportunities and challenges working with and without a scope of practice.

2. LITERATURE REVIEW

2.1 Introduction

Scope of practice is seen as a fluid concept (Visocan & Switt, 2006). It evolves as knowledge, technology and the health care environment change. Prior research on dietetic scope of practice has focused on advanced clinical practice roles – scope of practice as a general concept in dietetics has not been clearly defined. Most provincial dietetic regulatory bodies in Canada have a legislated scope of practice, each holding a unique interpretation on what consists of dietetic practice. This literature review will begin with a discussion on the concept of a profession and an overview of health human resources in Canada. I will then review the definition of scope of practice, how it is developed and issues within the professions of medicine, nursing and allied health professions. I will end with a discussion on the profession of dietetics and influences on dietetic scope of practice.

2.2 Profession

Most professionals view themselves as working for the good of society (Dingwall, 2008). Plato defined profession as “the occupation to which one devotes himself, a calling in which one professes to have acquired some special knowledge used by way of instruction, guiding, or advising others or of servicing them in some art.” Socrates defined profession as “a number of individuals in the same occupation voluntarily organized to earn a living by openly serving a certain moral ideal in a morally permissible way beyond what law, market, morality and public opinion would otherwise require” (Freidson, 1986). Modern definitions of profession are similar to those theorized about since Ancient Greece. Today, profession is defined as “a paid occupation, especially one that involves prolonged training and a formal qualification” (Oxford Dictionaries, 2012). To become a member of a profession means undertaking prolonged education and acquiring a body of knowledge based on theory and research (Killeen & Saewert, 2007). Values, beliefs and ethics are an integral part of this training.

In 1915 Abraham Flexner published a paper listing criteria characterizing a profession. Other authors have since built upon these characteristics, but the basis of Flexner’s criteria remains the same: body of knowledge, formal education, organization of members, autonomy and accountability (Dingwall, 2008; Killeen & Saewert, 2007). The organization of members typically implies entry into the profession restricted by license – making them accountable to the government, the profession and the public (Dingwall, 2008). Having a license also protects a profession’s status and body of knowledge (Freidson,

1986). The body of knowledge professionals hold gives them the power to control the market for their expertise. All the characteristics together are meant to maintain optimal standards of quality.

2.3 Health Human Resources in Canada

In view of Canada's rapidly changing health care environment, effective health human resources planning is dependent on the agreement and understanding of who should do what and why (Baranek, 2005). Inefficiencies occur when health care practitioners are not fully utilized in terms of their education, training and competencies (McCauley & Hager, 2009). Current health human resource methods have contributed to increased competition among providers and increased costs (The Council of the Federation, 2012). A nursing study in western Canada found that there were unmet expectations related to what practitioners are educated to do versus what they are permitted to do (White et al., 2008). A clear understanding of roles of health care professionals is essential for strategic planning, such as determining the right number and type of education seats (Besner et al., 2005). In 2012, The Council of the Federation recommended all provinces carry out needs-based planning to project supply in health professions. Little work has been done to date on how to mix and match skills of health professions to ensure an effective health care system in Canada (Baranek, 2005; Oelke et al., 2008; Romanow, 2002).

Health human resources was named one of the biggest challenges for healthcare managers and policy makers in 2002 (Romanow, 2002). Cycles of staffing shortages and surpluses, unequal distribution, compensation for attrition (retirements, turnover, out-migration) and population growth continue to lead to costly problems (Romanow, 2002; SMH, 2011). Solutions to these problems include collaborative practice and optimal use of teams (Baranek, 2005; SMH, 2011). In order to work successfully, teams need to understand one another. Too much overlap in activities between professions can result in role confusion, workplace tension, and diminishing professional identity. Education on effective interprofessional teamwork with each member holding a clearly defined role can overcome role ambiguity and retention issues, and facilitate more efficient use of human and financial resources.

2.4 Health Profession Regulation

Federal and provincial governments in Canada are encouraging greater professional accountability in health care (Baranek, 2005). Public protection is achieved when only qualified and competent practitioners are permitted to deliver healthcare services to the public (Newfoundland &

Labrador Department of Health and Community Services [NLHCS], 2009). This outcome is accomplished through professional self-regulation. Each provincial government defines the professions which are regulated. Regulated health care professions work under license governed by each province that restricts the work a profession can do (Romanow, 2002). There are more than 30 regulated health professions in Canada, each specializing in a specific area. This number continues to grow as previously unregulated professions (e.g. midwifery) and new professions (e.g. athletic therapy) requiring regulation emerge (NLHCS, 2009).

Self-regulation enables provincial governments to have some control over the practice of a profession while recognizing that a profession is in the best position to determine and monitor standards for their own education and practice (CNA, 2007b). Although provincial governments assume responsibility through legislation, they do not typically apply this legislation on a day-to-day basis (SMH, 2008). Self-regulation gives regulatory bodies legal authority to develop, implement and enforce various rules (Randall, 2000). Typically self-regulation includes:

- setting entrance qualifications for those who may enter the profession,
- establishing standards of practice for those in the profession,
- establishing continuing competency requirements, often by requiring members to keep a professional portfolio of learning goals, and
- outlining a complaint and discipline system for the public to raise concerns about members. The discipline process has two stages: an investigative stage and a hearing stage (SMH, 2008).

Each regulatory body is responsible to the government and the public. To improve transparency and accountability, the Saskatchewan Ministry of Health requires public representation on regulatory boards.

Professional self-regulation can take the form of licensure, certification or registration (Randall, 2000). While registration may be as simple as recording a name on an official record, licensing provides a monopoly control over who can practice a profession. Only individuals who have met specific education requirements and a licensing exam are issued a license to practice the profession. A license may include certification to use a specific title or professional designation. This protects the public by allowing them to identify those individuals who have specific skills.

While some provinces regulate health care professions under profession-specific Acts, others use omnibus legislation. Omnibus health profession legislation regulates numerous professions under one statute with common sections applying to all professions in addition to profession-specific regulations (NLHCS, 2009). As of August 2012, British Columbia, Alberta, Manitoba, Ontario and Quebec use omnibus legislation to regulate their healthcare professions. These provinces also designate high-risk healthcare services or procedures to specific professions. Often called restricted or controlled acts, these activities are not linked to any particular health profession; a number of regulated health practitioners may perform a particular restricted activity as dictated by law (Alberta Health and Wellness, 2004). A regulatory body may further restrict its members from performing these activities until certain competencies are met.

2.5 Scope of Practice

2.5.1 Scope of Practice Defined

Although the term “scope of practice” is used frequently in research and policy documents, there is no consistent definition (Baranek, 2005). The meaning of scope of practice varies among and within healthcare professions (White et al., 2008). While some definitions speak to the legality of professional activities (Dower, Christian & O’Neil, 2007; Oelke et al., 2008), others focus on clinical boundaries of professional activities (Canadian Medical Association [CMA], 2000; CNA, 1993). The majority of definitions reviewed outline activities one is authorized to perform – but how this authority is given (education, legislation, competencies, employer) varies across definitions. As well, the definition of what constitutes an activity is debatable in most definitions – some are as specific as “task” while others use broad words such as “role”. In a study by White et al. (2008), most nurses described their scope of practice in terms of day-to-day tasks – few nurses described their scope of practice in holistic role-based terms.

Although scope of practice is typically defined as boundaries of a profession, it is also affected by the competency, skill and personal philosophies of the individual professional (Shuiling & Slager, 2000). Schuiling and Slager (2000) discuss the scope of practice of a midwife as being influenced by both inflexible legal parameters in addition to the professional’s knowledge and skills. Professionals must be able to assess their own competency on deciding their individual scope of practice within legal parameters. A professional needs to exhibit accountability and recognize when certain tasks are beyond his/her individual competency, even if it is within the profession’s scope of practice. A new practitioner

should not be expected to practice to the outer boundaries of his/her scope of practice. Instead, he/she will practice within an individual scope of practice defined by his/her experiences and skills. An individual scope of practice is dynamic and changes as a professional gains experience or does not use a skill routinely. Typically, an expanded scope of practice is supplemented with additional certification or documentation to ensure public protection (Visocan & Switt, 2006).

How a scope of practice is used is also unclear. Many professions describe their scope of practice as broadly as possible (Visocan & Switt, 2006). Although a broader scope of practice may provide more independence, there is concern in the medical community about breadth of competency and how to maintain this competency (Baker, Schmitz, Epperly, Nukui & Moffat Miller, 2010). There is debate about whether a profession can even perform all aspects of its scope of practice (McCauley & Hager, 2009). McCauley and Hager (2009) believe no one professional can have all the skills or knowledge to practice to a full scope of practice. Furthermore, a broad scope of practice often results in competencies shared with other health care providers. In 2000, the Canadian Medical Association (2000) urged all regulatory bodies with shared competencies in health care to have agreed upon minimum standards and performance criteria. This recommendation is starting to be realized as provinces move towards omnibus health profession legislation and use restricted acts. Multiple professions can perform the same restricted act if they meet minimum competency requirements regulated by government (NLHCS, 2009).

2.5.2 Development of Scope of Practice

Literature does not point to a standard model for professional groups to follow when developing a scope of practice. Often the creation of or changes to a scope of practice can result in tensions between and among professions that are complicated by union contracts and issues of self-regulation (Tomblin Murphy & O'Brien-Pallas, 2002). There also seems to be a lack of collaboration and consultation among the many stakeholders (legislators, regulators, accreditors, educators and employers) involved in defining a profession (Baranek, 2005). Legislation, policy papers, regulatory bodies and employers all contribute to the definition and interpretation of a scope of practice. In 2003 the Canadian Medical Association, Canadian Nurses Association and Canadian Pharmacists Association approved five principles and nine criteria that should be used when determining a scope of practice (CNA, 2003):

Criteria:

- Competencies and Practice Standards
- Risk assessment
- Education
- Legal liability and insurance
- Accountability
- Quality assurance and improvement
- Evidence based practice
- Setting and culture
- Regulation

Principles:

- Flexibility
- Coordination
- Focus
- Collaboration and cooperation
- Patient Choice

This report stressed that a scope of practice should reflect safe, competent and ethical patient care, and not the needs of the profession itself. It also encouraged members of a profession to be involved in the decision making process when developing a scope of practice. Professional standards of practice, competencies and policy positions should complement a scope of practice (CNA, 2007a). Whether a scope of practice statement should be developed prior to standards of practice or vice versa is not clear in the literature.

Once a scope of practice is developed, it must be shared with appropriate stakeholders. The American Occupational Therapy Association (2010) recommends informing consumers, health care providers, educators, funding agencies, payers, referral sources and policymakers regarding a scope of practice creation or change. As well, many associations provide interpretive frameworks as adjuncts of scope of practice documents to help its members understand and apply their scope of practice.

2.5.3 Issues in Scope of Practice

Many health professions resist the suggestion that their work could be done competently by other professionals (Romanow, 2002). Professional associations also do not want the need for their profession to be reduced by having multiple health professions competently fulfilling roles traditionally associated with their own profession. Health care professionals in Canada are interested in taking on more responsibilities related to their scope of practice, yet they are unwilling to hand over duties to other professionals as part of interdisciplinary care (Commission on the Future of Health Care in Canada, 2002). This observation was recently made again in a 2009 Canadian study (Suter et al., 2009). Health

care professionals became more protective of their own scope of practice and more resistant to interprofessional work when other professionals were perceived to take over traditional roles.

In 2002, Safriet observed current scope of practice issues to be focused on professional autonomy, turf protection, market share, social status and financial self-interest, not public protection. Often “turf battles” emerge when legislation regarding what a profession can and cannot do changes (Baerlocher & Detsky, 2009). These turf battles may be between members of the same profession (e.g. family doctor and obstetrician) or between different professions (e.g. physicians and midwives). Often, the more powerful professions (in prestige or numbers) crowd out the less powerful professions if there is an overlap in scopes of practice (Wranik, 2008). There is a growing gap between the legal authority given to health practitioners and their clinical abilities – often professionals have skills beyond their legal scope of practice (Safriet, 2002). Increasingly advanced education in health care has led to many professionals holding an expanded skill set beyond their professions’ scopes of practice. Unfortunately, expansion of a scope of practice is an expensive journey, often resulting in conflict with other professional groups or legislators who have limited knowledge of the profession’s abilities.

The ability to work to a full scope of practice is an important issue that is often related to staff satisfaction. Wranik (2008) defines working to a full scope of practice as having the opportunity to use all of the skills and knowledge within a profession’s scope of practice set. Other than medical doctors, Wranik believes health professionals in Canada are not being used to their full scope of practice. Health professionals such as occupational health nurses who practice outside of “traditional” roles of their profession may find it difficult to even relate to their scope of practice (Strasser, 2011). Besner et al. (2005), in a Canadian study, found that 50% of registered nurses and 20% of licensed practical nurses felt they were working to a full scope of practice. Some of the barriers in fulfilling these roles were ineffective communication, poor interprofessional relationships, time, workload and patient acuity. These barriers lead to suboptimal utilization of professional resources and a loss of professional autonomy related to not being valued for their knowledge and skills. Registered Nurses in this study likened their individual scope of practice to more of a licensed practical nurse than a registered nurse. They saw a decline in their role from holistic patient care to more functional, task-orientated roles.

2.5.4 Scope of Practice and Interdisciplinary Relationships

The ability to understand scopes of practice of fellow health professions in an interdisciplinary team is considered a critical component of working collaboratively in health care (Suter et al., 2009). In

2002 the Commission on the Future of Health Care in Canada published a report addressing key healthcare challenges (Romanow, 2002). One of the recommendations pointed to expansion of health care professionals' scopes of practice. Romanow believed this growth would be supported by health care professionals who are educated, willing and able to work on interprofessional teams. This goal was again reflected in two recent reports by the Saskatchewan Ministry of Health (2011, 2012). A 2012 report recommended clarifying responsibilities of interprofessional teams through agreements outlining each team members' role and limitations (SMH, 2012). By 2021, the Saskatchewan Ministry of Health (2011) would also like to have infrastructure in place to support interprofessional collaborative care models which will be taught and modeled in health science curricula. Patient and community goals will be realized by health professionals using knowledge of their own role as well as the role of other professions.

A lack of interprofessional education, knowledge and practice can lead to inappropriate interpretations of another profession's scope of practice. Practitioners often do not refer clients to health professionals whose scope of practice they are unfamiliar with (Soklaridis, Kelner, Love & Cassidy, 2009). Interprofessional learning programs are becoming a part of many health sciences curricula in Canadian universities, including the University of Saskatchewan. Interprofessional education, by definition, occurs "when two or more professions learn with, from and about each other to improve collaboration and the quality of care" (CAIPE, 2002). Since 1999, the University of Saskatchewan has organized interprofessional problem based learning (iPBL) modules for health science students (D. Walker, personal communication, May 2012). As many as 350 students from various health science programs such as medicine, nursing, pharmacy, nutrition, physical therapy, social work and clinical psychology work together in small groups to "solve" a case study. In addition to the iPBLs, the University of Saskatchewan facilitates other interprofessional opportunities for students such as interprofessional clinical labs, patient narrative seminars, and a student-managed interdisciplinary wellness clinic (SWITCH – Student Wellness Initiatives Towards Health). The World Health Organization (2010) considers interdisciplinary education as a necessary step in preparing a collaborative health workforce that can better respond to local health needs.

2.5.5 Scope of Practice in Medicine

Similar to other health care professions, a physician's scope of practice varies based on education, knowledge and judgment. In Saskatchewan, both title and scope of practice protection are

offered (K. Shaw, personal communication, June 2012). The College of Physicians and Surgeons of Saskatchewan expects physicians to only practice within their scope as dictated by their training, experience and recency of practice. As the Associate Registrar explains “...not all physicians practice the full scope of medicine and no physician will diagnose every condition or provide every treatment” (B. Salte, personal communication, June 2012).

A 2010 study on Canadian physicians’ scope of practice found the largest influences on scope of practice were the province of practice and the size of the community in which the physician was located (Wong & Steward, 2010). Rural physicians have a much broader scope of practice than urban colleagues due to specialists being less accessible. As well, provincial policies affecting the ratio of family physicians to specialists influence the clinical skills required by family physicians.

2.5.6 Scope of Practice in Nursing

As part of *The Registered Nurses Act* (1988), the practice of registered nursing in Saskatchewan is defined by a scope of practice. Nursing is a broad profession and often assumes roles based on the availability of physicians and other health care professionals (CNA, 1993). As health services expand and cost effective policies are employed, nurses are needed to take on more autonomous responsibilities while maintaining traditional roles. Besner et al. (2005) revealed significant role confusion between registered nurses (RN) and licensed practical nurses (LPN) employed in acute care settings in Saskatchewan and Alberta. There were unmet expectations between what nurses had been educated to do and what they perceived they were allowed to do. The Saskatchewan Registered Nurses’ Association [SRNA] (2004) believes that the full scope of a registered nurse cannot be delegated nor reduced to a list of tasks. Recent expansion of the LPN scope of practice in Canada has been shown to intimidate some registered nurses – tensions between RN and LPNs have become common (Besner et al., 2005). Both RNs and LPNs felt that their employer and colleagues unnecessarily influenced their individual scope of practice.

As the nursing profession becomes more specialized there is also pressure to establish scope of practice for advanced roles like nurse practitioners. One of the greatest barriers for nurse practitioners in Canada is a lack of technical and procedural infrastructure, leaving health care managers unprepared to support nurse practitioners (Burgess & Purkis, 2010). There is also a lack of collaboration between legislative and regulatory bodies to create a universally accepted role and scope of practice. In some rural areas in Canada with physician shortages, the nurse practitioners’ scope of practice has become

widely expanded (Gould, Johnstone & Wasylikiw, 2007). Without a clear role, there is concern that nurse practitioners will not be able to fulfill the high expectations of their communities. They will be expected to provide simple medical care within a limited legislated scope of practice. In Saskatchewan, nurse practitioners are governed under the same Act as registered nurses; additional roles of nurse practitioners in Saskatchewan are outlined in SRNA Bylaws and the Saskatchewan Registered Nurses Association RN(NP) Standards and Competencies 2011 (Saskatchewan Registered Nurses' Association, 2011).

2.5.7 Scope of Practice in Pharmacy

Recent scope of practice changes in Canada have occurred within the profession of pharmacy. In Saskatchewan, a scope of practice statement for pharmacists is found within *The Pharmacy Act* (1996). Many jurisdictions across Canada, including Saskatchewan, have also approved and implemented legislation for an expanded scope of practice for pharmacists, allowing pharmacists to prescribe drugs as outlined in provincial regulations. The extent and type of expansion in this scope of practice is influenced by a number of factors: the motivations of pharmacists, public demand, acceptance by third party payers and physicians' reactions (Health Professions Regulatory Advisory Council, 2008). Although many health professionals are supportive of enhancing roles of pharmacists, physicians in Canada have been more critical – largely due to a perceived lack of awareness and understanding.

2.5.8 Scope of Practice in Therapies

None of the allied health therapy professions (occupational therapy, physical therapy, speech language pathologists) have scope of practice within their legislation in Saskatchewan. An Australian study found that occupational therapists have difficulty defining their role in clinical settings due to role overlap with other professions (Rose & Mackenzie, 2010). Confusion over role ambiguity has led to occupational therapists not being confident in their skills or being pro-active in potential roles. The skills of occupational therapists are often underestimated by other health care professions, leading to reduced professional autonomy (Kinn & Aas, 2009). A study in Canada highlighted that both occupational therapists and physical therapists are frequently not considered in the creation and allocation of new positions due to managers not understanding their range of roles and scope of practice (Rivard, Hollis, Darrah, Madill & Warren, 2005). Occupational therapists are striving for increased recognition, new roles and practicing to their full scope of practice (Kin & Aas, 2009).

A literature search on other health care professions and their scope of practice issues revealed little information.

2.6 Dietitians

2.6.1 Definition of Dietitian

Regulatory bodies, national dietetic associations, government and unions all define the term “dietitian”. While some define the profession from a strictly clinical perspective of treatment and prevention of disease (Academy of Nutrition and Dietetics, 2012; Health Sciences Association of Saskatchewan, n.d.), others define dietitian more generally (Dietitians Association of Australia [DAA], 2006; DC, 2012d; Government of Canada, 2010; ICDA, 2004). Education, health and nutrition are all key words when defining the profession of dietetics. A commonly referenced definition in the literature is from the International Confederation of Dietetic Associations. It was developed by consensus with member association representatives, of which Dietitians of Canada is a member. It states:

“A dietitian is a person with a qualification in nutrition and dietetics, recognized by national authority(s). The dietitian applies the science of nutrition to the feeding and education of individuals or groups in health and disease” (ICDA, 2004).

2.6.2 Practice of Dietetics

Dietitians require a specialized body of knowledge acquired through an accredited program, must be registered with a regulatory body, and exercise autonomy and accountability in their practice - therefore meeting Flexner’s requirements of a profession (Killeen & Saewert, 2007). Dietitians are educated and trained in science, management, human development, and health of populations (DC, 2012d). This preparation allows dietitians to hold a wide range of skills applicable to many diverse roles and capitalize on the variety of opportunities in food and nutrition.

The basis of dietetics is the belief that optimal nutrition is essential for the health of every person (Payne-Palacio & Canter, 2010). One of the key abilities of dietitians is to offer expert dietary advice – unfortunately the perceived value of this skill has been diminished in recent years due to extensive dietary information on the internet (Burton & Freeman, 2005). As well, many dietitians feel inadequately trained in more advanced skills, such as swallowing assessments (Butt & Lam, 2005).

Compared to more traditional health care professions such as medicine and nursing, the role of a clinical dietitian is less well defined and known (Thoresen, Rothenberg, Beck, & Irtuns, 2008).

Professional standards for dietitians in Canada (DC, 2000) were developed to describe minimum levels of performance for dietitians. These professional standards are also used as a tool to evaluate practice activities of dietitians. As part of this document, six professional standards are outlined as expectations for dietitians: provision of service to client, unique body of knowledge, competent application of knowledge, continued competence, ethics, professional responsibility and accountability. These standards are designed to be applicable to all registered dietitians regardless of their area of practice and are transferable to a number of professional settings. Changes to scope of practice or standards of practice are meant to augment, not conflict with, these professional standards.

Entry level competencies can guide the development of curricula, formulate practice standards, assess professional misconduct, and facilitate the reciprocity of qualifications from other areas (Black et al., 2008). These competencies include the knowledge, skill, judgments and personal attributes required to practice safely and ethically in a profession. In 2009, a partnership was formed between Canadian dietetic regulatory bodies, dietetic educators and Dietitians of Canada to support dietetic education and practice (Partnership for Dietetic Education and Practice [PDEP], 2011). This partnership published a document in 2012 outlining integrated competencies for dietetic education and practice. These competencies provide an integrated framework for the education, training and evaluation required of dietitians to practice safely, ethically and effectively. Competencies include: professional practice, communication and collaboration, management, health promotion, nutrition care and professional practice. Figure 2.1 shows the integration of foundational knowledge and practice competencies towards client centered roles.

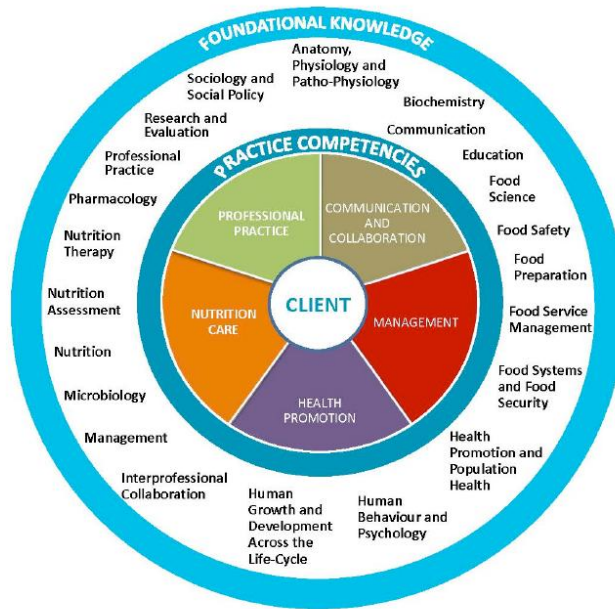


Figure 2.1. Integrated Competencies for Dietetic Education and Practice (PDEP, 2012)

2.6.3 Training of Dietitians in Canada

As a regulated profession, dietitians in Canada must complete specific educational and practical experience requirements before they can register with a provincial dietetic regulatory body. With the exception of Quebec, all dietitians must successfully complete the Canadian Dietetic Registration Examination prior to using the protected professional title (typically “dietitian” or “registered dietitian”) as designated by provincial legislation. The path to become a Registered Dietitian in Canada is shown in Figure 2.2.



*or title as designated by provincial regulatory body

Figure 2.2. Path to Becoming a Registered Dietitian in Canada (Author, 2012)

2.6.3.1 Undergraduate Degree

Dietitians must hold an undergraduate degree in food and nutrition from a university program accredited by Dietitians of Canada (DC, 2010). All programs accredited by Dietitians of Canada must meet nationally established standards to ensure consistent, high quality education. Accreditation involves an on-site peer review process and is completed approximately every seven years. The Partnership for Dietetic Education and Practice (PDEP) is currently reviewing dietetic education accreditation and is exploring a new national accreditation model to be adopted in the future (PDEP, 2011).

2.6.3.2 Practical Experience

Seven (University of British Columbia, University of Saskatchewan, McGill, Université de Montréal, Université Laval, Université de Moncton and University of Ottawa) of the 16 university nutrition programs in Canada have a fully integrated undergraduate program: the practical experience requirements are incorporated into the undergraduate degree. Students not enrolled in an integrated program must apply for a post-degree internship or complete a graduate degree and practical experiences in order to meet requirements to become a registered dietitian. Dietetic internships are supervised practical experiences most dietitians undertake (DC, 2012b). Students are able to apply the knowledge they learned in their undergraduate degree in practice based settings such as hospitals, community clinics, tribal councils, food service administration and public health. Dietetic internship programs are typically between 35-40 weeks. Programs are currently accredited by Dietitians of Canada; this responsibility will likely also be transitioned to PDEP as new accreditations models are implemented. The most cited stressor in a survey of dietetic students in Canada was related to educational experience, including competing for internships in non-integrated programs (Lordly & MacLellan, 2008).

2.6.3.3 Registration with a provincial dietetic regulatory body

Once candidates have met the educational and practical experience requirements, they are eligible to register with a provincial dietetic regulatory body. Candidates are subsequently granted a restricted license which allows the individual to work in the capacity of a dietitian until the successful completion of the Canadian Dietetic Registration Exam. Each provincial dietetic regulatory body has its own policies outlining the use of a restricted license. For example, candidates registered with the

Saskatchewan Dietitians Association must identify themselves by using the title “Registered Dietitian (Candidate)” (SDA, 2012a).

2.6.3.4 Canadian Dietetic Registration Examination

The Canadian Dietetic Registration Examination (CDRE) is a one day multiple choice exam developed and administered by the Alliance of Canadian Dietetic Regulatory Bodies (Alliance of Canadian Dietetic Regulatory Bodies, 2006a). It tests practice base knowledge, and application and critical thinking skills in dietetics. The CDRE is a criterion referenced exam, meaning all candidates are compared to a single criterion: minimal competence (Alliance of Canadian Dietetic Regulatory Bodies, 2012). The passing score is set individually for each sitting of the exam and is not released – candidates do not receive a mark but either pass or fail. A minimum of 200 questions ensures assessment is valid and reliable. The use of multiple choice questions eliminates subjective marking. Successful completion of the CDRE is a requirement for dietetic registration in all provinces in Canada except Quebec. Even though there is a high success rate in the CDRE exam, most writers experienced anxiety related to not knowing what to expect and the perceived subjective nature of the questions (Lordly, 2008).

2.6.3.5 Use of protected professional title

Once candidates have successfully completed the CDRE they may use titles and designations for dietetic professionals in their province. Table 2.1 lists the titles approved for use by dietetic professionals in each province.

Table 2.1. Protected Titles and Initials for Use by Dietitians by Province

<i>Province</i>	<i>Titles Protected by Legislation</i>	<i>Initials Protected by Legislation</i>
BC	dietitian, registered dietitian	R.D.
AB	dietitian, registered dietitian, registered nutritionist	R.D.
SK	dietitian, professional dietitian, registered dietitian	R.D., P.Dt.
MB	dietitian, registered dietitian	R.D.
ON	dietitian, registered dietitian	R.D.
QC	diététicien, diététiste, dietician, dietitian, nutritionist, nutritionniste	R.D., P.Dt., Dt.P.
NB	diététicienne, diététiste, diététiste-immatriculée, diététiste-nutritionniste, diététiste professionnelle, dietitican, dietitian, professional dietitian, registered dietitian, registered dietitian-nutritionist	R.D., RON, P.Dt., Dt.P., Dt.I., Dt.N.I.
NS	diététicienne, diététiste, diététiste-nutritionniste, diététiste professionnelle, dietitian, dietician, dietitian-nutritionist, nutritionist, professional dietician, professional dietitian, professional dietitian-nutritionist, professional nutritionist, nutritionniste	P.Dt., Dt.P
PEI	diététiste, diététiste professionnelle, dietitian, registered dietitian	R.D., P.Dt., Dt.P.
NL	dietitian, registered dietitian	R.D.

All dietetic regulatory bodies require their members to participate in a continuing competency program. Dietitians must also maintain continuous membership with a dietetic regulatory body while practicing as a dietitian. Canadian dietetic regulatory bodies have signed a Mutual Recognition Agreement, which enables dietitians to easily transfer registration between provinces despite differences in scope of practice (Alliance of Canadian Dietetic Regulatory Bodies, 2006b). Dietitians are responsible for understanding the provincial legislation and bylaws for dietitians in their new province of practice (L. Moore, personal communication, September 2012).

Data on the dietetic workforce in Canada is limited (DC, 2011). In 2011, Dietitians of Canada conducted a meta-analysis of provincial dietitian workforce surveys. It found that 45% of dietitians work in clinical areas, followed by work in community settings (15%). Other areas of practice for dietitians in Canada include public health (11%), administration (9%), research/education (7%) and business and industry (2%). Dietitians are generally satisfied with their work, although workload, salary and opportunities for advancement were listed as areas of dissatisfaction.

2.6.4 Dietitians' Scope of Practice

According to the Academy of Nutrition and Dietetics, dietitians' scope of practice is dependent on their education, competencies, state licensure and institutional policies and procedures (Visocan & Switt, 2006). Although more than half of the states have a scope of practice in state specific statutes, the Academy of Nutrition and Dietetics also guides members on scope of practice issues using a decision making framework (Commission on Dietetic Registration, n.d.; Visocan & Switt, 2006). The Dietitians Association of Australia (2006) believes that a dietitian's scope of practice may expand as dietitians move beyond an entry level stage and gain experience.

Research on dietetic scope of practice has been primarily focused on advanced practice roles in specific areas such as neonatal intensive care (Fenton, Geggie, Warners & Tough, 2000), adult intensive care (Taylor, Renfro & Mehringer, 2005), dysphagia (Butt & Lam, 2005), nutrition support (McCauley & Hager, 2009) and long term care (Wassink & Chapman, 2010). Scope of practice in dietetics as a general concept is not clearly defined. The International Confederation of Dietetic Associations (2004) believes the scope of dietetic practice should allow dietitians to work in a variety of settings with a variety of work functions. Some areas of dietetics also have their own scope of practice. The scope of practice of intensive care dietitians is defined as being a clinician, educator and researcher (Taylor, Renfro, & Mehringer, 2005). Concerns about the scope of practice of dietetics are typically raised in clinical practice settings due to high risk clinical activities (Visocan & Switt, 2006). Dietitians need documentation supporting their ability to safely provide these activities to patients, such as performing swallowing assessments.

Most provincial dietetic regulatory bodies in Canada have a scope of practice in legislation; only Saskatchewan, and Newfoundland and Labrador do not. Provincial dietetic scopes of practice vary considerably among provincial regulatory bodies. While some provinces have umbrella legislation where all health care professions are regulated under one statute, other provinces employ profession specific acts. The *Dietitians Regulation* (2008) in British Columbia holds a very brief scope of practice stated as "a registrant may practice dietetics". Other provinces list tasks which dietitians are allowed to perform, such as "comprehensive nutritional assessment to determine nutritional status, nutrition-related diagnosis and nutrition requirements of individuals or populations related to health status and disease" (Bill 47, Nova Scotia, 2009).

2.6.5 Dietitians in Saskatchewan

As of 2011, there were approximately 9,400 registered dietitians practicing in Canada and 310 in Saskatchewan. Saskatchewan has the youngest dietitian population among the provinces, with 63% of dietitians below the age of 40 years (DC, 2011). Saskatchewan also has one of the greatest proportions (83%) of dietitians who work in the same province where they were educated.

All practicing dietitians in Saskatchewan must be a member of the Saskatchewan Dietitians Association, a self-regulatory body under the Government of Saskatchewan. SDA protects the public by setting standards of practice, codes of conduct and a framework for continuing competence. *The Dietitians Act* (2001) outlines who can be a member of SDA, board procedures, and disciplinary policies. As part of the 2010-2013 Strategic Plan, SDA identified a legislative scope of practice for dietitians in Saskatchewan as a priority (SDA, 2011).

2.6.6 Standards of Practice for Saskatchewan Dietitians

Standards of practice represent performance criteria that can help interpret a scope of practice for a profession (Baranek, 2005). Dietitians of Canada (2000) interprets standards of practice as an umbrella term for key documents describing values, priorities and practice of a profession including: professional standards, ethical guidelines, entry-level competencies, provincial regulations, standards of care, and practice guidelines. A scope of practice should reflect standards of practice (CNA, 2003). Key provincial and national documents for dietetic practice in Saskatchewan are outlined in Table 2.2.

Table 2.2. Key Documents Informing Dietetic Practice in Saskatchewan

Name of Document	Author	Year	Purpose
Professional Standards for Dietitians in Canada	Dietitians of Canada	2000	Describes minimum levels of performance for dietitians
The Dietitians Act, 2001	Government of Saskatchewan	2001	Outlines who can be a member of SDA, board procedures, and disciplinary policies
Dietitians of Canada Accreditation Manual for Baccalaureate Programs in Dietetic Education*	Dietitians of Canada	2004	Provides a framework for undergraduate curriculum development and evaluation
Dietetic Internship/Practicum Accreditation Manual*	Dietitians of Canada	2004	Provides a framework for dietetic internship/practicum programs
Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians	Saskatchewan Dietitians Association	2005	Outlines roles played by dietitians and the ethical responsibilities within each role
Saskatchewan Dietitians Association Bylaws (administrative and regulatory)	Saskatchewan Dietitians Association	2010	Establish rules of conduct of Saskatchewan Dietitians Association
The Integrated Competencies for Dietetic Education and Practice	Partnership for Dietetic Education and Practice	2012	Provides an integrated framework for the education, training and evaluation required of dietitians to practice safely, ethically and effectively
Principles of Professional Practice	Dietitians of Canada	2012	Describes principles of professional practice (replaced Code of Ethics for the Dietetic Profession in Canada)
<i>*PDEP is currently exploring a new national accreditation model to be adopted in the future</i>			

Most of these documents, except those related to ethics, have been described in previous sections. A profession's ethics imposes moral obligations on its members (Davis, 2011). Dietitians in Saskatchewan must adhere to the Saskatchewan Dietitians Association (SDA) Code of Ethics for Registered Dietitians (2005). The SDA Code of Ethics outlines roles played by dietitians and the ethical responsibilities within each role. It also defines values dietitians should follow to protect clients, the public and the profession. Dietitians of Canada also have a code of ethics for dietitians to follow (DC, 1996). All provincial regulatory bodies officially adopted this code of ethics in 1996. However, in May 2012 the Dietitians of Canada Board of Directors officially approved a new Principles of Professional Practice to replace its current Code of Ethics (S. Berenbaum, personal communication, May 2012). The Principles were unveiled at the Dietitians of Canada National Conference in June 2012 (DC, 2012c).

2.7 A Comparison of Health Professions in Saskatchewan

There are 26 self-regulating health professions in Saskatchewan (SMH, 2007). The regulated health professions of dietetics, occupational therapy and pharmacy differ with respect to the number of professionals, roles of professional organizations and separation of professional tasks such as accreditation and advocacy. Table 2.3 shows the delegation of professional responsibility within these three professions. The health professions of pharmacy and occupational therapy were chosen due to academic affiliation (pharmacy and nutrition are within the same college at the University of Saskatchewan) and size (occupational therapy has similar membership numbers to dietetics in Saskatchewan). As Table 2.3 demonstrates, a larger profession such as pharmacy often results in further separation of professional responsibilities. The smaller professions of dietetics and occupational therapy have multiple professional responsibilities delegated to one organization.

Also of note is the difference in naming of provincial professional organizations amongst pharmacy, dietetics and occupational therapy. Nine out of 26 of the Saskatchewan health professional regulatory bodies are referred to as “colleges” (SMH, 2007). Health care professional organizations whose primary purpose is advocating for the profession are typically called “associations”. This approach can be seen within the pharmacy profession in Saskatchewan. The primary mandate of the Pharmacists’ Association of Saskatchewan is to advocate for and advance the pharmacy profession. The self-governing body that regulates pharmacists, pharmacies and drugs is called the Saskatchewan College of Pharmacists. Conversely the Saskatchewan Dietitians Association, despite referring to themselves as an association, only serves a regulatory role. Advocacy for dietitians is primarily done at the national level through Dietitians of Canada. It is not mandatory for dietitians to belong to Dietitians of Canada although 70% of dietitians in Saskatchewan are members of Dietitians of Canada (L. Moore, personal communication, May 2012). Finally, the Saskatchewan Society of Occupational Therapy, which does not use the terms college or association, serves the role of both regulation and promotion of the profession.

Table 2.3. Dietetic, Pharmacy and Occupational Therapy Professional Organizations By Role

Profession	Provincial Regulation/ <i>Scope of Practice</i>	National organization of regulatory bodies	Advocacy for the Profession		Entry Licensing Examination	Accreditation of educational programs
			Provincial	National		
Dietetics	Saskatchewan Dietitians Association <i>(no scope of practice in legislation)</i>	Alliance of Canadian Dietetic Regulatory Bodies	<i>Discussions to form an Advocacy Group in Saskatchewan in progress</i>	Dietitians of Canada	Alliance of Canadian Dietetic Regulatory Bodies	Dietitians of Canada <i>(under revision)</i>
Pharmacy	Saskatchewan College of Pharmacists <i>(scope of practice in legislation)</i>	National Association of Pharmacy Regulatory Authorities	Pharmacists' Association of Saskatchewan	Canadian Pharmacists Association	Pharmacy Examining Board of Canada	Canadian Council for the Accreditation of Pharmacy Programs
Occupational Therapy	Saskatchewan Society of Occupational Therapists <i>(no scope of practice in legislation)</i>	Occupational Therapy Professional Alliance of Canada/ Canadian Association of Occupational Therapists	Saskatchewan Society of Occupational Therapists	Canadian Association of Occupational Therapists	Canadian Association of Occupational Therapists	Canadian Association of Occupational Therapists

In December 2011, the Saskatchewan Ministry of Health published a report outlining a health human resources plan for Saskatchewan; scope of practice was referred to within its four key goals (SMH, 2011). The Saskatchewan government would like to enable providers to work to their full and appropriate scopes of practice. However, this document does not mention that many of the smaller health professions in Saskatchewan, such as registered dietitians and occupational therapists, do not currently have a scope of practice for their members in legislation.

3. METHODOLOGY

3.1 Introduction

Methodologies are chosen to best answer the research questions being asked (Morse & Field, 1995). Debates on health care professions and changes in their work have greatly benefited from the increase in qualitative studies (Collin, 2010). A qualitative study allows researchers to identify the values and viewpoints of different professions in health care and was chosen as the most appropriate methodology for our study. The following chapter will outline the design of our study. I will also demonstrate how an interpretive description approach guided our research questions. Finally, I will address the concept of trustworthiness in qualitative research, and how I established authenticity in our research on dietetic scope of practice.

3.2 Research Framework

Qualitative research studies phenomena in natural settings, identifying experiences by the meaning people attribute to it (Denzin & Lincoln, 2005). The use of a qualitative methodology in our research allowed us to understand the meaning of scope of practice as dietitians and regulators define it themselves. Qualitative methods are most appropriate when a concept under investigation is immature (Morse & Field, 1995). Previous studies examining dietitians' roles and scope of practice have employed quantitative techniques examining dietitians in clinical roles (Fenton, Geggie, Warners & Tough, 2000; Thoresen, Rothenberg, Beck, & Irtuns, 2008).

A qualitative research genre can enhance the rigor and sophistication of the research design (Creswell, 2007). Interpretative description is an established approach to qualitative knowledge development which emerged in the late 1990s as a response to traditional qualitative methodologies falling short of the needs of the health research community (Thorne, 2008; Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). The foundation of interpretative description is an area of interest for a profession, such as scope of practice in dietetics (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). As stated by Thorne, Reimer Kirkham & O'Flynn-Magee (2004): "interpretative description provides direction in the creation of an interpretive account that is generated on the basis of informed questioning, using techniques of reflective, critical examination, and which will ultimately guide and inform disciplinary thought in some manner" (p.3). While traditional qualitative methodology values theoretical and empirical knowledge, interpretative description places emphasis on practice knowledge

(Thorne, 2008). The end product of any interpretative description research is not a list of isolated themes; rather, the conclusions must be applicable to the practice of a discipline, informing clinical reasoning or providing insight into practice decisions (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004).

3.3 Researcher's Story

All research is interpretive, directed by the researcher's set of beliefs about the world and how it should be understood and studied (Denzin & Lincoln, 2005). In the qualitative research paradigm, the researcher needs to reflect on his or her own identity, perspectives, assumptions and sensitivities (Marshall & Rossman, 2011). Interpretative description encourages researchers to build their qualitative design based on their existing clinical knowledge (Thorne, 2008; Thorne, Reimer Kirkham, & MacDonald-Emes, 1997). The researcher cannot break away the personal interpretation brought to qualitative data analysis (Creswell, 2007). Trustworthiness of a study can be improved by taking into account the researcher's perspectives.

I graduated from the College of Pharmacy and Nutrition at the University of Saskatchewan with a Bachelor of Science in Nutrition in 2009. I completed my 36 week dietetic internship in the Regina Qu'Appelle Health Region. After convocation I worked as a Clinical Dietitian for Alberta Health Services in Medicine Hat, Alberta. As a member of a multidisciplinary team I began to examine the role each team member played within Canada's health system. I often observed conflict as one team member was perceived to perform tasks of another team member. In one instance a non-Dietitian colleague even provided improper dietary advice to my gastric bypass client. I questioned how health care members were socialized into their role and how these roles were practiced within health care environments.

While practicing in Alberta I also began to critically think about the term "scope of practice". One of my first realizations as a new dietitian in Alberta was the difference in regulations and legislation. As a new dietitian I was not allowed to provide total parenteral nutrition (TPN), counsel clients regarding eating disorders or participate in barium swallowing assessments without additional education. While I had interned in Saskatchewan, I had assisted in prescribing TPN and participated in barium swallowing assessments. I knew my classmates working in Saskatchewan were completing these tasks as new graduates. I began to question if restricted acts were needed and how policies such as these were determined.

My interest in dietetic professional practice issues was enhanced as I worked as the Clinical Nutrition Manager for the Sunrise Health Region in Yorkton, Saskatchewan. Working in management was the ideal environment to foster my interest in health human resources issues. I participated in decisions regarding dietitians' roles and worked closely with senior management on these issues. Barriers such as improper staffing, conflicting responsibilities and patient workload prevented many dietitians from expanding their roles. Dietitians and other health care professionals had differing opinions on the responsibilities of dietitians. Conversations with dietitian colleagues lead to a common theme: dietitians were constantly defending their profession – within their own work environments and in public settings. I wondered how a dietetic scope of practice in Saskatchewan would impact these issues. I struggled with my own views on dietetic scope of practice as I often reflected on where the profession of dietetics stood within Canada's health care system. In 2011, I joined the Saskatchewan Dietitians Association Legislation Committee and began to learn about dietetic scope of practice obstacles in Saskatchewan. These concerns led me to graduate school with the intent to examine these issues.

3.4 Study Design

3.4.1 Introduction and Timeline

My research was conducted in four phases as shown in Table 3.1.

Table 3.1. Research Phases

Phase	Purpose	Population	Method	Period of data collection	Informs Research Question #
I	Examine the concept of dietetic scope of practice as it is created and defined by dietetic regulatory bodies	Provincial Dietetic Regulatory Body Registrars	Semi structured telephone interviews	December 2011- January 2012	3,5,6
II	Gather preliminary data on the concept of dietetic scope of practice in Saskatchewan	Saskatchewan Dietitians	Online Survey	December 2011	1-3,5,6
III	Conduct in depth exploration into dietetic scope of practice in Saskatchewan	Saskatchewan Dietitians	Online Focus Group	March 2012	1-3, 5,6
IV	Relate data obtained in Phases I-III to Canadian dietetic scope of practice statements	Dietetic Scope of Practice Statements	Document Analysis	August 2011- April 2012	4-6

Data analysis in interpretive description occurs concurrently with data collection, informing the other in a reflective and responsive process (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). For our study, the results obtained from Phase II helped form Phase III. Data collected in Phases I-III aided in the analysis of Phase IV documents. Table 3.2 shows a timeline of the entire research study from ethics approval to data analysis.

Table 3.2. Research Flowchart

	Phase I	Phase II	Phase III	Phase IV
Ethics approval obtained on November 10 2011				
Participant Recruitment	Invitation sent to participants on Nov. 22 2011	Email sent to all SDA members on Dec. 5 2011	Ethics approval of questions obtained on Jan. 16 2012	
		Reminder email sent on Dec. 15 2011	Invitations sent to participants on Jan. 24 2012	
	Reminder email sent on Dec. 6 2011		Reminder email sent to participants on Feb. 6 2012	
Data Collection	Conducted interviews from Dec. 2 2011- Jan. 26 2012	Online survey available Dec. 5 – 21 2011	Online focus group ran from Feb. 27 to Mar. 19 2012.	Scope of practice statements collected Summer 2011
	Transcribed transcripts sent to participants January 2012			Phase I-III data collected Nov. 2011- Mar. 2012
Data Analysis	February/March 2012	January/February 2012	March/April 2012	April 2012
	Comprehensive data analysis occurred April 2012			

3.4.2 Study Population and Recruitment

In interpretative description research, participants are identified as those who have encountered the phenomenon being studied (Thorne, 2008).

3.4.2.1 Phase I: Interviews

The study population for Phase I was the Registrar or his/her designate from each provincial dietetic regulatory body in Canada. Dietetic regulatory bodies in Canada are responsible for ensuring that the regulatory framework reflects the current dietetic practice environment (Alliance of Canadian Dietetic Regulatory Bodies, 2006b). There are 10 dietetic regulatory bodies in Canada; British Columbia,

Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador. All Registrars were sent an invitation via email in November 2011 (Appendix A). The invitation email also included an electronic consent form (Appendix B) and an interview guide (Appendix C). Participation was voluntary. Nine of the 10 provincial dietetic regulatory bodies participated in the interview. One participant did not release his/her transcript for use in data analysis; this transcript was subsequently destroyed and not used in data analysis.

3.4.2.2. Phase II: Survey

The Phase II study population consisted of all dietitians registered with the Saskatchewan Dietitians Association as of December 2011 (n=330). The Saskatchewan Dietitians Association was approached to contact its members in November 2011 (Appendix A). All registered dietitians were sent an invitation via email to participate in an online survey on December 5, 2011 (Appendix A). A reminder email was sent to all dietitians on December 15, 2011. The survey was sent to 330 dietitians registered with the Saskatchewan Dietitians Association. A total of 92 participants completed this survey.

3.4.2.3 Phase III: Focus Group

The final question on the Phase II survey invited interested participants to take part in Phase III of the study. Seventeen dietitians indicated their interest in participating in Phase III and were invited to participate via email on January 24, 2012 (Appendix A). The invitation also included an electronic consent form (Appendix B). Participation was voluntary. A reminder email was sent to those who had not responded on February 6, 2012. Ten dietitians consented to participate. All ten were assigned to one focus group beginning February 27, 2012. A reminder email was sent to participants on February 24 with instructions for using Blackboard (Appendix H) and a handout on the role of participants and the moderator (Appendix I).

3.4.3 Data Collection

Data collection in interpretive description can take numerous forms (Thorne, 2008). Interpretative description states that the “more probable truths” are those that were derived from multiple angles. Our research used triangulation of multiple data sources to gain insight into scope of practice issues and obtain practical knowledge, as shown in Figure 3.1.



Figure 3.1. Data Sources (Author, 2012)

3.4.3.1 Phase I: Interviews

Data was collected from each provincial dietetic regulatory body in Phase I using semi structured interviews. Two interview guides were created: one for those with a scope of practice and one for those without a scope of practice (Appendix C). Interview guides were reviewed by committee members prior to use. The use of semi structured interviews allowed for flexibility in the questions while obtaining specific data (Morse & Field, 1995). Less structured interviews are also suitable in exploratory studies where little previous work has been done (Kelly, 2010), making it an appropriate technique for researching dietetic scope of practice. Interviews with regulatory bodies were conducted over the phone due to the diverse geographic locations. Interview questions were sent to participants via email prior to the interview. Phone interviews were recorded with concurrent note-taking by the researcher to provide additional data on researcher’s perceptions.

3.4.3.2 Phase II: Survey

Quantitative methods can be used in qualitative research to direct researchers to potential participants and the nature of information to obtain from them (Sandelowski, 2000). In order to gain an overall sense of how a large group of Saskatchewan dietitians view dietetic scope of practice, an online survey was used in Phase II. Surveys can also be conducted prior to focus groups as a way of guiding what concepts need to be explored in the focus group (Waszak & Sines, 2003). The results of the Phase II survey helped generate meaningful focus group questions and recruit participants for Phase III.

A link to a survey was sent to all registered dietitians in Saskatchewan via email. The survey was divided into two sections: demographic information and scope of practice based questions (Appendix E). Both open and closed ended questions were used. Closed ended questions were asked in the form of categorical (e.g. age) and ordinal (e.g. identifying important factors) types. If participants chose “other” as a response they could provide additional information in a text box below the question. The second last question of the survey was an open ended question asking about the importance of a scope of practice. The survey was created using the University of Saskatchewan Survey Tool, a self-service online survey system available to faculty, staff and students at the University of Saskatchewan.

The survey was piloted by 13 dietitians registered outside of Saskatchewan to ensure clarity of the questions and the online survey environment. After making minor wording changes based on the pilot participants, the survey was made available to dietitians registered in Saskatchewan from December 5-21, 2011. The survey was anonymous, but dietitians who wished to participate in Phase III of the study were invited to provide their contact information. Participants could also email the primary researcher directly to indicate their interest in participating.

3.4.3.3 Phase III: Focus Group

Focus groups are encouraged as a method of stimulating discussion, revealing new perspectives and enriching interpretations (Krueger & Casey, 2009). The use of on-line focus groups is an emerging branch of focus group methods that enable researchers to capture primary data from a geographically dispersed population (Williams, Clausen, Robertson, Peacock & McPherson, 2012). There are many advantages to online focus groups. Online focus groups allow participants to respond at their own convenience, regardless of time of day or location. Online focus groups are also seen as a cost effective and efficient methodology since they can often be hosted on an internal organization’s website and there is no need to manually transcribe responses, leaving little margin for error (Oringderff, 2004; Turney & Pocknee, 2005).

An online focus group was used for several reasons. Saskatchewan is a sparsely populated province, and members of the Saskatchewan Dietitians Association are located in many areas of the province. We chose an online method as a means of widening our sample population. A Saskatchewan dietitian working in the community of Buffalo Narrows is 966 km away from an SDA colleague working in Carlyle, Saskatchewan. As well, data collection took place in the winter of 2012. Using an online focus group may allow dietitians to be accessible without the burden of unpredictable winter travelling.

There are two types of online focus groups: asynchronous and synchronous (Oringderff, 2004). Synchronous focus groups feature real time interaction between the moderator and participants – similar to a chat room. Asynchronous focus groups allow participants to log in and answer discussion questions on their own time within a specific timeframe. Most dietitians have patient-driven schedules that are hard to predict. It was thought using an asynchronous focus group in Phase III may lessen the participant burden of committing to a specific time frame. An asynchronous focus group gave participants the freedom to respond at a time convenient for them; participants responded as early as 6:00 a.m. and as late as 11:30 p.m. Although an asynchronous method will not produce spontaneous, real-time interaction, it will allow participants more time to reflect and focus on responses, providing rich and meaningful data (Williams et al., 2012).

Similar to other methods, online focus groups have specific organizational needs. Online focus groups need to be hosted on a secure site with password protection (Turney & Pocknee, 2005). It is recommended that academic qualitative research be hosted on internal university servers that are subject to the university's quality, security and privacy procedures. Blackboard is a learning management system that is used by the University of Saskatchewan and has been used successfully in previous studies (Sweeny, 2004; Turney & Pocknee, 2005; Walker, 2004). All participants were registered on the Blackboard discussion group; those who did not have a University of Saskatchewan Network Services Identification (NSID) and password were assigned one through the Information Technology Services Department. The online focus group ran from February 27-March 20, 2012. A series of discussion questions were posted on February 27, March 5 and March 12 (Appendix G). Discussion questions were based on results from the Phase II survey and were submitted to ethics for approval in January 2012. Participants were encouraged to log into the focus group at least twice a week to read other participants' and moderator postings and make further comment. The total time required to participate was estimated at 2-3 hours over the three week period.

Similar to Phase II, a small pilot study was conducted on the ease of use of the Blackboard discussion board. In January 2012, seven graduate students in the College of Pharmacy and Nutrition participated in an online focus group in Blackboard. Participants were given instructions on using the discussion board in Blackboard and were asked to post responses in specific areas of the discussion board. Feedback was received on clarity of instructions and use of Blackboard.

3.4.3.4 Phase IV: Document Analysis

Documents as a primary source of data can enlighten researchers to underlying beliefs, opinions and attitudes regarding a phenomenon (Thorne, 2008). Interpretative description encourages the use of primary or collateral documents in health research. Provincial scope of practice statements were obtained from British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick, Nova Scotia and Prince Edward Island. Statements were found on regulatory body websites and supplemented with Phase I data. These statements were analyzed guided by literature and data found in Phases I-III.

3.4.4 Data Analysis and Interpretation

Data analysis in interpretive description occurs concurrently with data collection, informing the other in a reflective and responsive process (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). Data analysis began in January 2012 by analyzing Phase II data, which influenced topics to be explored in Phase III. Phase I data was analyzed concurrently with Phase III data collection. Data from phases I-III were analyzed separately prior to beginning Phase IV. Interview recordings were transcribed by the researcher. Phase II and III data was obtained directly from the online environment – transcription of these phases was not needed prior to analysis. Emerging themes were identified in each phase.

Analysis of the data in interpretative description is driven by the researcher, not preconceived categories or theories (Thorne, 2008). Rather than being guided by my research questions, I initially focused on emerging broad themes across all phases of research as recommended by Thorne (2008). After analyzing each phase separately, I read through all phases of research taking note of common emerging themes. A theme was described as a topic identified by participants in more than one phase. This resulted in 20 themes. Once these emerging themes were identified, I coded data from Phases I-IV accordingly using NVivo 9.0 (QSR International Pty Ltd., 2011). After coding a large piece of data, I would return to the text as a whole to verify emerging themes. I also coded all phases jointly; after coding an interview, I would then code a focus group and survey question before returning to another interview transcription. This enabled me to confirm themes were occurring across multiple phases of data.

Thorne, Reimer Kirkham and O’Flynn-Magee (2004) encourage interpretative description researchers to look for patterns and follow intuitions initially, rather than exhaustive detailed coding. Emerging themes were discussed with my supervisor to look for consistency in meaning and applications. Data correlating to each theme were reviewed and summarized into a preliminary

discussion section. As further reflection and discussion occurred, themes were refined based on new ideas and concepts. A model of themes was created linking key ideas and concepts. This model was used as the basis of the final discussion.

To preserve confidentiality, all participants in phase I-III were assigned an individual identifier number. Demographics were obtained from participants as a means of describing the study population and were not correlated to specific participants. I also removed identifying information when quoting participants. Whole statements were used during coding to ensure the original context of the quote was not lost. Transcripts from Phase I were reviewed by participants. Phase III participants had the opportunity to modify their posts until the final day of the focus group.

3.5 Reflexivity and Bracketing

Reflexivity and bracketing are key in qualitative research. Unlike some qualitative methods, interpretative description believes that bracketing assumptions, or “going in blind”, prior to the research process can be counterproductive to existing theoretical knowledge, clinical pattern observation and scientific basis (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). Interpretative description recognizes that no one is immune from bias, and encourages researchers to recognize these (Thorne, 2008). Acknowledging biases can make researchers more open to data by encouraging different interpretations of phenomena, and promoting a self awareness of how understandings are developed (Fischer, 2009).

As a Saskatchewan dietitian studying Saskatchewan dietitians and dietetic practice, I needed to be aware of the influences my own experiences might have on my how I collected and interpreted my data. Being an insider has advantages such as knowing who to contact for background contextual information and how to access participants (Thorne, 2008). Being a member of the Saskatchewan Dietitians Association, I knew who to contact to gain access to Saskatchewan dietitians and was able to use my network of dietitians to obtain background information. However, there are also disadvantages of being an insider that must be acknowledged. Participants may find it confusing to see the researcher assume different roles at different times (Thorne, 2008). Although I was a researcher, I am also a dietitian. This may have influenced who participated in my study and how participants shaped their stories. For example, participants may have disclosed information about their dietetic practice since I was a dietitian as well and may have thought I could relate to their stories.

There is also increased risk of bias in data analysis as an insider studying my own discipline. My own disciplinary perspectives are likely socially constructed and shared by others we were studying (Thorne, 2008). For example, I often felt that a dietitians' role was not understood well by others and have stated this in Section 3.3. Participants in my research also shared this view. It was important for me to not focus on this theme and give it extra consideration despite the fact it reinforced my own belief. Nor did I disclose this belief to participants or pose questions in a way that would further explore this topic beyond what participants' disclosed. I kept a research journal during all phases of data collection. I also made reflective memos during the data analysis stage which allowed me take a step back from the data and identify other emerging themes.

3.6 Trustworthiness

3.6.1 Evaluative Criteria

Since there are no objective methods to measure validity in qualitative research, trustworthiness must be established. Lincoln and Guba (1985) presented a framework for evaluating trustworthiness of qualitative research, and interpretative description encourages the use of this method (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004) as well as its own criteria (Thorne, 2008). Both frameworks illustrate how the researcher should design their study to ensure their data and subsequent interpretations are strong and credible. Table 3.3 outlines a proposed link between interpretative description's criteria (Thorne, 2008) and naturalistic inquiry's criteria (Lincoln & Guba, 1985) for evaluating qualitative research.

Table 3.3. Comparison of Evaluation Criteria

Evaluation Criteria	Naturalistic Inquiry (Lincoln & Guba, 1985)	Interpretative Description (Thorne, 2008)
Demonstration of how data was used to arrive at conclusions	Dependability	Epistemological Integrity
Confidence in the conclusions of the research findings	Credibility	Representative Credibility
Degree to which findings are shaped by respondents and not researcher bias or motivation	Confirmability	Interpretative Authority (moral defensibility, disciplinary relevance)
Applicability of findings	Transferability	Analytic Logic (contextual awareness)

Dependability is the ability to know where the data in a given study comes from, how it was collected and how it was used (Lincoln & Guba, 1985; Shank, 2006). Epistemological integrity demonstrates that the research has a defensible line of reasoning throughout the research process (Thorne, 2008). Both dependability and epistemological integrity are important to demonstrate so the reader knows how the data was used to arrive at conclusions. All changes to my methodology were documented in a journal. I also performed member checks and allowed interview participants to review their transcripts. Focus group participants had access to their information during the 3 week focus group period and could post additional information or clarify their posts during this period.

Credibility looks at the degree of believability in the research findings (Lincoln & Guba, 1985; Marshall & Rossman, 2011) and is comparable to interpretative description's representative credibility criteria. It is important to establish the truth-value of the reported information in a study. Our research demonstrated credibility by the delimitations placed on our participants. All focus group participants were members of the Saskatchewan Dietitians Association which could be verified by the member roster. During data analysis, I did not make inferences beyond the manner in which the phenomena was studied – I did not imply conclusions to be applicable to all Canadian dietitians as I only studied Saskatchewan dietitians. As well, having multiple sources of data (Saskatchewan dietitians and provincial dietetic regulatory bodies) and using multiple methods (survey, focus group, interview) also increased the likelihood of triangulation (Lincoln & Guba, 1985). Triangulation, a technique used to determine credibility, is significant in qualitative research as a method of converging multiple data sources and providing strong evidence (Lincoln & Guba, 1985; Thorne, 2008). It establishes rigor in qualitative research (Shank, 2006). Lincoln and Guba (1985) believe a single item of qualitative data should not be given serious consideration unless it can be triangulated.

While interpretative description recognizes that all knowledge is perspectival, research conducted within this methodology must also demonstrate some truth external to the researcher's own bias or experiences (Thorne, 2008). Called interpretative authority, this parallels naturalistic inquiry's confirmability criteria. Both criteria are concerned about evaluating the methodologies used, ensuring they are free from bias (Lincoln & Guba, 1985; Marshall & Rossman, 2011; Thorne, 2008). I assigned Phase I and Phase III participants a number identifier that was linked to their raw data. All data analyzed is able to be traced back to a specific participant, providing an audit trail. An audit trail is important to provide a transparent picture of the methodology and to account for all of the data. Providing logic for

the decision making may also provide direction for future studies (Shank, 2006). Keeping a research journal also enhances confirmability, which I did throughout the research process.

Finally, transferability is the ability of the results to be transferred to a different setting or population (Lincoln & Guba, 1985). This is accomplished by providing thick descriptions of the research and is important for others to assess whether the process can be transferred to their settings. Thorne (2008) also encourages thick description to demonstrate logic used which another reader could follow – interpretative description calls this criteria analytic logic. I provided thick descriptions of the methods used in the present chapter. I also collected demographic information from Phase II and Phase III participants and presented this in Chapter 4.

3.6.2 Beyond Traditional Evaluation

3.6.2.1 *Naturalistic Inquiry*

Since publishing the classic work *Naturalistic Inquiry*, Lincoln and Guba have expanded their thinking on validity in qualitative research through the concept of authenticity (Lincoln & Guba, 2005). Authenticity includes 5 criteria: fairness, ontological authenticity, educative authenticity, catalytic authenticity and tactical authenticity.

Fairness is the ability of the research to present as many points of view as necessary in a calm and balanced matter (Lincoln & Guba, 2005). Our research demonstrated fairness by incorporating multiple points of view (regulatory bodies and dietitians) on scope of practice. I also invited all dietetic regulatory bodies in Canada and dietitians in Saskatchewan to participate in our research, preventing exclusion of important participants. *Ontological authenticity* provides a level of awareness in a genuine and legitimate fashion to participants. *Educational authenticity* goes a step further by providing awareness to individuals near participants. As part of this, participants and those who learn about our study will have the chance to apply critical thinking to formulate opinions on dietetic scope of practice. *Catalytic* and *tactical authenticities* refer to the ability of the research to direct people to appropriate actions that match research findings. One of the goals of our research was to develop a potential definition for “dietetic scope of practice”. This definition may be used as a foundation for future scopes of practice, but it will be the responsibility of stakeholders to determine if it is appropriate.

3.6.2.2 Interpretative Description

Interpretative description also provides standards beyond traditional evaluation to enhance credibility of qualitative research specific to health sciences. These criterion take into account the larger disciplinary, social and historical contexts within which qualitative research is produced (Thorne, 2008). The five criteria are: moral defensibility, disciplinary relevance, pragmatic obligation, probable truth and contextual awareness.

Moral defensibility extends beyond traditional ethics protecting human subjects and into possible uses of research findings in our society (Thorne, 2008). Interpretative description research findings must be appropriate to the development of a disciplinary science and should meet a standard of *disciplinary relevance*. Research on dietetic scope of practice will be applicable to dietitians and regulatory bodies who are currently in the process of creating or updating their own scope of practice. A third criterion is *pragmatic obligation*. Researchers must put forth their findings as if they might be immediately applied in disciplinary practice, regardless of whether their findings are scientifically “proven”. I anticipate provincial regulatory bodies, particularly Saskatchewan’s, being able to use information from our research. That being said, I will not disseminate our research as being an absolute truth but rather a constructed meaning, or a *probable truth* at best. Finally, there is a strong possibility that many of the assumptions I hold in regards to dietetic scope of practice are socially constructed and likely shared by others, including participants in our research. *Contextual awareness* reflects this possibility and asks researchers to articulate their findings as contextual within a particular period of time.

Interpretative description also encourages using a “thoughtful clinical test” to evaluate research (Thorne, Reimer Kirkham, & O’Flynn-Magee, 2004). Those with expert knowledge of the phenomenon being researched should agree that the findings are plausible and have credibility with a healthcare professional audience. This is especially important prior to research dissemination due to the nature of practical health science research; results may find their way into clinical applications based on how they are interpreted (Thorne, 2008). My supervisor and committee members served this role.

3.7 Ethical Issues

Ethical approval for this study was obtained by the Behavioral Research Ethics Board at the University of Saskatchewan on November 10, 2011. Approval of Phase III focus group questions was obtained on January 16, 2012. Participation in this research was voluntary and the process of

maintaining confidentiality was explained to participants. Consent was obtained from all participants in all phases of the study. Phase I participants were required to give an oral consent prior to the interview. The survey in Phase II was designed so participants who did not agree to consent in the first question were not allowed to continue with the survey. Phase III participants were emailed a consent form which indicated posting in the online focus group was considered agreeing to consent.

Phase II participants were not required to give their names and all responses were anonymous and could not be traced back to individuals unless they identified themselves. Confidentiality of Phase I and III participants was protected by changing the names and other identifying information of participants during data dissemination. Phase III participants were asked to respect the confidentiality of the other members of the group by not disclosing the contents of the discussion outside the group. Voice-recordings, transcripts and field notes will be stored in a secure place at the University of Saskatchewan for a period of 5 years, after which they will be destroyed.

4. RESULTS AND DISCUSSION

4.1 Introduction

Results from Phases I-IV are presented in sections 4.2-4.5 below. A description of participants, results and discussion of emerging themes are discussed in each phase. Section 4.6 contains a comprehensive analysis of all phases and identifies overarching themes.

4.2 Phase I: Interview Results and Discussion

4.2.1 Description of Interview Participants

Ten dietetic regulatory bodies were invited to participate in a semi-structured interview; a response was heard from nine regulatory bodies. Nine dietetic regulatory bodies agreed to participate in an interview; eight participated in a telephone interview and one emailed responses to interview questions. One participant withdrew from the study after completing the interview for reasons unknown. Seven of the participants were in a registrar/administrator position within their respective dietetic body; two participants were designates of the registrar – both of these individuals played a role within their provincial regulatory bodies. Several participants identified talking to board members regarding interview questions to gain further insight prior to the interview.

4.2.2 Interview Results

4.2.2.1 Description of scope of practice and additional information from website

When asked to describe their scope of practice statements, most interview participants referred to their scope of practice statement or definition of dietetics in legislation. Two participants did not have a scope of practice statement within a legislated act, and one was currently waiting for official proclamation of his/her scope of practice statement.

Several participants referred to additional documents that supported their scope of practice statement, such as college/association bylaws, additional provincial legislation or Dietitians of Canada documents. Regulatory bodies used these to provide additional guidance for members on their scope of practice. A few interview participants used words such as “vague” and “bare bones” when describing their scope of practice statement in legislation; supplementary documents provided additional descriptions of dietitian activities. As well, those provinces with restricted activities did not specify

these activities within their actual scope of practice statement; often this was described in another section of their legislation or as part of a broader health professions act. Dietitians of Canada documents referred to included the Code of Ethics for the Dietetic Profession in Canada (DC, 1996) (changed to Principles of Professional Practice after data collection completed) and Professional Standards for Dietitians in Canada (DC, 2000).

4.2.2.2 Length of time in legislation

Participants who had a current scope of practice in legislation were then asked about the length of time their scope of practice had been in place. All scope of practice statements were created within the last 25 years. The oldest scope of practice statement still in legislation was from 1988; the most recent scope of practice statement had been in legislation since 2009. Of the six participants who had a scope of practice statement, four were created in the last 10 years and two were created in the last 20 years.

4.2.2.3 Process to create

Participants were asked to describe the process used to create their current scope of practice; if their province did not have a current scope of practice they were asked what process they would use or are currently using if they were in the process of creating one. Some participants were not involved in the initial scope of practice creation and could not comment on the exact process used. Participants who could comment discussed their process as a collaborative one; most provinces interviewed had input from dietitians, other health professions and government.

The key role of government was mentioned in all interviews. In many instances, a change in legislation prompted the creation of their dietetic scope of practice. Working within provincial government procedures was noted as challenging by many interviewees:

"...the government is very particular about how things like bylaws and legislation is written. And so it took a year after that." Interview #2

"We're waiting for the direction [from government] and really can't do very much about it until the government is receptive to talking to us." Interview #7

While some provinces had a government-lead process, the majority of interviewees noted a member-lead process in their scope of practice formation. Three of the six participants with a current

scope of practice mentioned the formation of a working group or committee to steer the process. Some participants noted this to be a challenging aspect of the process due to the volunteer make-up of their working groups.

Several interviewees defined their members as the primary stakeholder of a dietetic scope of practice. One interviewee specifically mentioned how their members were kept informed throughout the process:

"...we were transparently open with the members at every annual general meeting, every newsletter, we had telehealth sessions." Interview #9

A number of participants mentioned consulting stakeholders beyond government, other health professions and members. Two interviewees noted consulting other provincial dietetic regulatory bodies. Another participant consulted unions, employers of dietitians, and the Canadian School of Natural Nutrition; none of the other interviewees mentioned these stakeholders. As well, no one discussed consulting stakeholders within academia.

Several participants noted the process of a scope of practice to be a complex process; the issue of financing the process, specifically paying for legal advice, was mentioned in several interviews. As well, getting input from multiple stakeholders was also noted as complex but necessary. Interviewees mentioned the importance of evidence when advocating for changes in their legislation. Two participants specifically mentioned undertaking research themselves, or referencing peer-reviewed literature during their creation process. Numerous participants discussed the disappointment and frustration felt when their provincial government did not approve their proposed scope of practice changes; participants had to adjust proposed changes until it was suitable to their governments' standards and subsequently approved.

Overall, participants observed the creation of a scope of practice to be a very slow process. Many dietetic regulatory bodies also underwent organizational changes as they created a scope of practice, such as changing from an "association" to a "college" and taking on greater public protection responsibilities instead of an advocacy role.

4.2.2.4 Challenges in creation

Participants were then asked about challenges they encountered, or would expect to encounter when creating a dietetic scope of practice. Common challenges included:

Wording: Several participants noted the wording of a scope of practice as a challenge. The use of definitive words within a scope of practice was an aspect many interviewees were unsuccessful at obtaining. For example, while one province wanted to use the word “only” in their scope of practice their government would only let them use the word “a”; this made their scope of practice less exclusive. Another province was required to put the phrase “not exclusive to dietitians” after certain statements to make tasks less restrictive.

Many participants also mentioned the challenge of encompassing different aspects of dietetics into a concise statement. As one participant stated:

“...it’s hard to truly be collaborative in your efforts...you send something out and everybody has a different take or experience that they bring to it, and I think it will be interesting to see if we can get consensus from membership as far as an agreement on a scope of practice statement and from all the stakeholders.” Interview #6

Process: As discussed in the previous section, another challenge noted by participants was the process of creating a scope of practice, including where to start, and encountering delays within a rigid government system. As one participant said:

“We have to think 10-20 years down the road as to what dietitians are going to want to do because if we do make changes to the legislation...it may take 5 years for that process to happen. And then, we won’t want to just turn right around and do it all over again.” Interview #5

Working with other health professionals: Most provinces interviewed were required by government to have their scope of practice statement reviewed by other regulated health professions. Several participants used the phrase “turf protection” when discussing this process and noted it as a challenge in their creation process. As one participant stated:

“I think they ran into some wording issues when they had other health professions review the Act...some of the health professions came back and challenged some of what we were trying to add in that Act. And so we had to reword some of the scope of practice so that it wasn’t just inclusive to dietitians.” Interview #5

Two participants specifically discussed the process of interprofessional collaboration in scope of practice creation. These participants were challenged by who “owns” nutrition care: is it specific to dietitians, or

is it everyone's responsibility? One participant talked about overlapping scopes of practice as a result of interprofessional care:

"...if a nurse and dietitian work side by side for 15 years they learn from each other, develop expertise from each other and their scopes are going to overlap. So we recognize through lifelong learning scopes in professions do broaden and overlap with other scopes." Interview #9

Most participants recognized the importance of support from other health professionals when developing or updating a scope of practice. As one participant explained:

"I think when you are working in health care and activities of one profession are very much integrated or dependent on the activities of other professions you really do need to get everyone to agree." Interview #8

Working with nutritionists: As shown in Table 2.1, protected titles designated to dietetic professionals vary from province to province. The titles "dietitian" and "registered dietitian" are protected in each province. Some provinces also protect "professional dietitian", "registered nutritionist" and "nutritionist" titles. Three participants discussed the challenge of protecting the term "nutritionist" within their legislation and scope of practice; only two provinces in Canada protect the title of "nutritionist" and one province protects the title "registered nutritionist". Most provincial governments did not want to protect the "nutritionist" title within legislation and participants found it challenging to advocate for this when creating their scope of practice.

4.2.2.5 Use of Scope of Practice

Participants were asked to describe how they use their scope of practice, or how they envisioned using it if they didn't have one. Most participants mentioned guidance and/or public protection as one of the roles.

Public Protection: Three participants specifically mentioned the use of scope of practice as protecting the public from people unqualified to give nutrition advice, specifically those outside of regulated health professions who are performing high risk activities:

"Teaching the food guide, it's not risky, we don't want to protect that particular activity. We want everybody to embrace Canada's Food Guide and promote it. But when you get somebody promoting, or conducting diet therapy, there is a risk if that information is not correct or the

whole nutrition care process is not correct, there is risk. So really, one of the needs of having the scope of practice protecting practice is to prevent the public from getting this service from someone who isn't qualified." Interview #9

Not only do scopes of practice protect the public from unqualified individuals outside dietetics, but interviewees also believed it provides a measurement to determine if those within the profession are practicing appropriately. Many participants noted their scope of practice statement as a key document to reference during complaints and discipline processes against members. As one participant stated "it defines what we regulate" (Interview #8).

Guidance: As mentioned above, a scope of practice guides regulatory bodies in disciplinary issues. One participant stated their scope of practice defines where their regulatory body focuses their resources. A dietetic scope of practice also provides guidance to other stakeholders. Participants mentioned employers, the public, dietetic students, and other health professionals as being guided by their dietetic scope of practice statement. One participant uses his or her scope of practice as an important document to discuss with dietetic students. Employers use the dietetic scope of practice statement to create workplace policies. When health professionals inquire about specific tasks dietitians are licensed to perform, they are referred to the scope of practice document. A dietetic scope of practice statement can also be referred to by the public to clarify what services can be expected from a dietitian.

Not surprisingly, a dietetic scope of practice statement also provides guidance to dietitians. Most participants mentioned this as an important role of their scope of practice. One participant explained how a scope of practice can guide dietitians to practice to their full scope of practice:

"...having the scope of practice defining the roles, the nature of practice, it enable the dietitian to practice to their full scope. So a scope that isn't defined...really prevents a dietitian perhaps from practicing to their full ability." Interview #9

4.2.2.6 Opportunities a scope of practice gives to dietitians

Participants with a scope of practice were asked to comment on what opportunities a scope of practice gives to their members.

One of the opportunities participants mentioned was also mentioned as one of the main uses of a scope of practice: guidance to dietitians. Along with the guidance a scope of practice gives to dietitians, many interviewees also discussed the confidence this statement gives to dietitians. One

participant believed a scope of practice brings more professionalism to dietetics and enables dietitians to better express their roles and abilities to other health professions. Another participant believed a scope of practice provided an identity to dietitians, a “starting place...as they negotiate and develop their roles in the workplace” (Interview #8).

Another opportunity discussed was the broadness or vagueness of their scope of practice. Many felt a broad definition was necessary to reflect the diversity of dietetics. A broad definition can also allow stakeholders to interpret a scope of practice to fit various roles and responsibilities that weren't explicitly defined within the scope of practice, as long as members are safe and competent to do so. Most examples of this interpreting were within diabetes education and dysphagia treatment.

“...what they are doing is providing education information so we say “you are not adjusting the dosage at all but you are teaching your patient, your client, that if they get readings between this and this and they need to do this...bump it up or down”. So they are just providing education. And so in that manner, yes, Dietitians can teach their patients how to self manage their insulin dosages.” Interview #2

Another participant believed dietitians were interpreting their scope of practice document too much and subsequently placed unnecessary limits on themselves:

“They want to be able to say “it’s not my scope of practice”. And more often than not, we say “but it’s related to your scope, there is nothing in law limiting you from doing that, and if it serves the need of your client we would encourage you to step up and acquire the skills, confidence and knowledge to serve your clients in this way”” Interview #8

Employers also interpret the scopes of practice of their employees. Some employers have policies that further limit a dietitian's scope of practice; this was noted as a challenge by many participants.

All participants discussing the concept of interpretation acknowledged this must be done within the realms of public safety and competence:

“And always the interpretation has got to be related to the practice of dietetics. We wouldn't interpret it as a patient, or a dietitian could do something totally out of the nature of dietetics...if they haven't done that for a long time and they forget the key points of it, they should not be practicing it because they are not competent with that anymore. With any of these fringe

activities, they have got to be safe, competent and acting in the patient's best interest."

Interview #2

4.2.2.7 Challenges a scope of practice places on dietitians

Participants with a scope of practice were asked to discuss the challenges a scope of practice brings to their members. Some common challenges were:

Broadness: Several participants listed the broadness of their scope of practice as both a challenge and opportunity to members:

"We thought that by having a more open scope of practice, that it would actually benefit our members, but from what our members are saying, it's too open and it's too vague...our members are finding that because we don't spell it out, they are running into problems when they actually try to do that in practice." Interview #5

Many interviewees believed their members wanted more guidance with their scope of practice and their current scope of practice did not provide answers to specific areas of dietetics. One participant discussed how managers did not want dietitians to perform certain medical tasks because their scope of practice did not specifically state they were allowed to do that task. Employers are asking for these tasks to be specifically spelled out.

Not limiting enough: The act of providing nutrition advice is not an exclusive act in most provinces, meaning both regulated health professionals and unregulated individuals are legally able to provide nutrition advice. Several participants thought their members would like to see nutrition activities more protected; only one province in Canada has complete practice protection over dietetic practice. One participant discussed advertising of nutrition advice as a challenge to their scope of practice; another talked about filling a dietitian position with a registered nurse in a position requiring advising on nutrition.

Delaying patient care: A few participants viewed their scope of practice as limiting patient care. One participant described the multi-stage process dietitians need to go through in order to get a hospital patient a multivitamin. Another participant discussed challenges of dietitians not being able to take phone orders while working in home care:

“Our home care dietitians who are practicing in clients’ homes, and they find it [phone orders] most pressing because they are with the client at the time when they need the order changed, whether it’s an oral hypoglycemic agent or insulin but in order to get that change done they have to phone the physician, he writes an order, has to get it faxed through, and it’s a delayed process. So, the client and the patients aren’t getting immediate direct care. There is a real delay because of this inability to take an order sort of right away.” Interview #5

Understanding: Several participants mentioned educating their members on how to use their scope of practice as a challenge. Members must be able to recognize their own competencies within their larger scope of practice:

“And it’s a professional’s responsibility to recognize that [competencies within a scope of practice]. And it’s the regulatory bodies’ responsibility to provide those supports in place to help health professionals recognize their scope of practice.” Interview #9

4.2.3 Discussion of Interview Results

After reviewing interview data, several themes emerged related to how Canadian dietetic regulatory bodies define dietetic scope of practice:

4.2.3.1 Interpretation

The use of interpretation, or how to apply, a scope of practice statement was noted in several interviews. Many provincial dietetic scopes of practice statements were intentionally written as broad statements to reflect the diversity of dietetics. This approach has allowed flexibility in dietetic practice areas; many regulatory bodies encourage dietitians to practice in public domain activities that may not be part of their scope of practice, such as diabetic foot care or taking blood pressure.

Dietitians in some provinces found it challenging to work with vague scope of practice statements; many are calling for more specific scope of practice statements. Several participants had supplementary scope of practice documents to guide members on dietetic practice. Participants also noted the importance of enabling dietitians to interpret their scope of practice within their own competencies and experiences. Many believed dietitians, as professionals, were responsible to determine which activities they were safely able to do.

4.2.3.2 Restrictions

Most participants found it challenging to create a scope of practice within their provincial governments' restrictions. Only one province was able to receive practice protection in dietetics; the act of providing nutrition advice is not an exclusive act in most provinces. This has led to people outside of dietetics essentially practicing "dietetics". Regulatory bodies do not have jurisdiction over these individuals and find it challenging to regulate dietetics alongside unregulated individuals.

While many participants thought a scope of practice provided guidance and enhanced the status of dietitians within health care, several participants also noted inefficiencies in providing patient care due to scope of practice restrictions. As of January 2012, a number of participants were working towards an expansion of their scope of practice, either through a statement revision/creation or the addition of restricted activities.

4.2.3.3 Relationships

All participants noted key relationships with stakeholders in the creation and maintenance of their scope of practice. Provincial governments play fundamental roles in a profession's scope of practice. Government determines whether a scope of practice will ultimately be enacted, and several participants noted frustration when encountering government delays, and the rigidity of government processes. Often the expectation of participants in regards to scope of practice outcomes were not the same as their government.

Other health professions also played significant roles in dietetic scope of practice. Most provinces require approval from other health profession colleges. The majority of participants noted their relationship with other health professions as a collaborative one; few mentioned issues of turf protection or disagreements with other health professions.

Several participants noted the role employers have in regards to dietetic scope of practice. Only one mentioned the consultation of employers in their scope of practice creation. Dietitians often have to work within their own scope of practice, in addition to their employers' policies and procedures. Participants saw their members' roles as being further restricted by employers.

The relationship between provincial dietetic regulatory bodies was noted in several interviews. Most participants had knowledge of other provincial scope of practice statements. Several consulted other dietetic regulatory bodies in the process of creating their own. A number of participants wanted

to see more consistency in dietetic scope of practice statements in Canada, yet recognized this could be challenging due to the differences in provincial legislation.

The key stakeholders in a dietetic scope of practice are dietitians themselves. All participants mentioned the important role of their members in the creation and updating of their scope of practice. Participants hoped to be responsive to their members' needs, and recognized the importance of a scope of practice in guiding dietitians. The diversity of dietetics was noted in interviews. However, most scope of practice issues were found in clinical practice areas. Diabetes management, prescribing vitamin and mineral supplements and dysphagia treatment were discussed when describing current scope of practice issues.

4.3 Phase II: Survey Results and Discussion

4.3.1 Description of Survey Participants

As stated in Section 3.4.2.2, an online survey was sent to 330 dietitians registered with the Saskatchewan Dietitians Association to gain an overall sense of how dietitians view dietetic scope of practice. A total of 92 participants completed this survey, giving a response rate of 28%. The low number of participants may have been produced by the short duration of the survey (18 days), and time of year (December).

Demographic information of the participants is presented in Table 4.1: Demographic Characteristics of Phase II Survey Participants. Most participants of the survey were females (98%) between the ages of 25-49 (81%). This is reflective of the most recent demographic data collected on Saskatchewan dietitians (Dietitians of Canada, 2011). In regards to dietetic practice areas, most responses came from community (25%), clinical (26%), and administration (12%). Scope of practice issues often arise in clinical settings, so it was expected there would be a high response rate from dietitians practicing in clinical areas (Visocan & Switt, 2006). The distribution of years in practice was fairly evenly distributed between four options.

Table 4.1. Demographic Characteristics of Phase II Survey Participants*

Demographic Characteristics	Response (n=92)	Percentage
Gender		
Female	89	98%
Male	2	2%
Age		
Under 25 years	2	2%
25-29 years	25	27%
30-39 years	34	37%
40-49 years	21	23%
50-59 years	8	9%
60+ years	2	2%
Years in Dietetic Practice		
0-5 years	34	37%
6-10 years	19	21%
11-20 years	23	25%
21+ years	16	17%
Area of Practice**		
Community	29	25%
Clinical	30	26%
Public Health	12	10%
Administration	14	12%
Education/Research	7	6%
Business/Industry	4	4%
Other	20	17%
*Participants did not have to provide an answer to each area question; there may not be a total of 92 responses for each question		
**Participants could check off more than one area of practice		

In regards to education, most (90%) participants completed their undergraduate degree at the University of Saskatchewan. The highest level of education completed by most participants was the bachelor's degree (74%), followed by a master's degree (23%). Complete results of the survey can be found in Appendix F.

4.3.2 Survey Results

4.3.2.1 Provincial Legislation

The Dietitians Act (2001) outlines who can be a member of SDA, board procedures, and disciplinary policies. Thirty percent of participants in the survey had not heard of this statute, despite its importance in describing their profession. Of those who had heard of *The Dietitians Act*, the top purposes of this Act according to participants were:

- To protect use of the dietitian’s title (n=55; 60%)
- To describe the roles of dietitians (n=34; 37%)
- To describe disciplinary procedures (n=33; 36%)
- To outline membership status (n=28; 30%)

The Dietitians Act protects the title of dietitian, outlines membership status and describes disciplinary procedures; it does not describe the roles of dietitians. Twenty one percent of participants also believed a purpose of the Act was to indicate restricted acts of dietitians, which it also does not do. Participants who stated these as purposes may not have consulted the Act in depth. Also, participants may have worked with Acts in other provinces which do include a scope of practice statement and restricted acts and assumed Saskatchewan’s was similar. Alternatively, some employers may have policies regarding dietitian practice and dietitians may be getting confused between dietetic legislation and employer policy.

Although *The Dietitians Act* is accessible to all members of the public via internet, less than 40% of participants indicated they had read, consulted or used *The Dietitians Act*. New SDA members are asked to read the Act online as part of their welcome package; Saskatchewan dietetic interns also receive a presentation from the SDA Registrar about SDA policies and procedures, such as *The Dietitians Act* (L. Moore, personal communication, May 2012). The most common reason for reading, consulting or using the Act was to familiarize themselves with the Act (39%), followed by looking up protected terms/tasks (20%). Having a low number (20%) of participants looking up protected terms/tasks may correlate to the number of participants in question #9 incorrectly identifying purposes of *The Dietitians Act*. Since 60% of the participants had not looked at the Act before, many dietitians may be making incorrect assumptions regarding the purpose of the Act.

4.3.2.2 *Scope of Practice*

Almost a quarter of participants in the survey were “very familiar” with the term scope of practice, and 76% were “somewhat familiar”. Participants were then asked what they viewed a scope of practice as being (Table 4.2).

Table 4.2. What a Scope of Practice Should Be

Survey Question 12: In your view, a scope of practice for a profession should:*	Number	%
Reflect the diversity of the profession	76	83%
Reflect measures of quality assurance for the protection of patients and the public	63	68%
Outline advance practice procedures	54	59%
Prevent a profession from performing tasks they are not formally trained to do	53	57%
Be the same in every province	43	47%
Be incorporated into legislation	38	41%
Be broadly defined	29	32%
List day to day tasks a profession is educated and authorized to perform	29	32%
Not overlap with other professions' scopes of practice	6	7%
<i>*Participants could check more than one option</i>		

The diversity of dietetics has been noted in literature (DC, 2012d; Visocan & Switt, 2006; DAA, 2006) and this diversity was valued by 83% of participants. Participants generally believed a scope of practice should protect the public, but issues of “turf protection” with other professions were not ranked as high. 47% of participants thought scope of practice should be the same in every province –it is not known whether participants had experiences transferring between provinces. Currently dietetic scope of practice in Canada varies in specificity, depth and development between provinces. Only 7% of participants believed a scope of practice should not overlap with other professions’ scopes of practice.

Almost all participants believed members of the profession (n=89; 97%) and regulatory bodies (n=87; 95%) should be involved in creating a scope of practice, followed by educators (n=54/57%) and employers (n=41/45%). Fewer believed that government (n=36/42%) and members of allied professions (n=31/34%) should be involved in the creation. Although the Government of Saskatchewan doesn’t have a defined process of who to consult in the creation of a scope of practice, it is recommended that bodies collaborate with other disciplines, government, education-training programs, major employers, other provincial regulatory bodies of the profession, and members of the profession (L. Moore, personal communication, May 2012).

Commonly referenced uses of scopes of practice in the literature include helping employers understand what a profession is trained and educated to do (Baranek, 2005; CNA, 1993, 2003; Visocan & Switt, 2006; Oelke et al., 2008), to improve standards of practice/competencies (Baranek, 2005; CMA, 2000; CNA, 1993, 2003; Visocan & Switt, 2006), establish tasks a profession can perform (Baranek, 2005; Dower, Christian & O’Neil, 2007; White et al., 2008) and help educational institutions organize curriculum (Baranek, 2005; CMA, 2000; CNA, 1993, 2003; Oelke et al., 2008). These were also listed as important uses by survey participants as shown in Table 4.3. Ninety one percent of participants felt the

purpose of a scope of practice should be to help employers understand what dietitians are educated and trained to perform. This may indicate a discrepancy in viewpoints between what dietitians and their employers believe the role of a dietitian is and the need of a scope of practice to clarify differences.

Participants also felt their clients and the public would benefit from a dietetic scope of practice. Seventy one percent of participants believed a scope of practice should be used to inform the public about the role of dietitians, while 59% believed a scope of practice should reflect the diverse needs of clients/contribute to client outcomes. The high value on public protection may also be related to the use of the term nutritionist. Unlike dietitian, nutritionist is not a protected term in Saskatchewan; a person may call himself or herself a nutritionist without meeting the same specific legal and professional standards for safe, ethical and quality health care that registered dietitians do (SDA, 2012c). Often nutrition misinformation is spread by unregulated individuals such as those in media, or industries promoting dietary supplements or weight loss products (Wansink, 2006), some describing themselves as nutritionists or nutrition consultants in Saskatchewan. This can impact the public’s health and economic well-being.

Table 4.3. Use of Scope of Practice

Survey question 14: In your view, how to you see a scope of practice being used?*	Number	%
To help employers understand what dietitians are educated and trained to perform	83	90%
To improve competencies/standards of practice	80	87%
To establish tasks dietitians are formally trained to do	68	74%
To inform the public about the role of dietitians	65	71%
To encourage professionalism	59	64%
To help educational institutions organize curriculum	57	62%
To reflect diverse needs of clients/contribute to client outcomes	54	59%
To write job descriptions	49	53%
To uphold all dietitians to one practice document	36	39%
To prevent competition amongst health care providers	26	28%
Not sure	0	0%
<i>*Participants could check more than one option</i>		

4.3.2.3 Challenges and Opportunities of Scope of Practice

In the last section (questions 15-17) of the survey, participants were asked about challenges and opportunities working within a scope of practice. Ninety one percent of participants were concerned that if their scope of practice was defined too narrowly they may not be able to practice to the full

extent of their skills. On the other hand, 67% of participants were concerned that if their scope of practice was defined too broadly it may lead to role confusion. It appears participants recognize the need to strike a balance between having a scope of practice being broad enough to reflect the diversity of the profession, yet specific enough to provide the guidance needed. Participants were also concerned about inaccurate interpretations from stakeholders such as health professionals/unions (n=52; 57%) and employers (n=63; 69%). As reflected in both this question and question #14 in the previous section, many participants identify employers as a key stakeholder in the interpretation and enactment of a scope of practice.

The main opportunities participants thought a scope of practice would bring include establishing a defined role in health care (n=78; 85%) and providing a building block for advanced practice roles (n=77; 84%).

4.3.3 Discussion of final survey question

The last question on the survey was an open-ended question asking how important a scope of practice was for dietitians. There were 36 responses. Most participants thought a scope of practice was important to dietitians. After reviewing responses from the final question, six key themes emerged regarding the importance of scope of practice in:

- Providing support
- Reflecting diversity
- Relationships with other health professionals
- Relationships with other provinces
- Advancing the profession of dietetics
- Protecting dietitian's roles

Each theme is discussed below.

4.3.3.1 The importance of scope of practice in providing guidance

Several participants used the word “confident” when describing outcomes of a scope of practice. Many participants described current challenges of not having a dietetic scope of practice. Another participant further explained the consequence of not having a scope of practice:

“Dietitians often seem afraid to do things since they are worried it does not fit scope of practice. I have often heard of nurses discouraging practice of RD’s [dietitian] stating that it is a nurse task and oversteps professional role. As long as there is no definition, this will always be true. We need to be proactive and professional.” Survey #85

Participants felt the current roles of dietitians were not well understood. A lot of discussion was focused on the current confusion amongst employers, other health professions and dietitians themselves regarding the role of dietitians. Numerous participants mentioned that clarity was needed on dietitian’s roles and abilities:

“...there are many questions I have myself on what I “should” be doing and what I am doing. Sometimes it concerns me that other professions can easily take on the roles that typically I would think are dietitian roles.” Survey #49

Two participants referred to specific situations where they believed dietitians were improperly used or substituted with different staff –both thought having a scope of practice in place could have prevented this situation. Many participants believed a scope of practice would provide guidance for them and other stakeholders as to what a dietitian could do. Several participants believed a scope of practice would give the profession more legitimacy in health care.

4.3.3.2 The importance of scope of practice in reflecting diversity

Several comments discussed the challenge of defining the diversity of roles of dietitians within one scope of practice statement. When describing specific situations, many participants spoke of the impact a scope of practice would have in clinical or community settings; this may reflect the high response rate from these areas of practice. A few participants were concerned that a scope of practice would have a negative impact on their current role by restricting specific activities. Many thought a scope of practice should not limit current skills and abilities. One participant stated:

“I work in a community with one dietitian to cover everything. Having a defined scope of practice would bring my job into a more defined role that would probably limit some of the expected things that I do.” Survey #84

4.3.3.3 The importance of scope of practice in the relationship with other health professionals

A few participants indicated a dietetic scope of practice would impact their roles in team based settings with other health professionals. Most currently describe their role as misunderstood by other health professionals. As one participant states:

“I think other health professions...are unsure of what we are educated in, allowed to do, and able to do. Hopefully a scope of practice would enlighten us as well as others.” Survey #33

Consequently, many participants felt that their current roles on health care team were not valued or even established. These discussions emphasize the importance of disseminating a new dietetic scope of practice in Saskatchewan to appropriate stakeholders, especially members of interdisciplinary health care teams.

4.3.3.4 The importance of scope of practice in the relationship with other provinces

Several comments indicate many participants are aware of differences in scopes of practice between provinces. Two specifically mentioned being employed or interning in other provinces with scopes of practice and how this positively affected their practice. Another participant commented that dietetic scopes of practice should be consistent throughout the county.

4.3.3.5 The importance of scope of practice in advancing the profession of dietetics

Many participants described the importance of a scope of practice in relation to advancing the dietetics profession. Five participants specifically mentioned the impact a scope of practice could have on their clients with diabetes, such as dietitians completing insulin adjustments or checking blood sugars. Participants acknowledged a dietetic scope of practice was an important precursor to advanced practice roles. Many participants appeared eager to move towards advanced practice roles, although how advanced practice roles would be incorporated into Saskatchewan’s current legislation may be less clear.

4.3.3.6 The importance of scope of practice in protecting dietitian’s roles

Several participants also believed a scope of practice would limit others from performing tasks that dietitians typically perform. Nutritionists, nutrition counselors and other health professions were mentioned as carrying out roles of dietitians. Improper substitution of non-dietitians in perceived

dietitian roles was mentioned by a few participants. The idea of limiting others from performing within a dietetic scope of practice was also referred to here:

“Scope of practice will define what we are experts at and limit outsider abilities to try and do what we are trained to do.” Survey #69

In the above comment, it is not known who the term “outsiders” refers to. Regardless, most participants viewed a scope of practice as an important step in protecting a dietitian’s role and abilities.

4.3.3.7 Outliers

Another participant had a different viewpoint on dietetic scope of practice. They believed dietetics was a legitimized profession and a scope of practice wouldn’t change practice or redefine roles in any practical ways. In regards to other health professionals, this participant stated:

“I also can’t see other disciplines being very interested in reading and understanding our scope of practice document either, unless it overlaps with their scope, in which case it will create conflict.” Survey #67

This perspective contrasted with the majority of participants who had positive expectations of a scope of practice. It was clear that a dietetic scope of practice was perceived as an important, yet complex, document for the profession.

4.4 Phase III: Focus Group Results and Discussion

4.4.1 Description of Focus Group Participants

The purpose of the Phase III focus group was to conduct an in depth exploration into dietetic scope of practice in Saskatchewan. As shown in Figure 4.1, 17 Saskatchewan dietitians indicated in Phase I their interest to participate in Phase III; they were invited to participate via email on January 24, 2012. A reminder email was sent to those who had not responded by February 6, 2012. Three dietitians were not able to participate due to schedule conflicts. In total, ten dietitians consented to participate. All ten were assigned to one focus group beginning February 27, 2012. A reminder email was sent to participants on February 24 with instructions for using Blackboard and a handout on the role of participants and the moderator. Of the ten participants who originally consented to participate, only

eight posted responses within the focus group. One emailed half-way through the focus group to withdraw due to time constraints and another did not respond to email reminders.

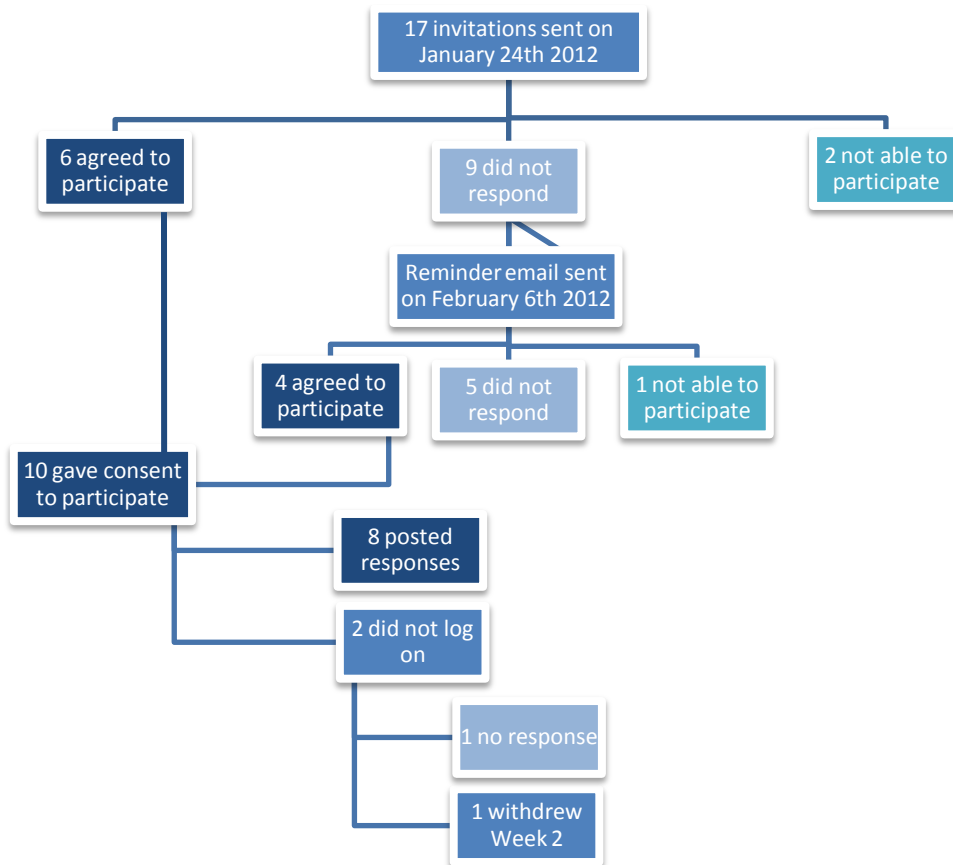


Figure 4.1. Flow of Phase III Participants (Author, 2012)

Consistent with face-to-face focus groups, the size of an online focus group affects the quality of responses (Turney & Pocknee, 2005). Smaller (4-6 participants) online focus groups offer a better opportunity to share ideas and participants feel more responsibility to respond. It was originally anticipated there would be two separate focus groups of six participants each. In the end, there was only one focus group of eight participants. All participants were placed in one focus group to increase diversity of participant experiences. It was also anticipated more participants would withdraw closer to the focus group start date.

The low number of participants for the online focus group likely occurred for several reasons. Those who did not have a University of Saskatchewan NSID were required to phone the University of Saskatchewan Information Technology Help Desk to obtain their username and password. Two

participants did not complete this step and the extra step could have been seen as a barrier. Secondly, the focus group was held in March, which is also Dietitian of Canada's Nutrition Month. Many dietitians take on extra activities and roles during March for the promotion of Nutrition Month and may not have had time to participate in an online focus group. Finally, participants were obtained from Phase I data, which also experienced a low number of participants. This may have had a spill-over effect into Phase III.

The eight focus group participants came from a wide range of backgrounds. Most were employed by a health region. Two were in administrative roles, three were in public health roles, and one worked in industry. The remaining two participants held roles as community dietitians. All participants had more than two years experience working as a dietitian and most indicated they held more than one job previous to their current one. Previous positions had been held in acute care, long term care, community, and public health environments in Saskatchewan, Alberta and British Columbia. Two participants currently held positions that did not require a dietitian background.

4.4.2 Focus Group Results

4.4.2.1 Week 1

Thoughts, Comments and Concerns

In Week 1, concepts of scope of practice, challenges working within a scope of practice and questions participants had about scope of practice were explored. After introducing themselves, participants were asked about their thoughts, comments or concerns regarding a scope of practice for dietitians. The discussion initially focused on the challenges of not having a scope of practice in Saskatchewan, and how this affects dietetic practice. Many felt their role as dietitians was misunderstood by those around them. As one participant stated:

"Dietetics is still a newer health profession and a lot of people don't know what we do or what our duties could be. A scope might help define our role." Focus Group #5

Although a scope of practice could help define the role of dietitians, several participants discussed the challenge of reflecting the diversity of dietetics in one statement. Many participants worked in roles that are not dietitian specific and there was some concern of excluding current dietitians

that did not meet a defined scope of practice. Another participant was concerned about how employers would interpret a dietetic scope of practice:

“I can foresee an employer insisting an RD do xyz because it is defined in “the scope” especially if we do not do a clear enough job on making each role and its nuances in extra training, education, or experience documented. For example, I know that should I want to return to any clinical dietetic, I would need upgrading but I wonder if that would be lost on some employers.”
Focus Group #3

There were also questions and uncertainties among participants about their current roles in the absence of a scope of practice. Many felt they were unnecessarily limited in performing certain tasks due to colleagues’ and employers’ interpretation of their role. Several limited their own practice due to not knowing what their scope of practice is. Participants pointed to practices such as blood glucose testing in diabetes education as an unclear area in dietetics in Saskatchewan. Most participants did not perform blood glucose finger pokes on their clients because they were not sure if it was allowed:

[discussion on not performing finger pokes] *“I am not sure if this is the ‘right’ way of doing things but with limited formal guidance on this issue it’s hard to know what is ‘right’.”* Focus Group #1

“Up until recently I was never really sure if I could be caught by the “scope of practice police” for doing a finger poke for a blood glucose reading. 15 years in a profession, primarily in diabetes where I could teach a person to do a finger poke but I could NOT actually do the poke. Very frustrating” Focus Group #4

“I often find that I don’t know what I can and cannot legally do as an RD” Focus Group #1

Participants recognized that scopes of practice differed across Canada. A few participants had worked in provinces with a legislated scope of practice. One participant discussed their experience working in a province with a scope of practice:

“I had a positive experience working in Alberta within their defined scope of practice. At that time I was authorized to perform the restricted activity of ordering parenteral nutrition and vitamin K. I found this to be somewhat reassuring—knowing that my RD colleagues who were ordering were competent and well trained in this area, and I believe that is gave us a large amount of credibility with our pharmacy and physician colleagues.” Focus Group #2

Ideas and Concepts in a Dietetic Scope of Practice

The second Week 1 discussion question focused on ideas or concepts important to include in a dietetic scope of practice. Most participants discussed the complexity of defining a diverse profession. If a scope of practice was too broad, it may not meet the original needs of defining the role of the profession. If it was too specific, some dietitians may be expected to fulfill roles they are no longer competent to perform. One suggestion was to use entry level competencies as a starting point. Other ideas participants discussed were concepts about food and nutrition, promotion of health, nutrition care process, policy, and competent, safe and ethical practice. Many participants thought restricted activities could be used to expand a scope of practice into advanced practice roles. The importance of being future orientated was also discussed:

"I had the same thought [as another participant] too around scope of practice being "future orientated" and open or flexible enough to adapt. Because if you think back 20 or 30 years, the health promotion aspect would not have been there such as is today." Focus Group #6

One participant asked how employers prepare dietitian job descriptions without a scope of practice. This induced a thoughtful discussion on participants' job descriptions. Most participants identified government documents, labor relations and history as a source of their current job descriptions. Several acknowledged they did not know where their job descriptions came from:

"...which leads me to think historical job descriptions may be a partial barrier in itself, especially if an RD is not part of the updating and tweaking process." Focus Group #3

Employers' perceptions of dietitians' roles

In the final question for Week 1, participants were asked what challenges, if any, they encountered regarding employers' perceptions of a dietitians' role. Many participants felt their employers did not understand their role as a dietitian. Participants discussed situations where their employers asked them to perform duties they weren't educated to do as a dietitian, specifically as an entry level dietitian:

"I was asked to do a swallowing assessment by myself (not part of a team) just as the previous dietitian had. Yes, [the previous] dietitian who had completed some training and had a number of years of experiences. You feel like you can't say no, yet at the same time you don't feel like you could/should do this task solo. As others have stated, there seems to be a hierarchy and many

departments. In which RDs are employed are managed by RNs who may not always understand where we are coming from in terms of our training/education” Focus Group #6

Participants also observed colleagues performing roles they thought a dietitian should perform. One participant mentioned new positions being created for registered nurses, although they thought dietitians would also have the skills and knowledge to perform many of these positions. Another participant was in the process of submitting a business case for dietitian hours in a primary health care centre:

“In our region the role of the RD is very under rated. This summer I met with the Director of Primary Health Care to discuss a business case proposing RD hours for primary health care and she told me that the RDs were the best kept secret in...[our] health region.” Focus Group #8

Several participants thought a scope of practice document would be useful to help guide employers and colleagues. It could also be an important document to raise awareness and lobby senior management on funding more dietitians. Advocating for the advancement of dietitians can be challenging when many do not know what a dietitian does. One participant discussed their experience of creating a proposal for more dietitians in their former health region:

“...we did this [making a proposal] because there were so many neglected areas e.g. LTC [long term care], school, CDM [chronic disease management] due to the limited number of RDs in the region. We tried our best to put it in words that would be Senior Managements attention e.g. cost effectiveness or nutrition/health promotion activities and potential positive effects on surgical waiting times. All our hard work was in vain –I think they hired more nurses though.” Focus Group #7

4.4.2.2 Week 2

Current Dietetic Scope of Practice Statements in Canada

During Week 2 participants were given current dietetic scope of practice statements found in Canada (Appendix G). Participants were asked about their reactions to the scope of practice statements. Several participants were surprised about the diversity of dietetic scope of practice statements found in Canada:

“I find it interesting that future dietitians from across the country take the same exam, but SOP’s can be so different from province to province.” Focus Group #7

Participants felt several statements were dated and did not reflect certain aspects of current dietetic practice like standardized nutritional language, disease prevention and community development. Many participants noted Nova Scotia’s approved scope of practice statement as “progressive” and “up to date”. Several participants thought their own practice could be enhanced if a similar statement was enacted in Saskatchewan.

Diversity

Participants were then asked to discuss their comments or concerns regarding the diversity of a dietetic scope of practice statement. Most participants did not think one statement could capture the diversity of dietetics as it is a broad and continually evolving profession. One participant suggested having one statement per practice area. Dialogue was also held regarding defining a scope of practice as entry level and then using restricted/advanced activities to expand roles:

“I also like the idea of having restricted activities like Alberta. But on the other hand, for regions such as ours I don’t want to limit the activities of our dietitians because they have such a large area to cover. From a management side of things having restricted activities would likely be good support for me to get the RD’s classed as a senior dietitian, resulting in higher pay for them.” Focus Group #8

Evolving Scope of Practice

Although it was not asked directly by the moderator, a side discussion occurred during Week 2 regarding the evolution of a scope of practice statement; many did not think the statement should be thought of as “static” but should change as the profession changes:

“Could we [dietitians in Saskatchewan] not go back in a period of time to review and change [our scope of practice] as our profession changes? I think this would be a great opportunity for our profession if we would review, look at the evidence/literature and see if our SoP needs to be changed over a period of time.” Focus Group #4

Several participants were unsure of the process needed to revise a scope of practice, and wondered if the legislation would need to be opened each time a scope of practice was updated. A

suggestion was made that a scope of practice may not even need to be within legislation, which could subsequently allow a scope of practice to be updated in a more efficient manner. This issue was discussed again during the final week’s discussion:

“Does an SoP in legislation lend more credence to our practices in the eyes of others? There are many documents that explain our skills and roles – the PAN-CAN task force for public health [nutrition] spent a lot of money on competency statements and reports; DC has practice papers and so on. [Previous discussions on having a scope of practice in legislation] makes it sound like all those documents are not worth the paper they are written on.” Focus Group #3

4.4.2.3 Week 3

During the final week of the online focus group, participants were asked how they define their current individual scope of practice. Several sources were mentioned as influencing participants’ individual scopes of practice as shown in Figure 4.2.



Figure 4.2. Factors Influencing Participants’ Scope of Practice (Author, 2012)

As shown in the chart above, both documents and people (self and others) influence practice. Other participants discussed how their colleagues influence their individual scope of practice:

“I also believe that when you work with other healthcare professionals you learn from them. I feel very confident to explain how to use insulin, adjust it, and demonstrate a poke. If I don’t have a nurse I will give this info to the client. Where I learned this, and if this is my in SoP, is by doing. So this is where the grey area hits.” Focus Group #4

Participants were then asked what would be needed to enact a new scope of practice statement in their practice. Most participants thought key stakeholders would need to be educated and involved in its implementation. Stakeholders were listed as dietitians, allied health professionals, physicians, employers, educators and government. Communication was noted as a key step in a scope of practice implementation:

“We need to have open communication whatever path we take. In many cases that means explaining how we fit because some people really do not know.” Focus Group #3

Education of dietitians themselves was also discussed. Participants thought educational components would have to be in place indicating how to decide if a dietitian was competent to perform specific activities within a scope of practice statement, especially for advanced activities.

The final focus group discussion question provided a summary of the participants’ discussions over the previous two weeks and asked participants if there was anything they did not get the chance to discuss. Further discussion occurred around the idea of restricted activities; participants had questions about how these could be enacted and who would monitor them. Other participants discussed issues of turf protection and policing of professions. As one participant stated:

“Having a system full of org charts, union contracts, JJE [joint job evaluation] history, misunderstandings and/or no understanding complicates things.” Focus Group #3

Overall, participants recognized that a scope of practice was a complicated topic. Many were realistic that a scope of practice would not be the “silver bullet” to fix the perceived problems in dietetics. As one participant stated:

“I don’t think a SoP statement will fix all problems, but at least we will have some foundation to advocate for ourselves.” Focus Group #4

4.4.3 Discussion of Focus Group Results

After reviewing the phase III focus group data, several themes emerged in relation to participants' views on dietetic scope of practice:

- Relationships
- Diversity
- Interpretation
- Identity
- Expectations

Each theme is discussed below.

4.4.3.1 Relationships

A lot of discussion focused on relationships: with employers, regulated health professionals, unregulated individuals, physicians, the public and government. Many felt the role of dietitians was not well understood by these groups despite their influence on dietetic practice. Participants noted territorial issues between dietitians and regulated and unregulated individuals. A scope of practice could either play into or help resolve territorial issues. Participants believed a scope of practice could help resolve territorial issues by further clarifying roles by legislation. This could protect the public by preventing individuals outside of dietetics from disseminating nutrition advice. However, the process of deciding which roles belong to dietitians could bring about conflict with other health professionals over turf protection.

4.4.3.2 Diversity

Participants came from diverse roles in dietetics. All participants believed it was important to reflect the diversity of dietetics in a scope of practice statement. Dietitians have vast and transferable skills. The exclusion of current dietitians whose role was not reflected in a scope of practice statement was a concern. Participants believed it was important to include many different roles within a scope of practice, yet questioned the possibility of reflecting every possible role in one statement.

Most noted dietetics to be a new and evolving profession. How dietetics was defined 30 years ago differs from how it is defined today. Participants thought it was important to promote dietetics as a profession that can fulfill many roles. Many believed this could help advance the profession into

broader positions. Similarly, importance was placed on continuous evaluation and updating of a scope of practice statement to reflect current practices and advancements in dietetics.

4.4.3.3 Interpretation

Without a scope of practice, many participants were interpreting their own role from a variety of sources. Participants were aware of what they could do, but tasks they weren't allowed to do were a source of ambiguity. There are many unclear areas in dietetics where participants were unsure if a task was permitted, and who was monitoring it. Blood glucose testing in diabetes education was identified as an unclear area. Many were uncertain if this was part of their scope of practice, and tended to be cautious when unsure and subsequently not perform blood glucose tests. Other unclear area activities identified include insulin action and adjustment, swallowing assessments and total parenteral nutrition. Most were interpreting these activities individually, with guidance from their employers and their own competencies.

4.4.3.4 Identity

It was evident from the focus group discussions that most participants had questioned or been questioned about their identity as a dietitian. Many participants did not feel the role of dietitian was well understood by their colleagues and employers. This has led to incorrect assumptions about what dietitians do and are capable of doing.

There were many questions and uncertainties in the absence of a dietetic scope of practice. Although participants pointed to documents (government and professional), job descriptions, employers, colleagues, clients and their own competencies as guiding their current practice, there were often conflicting opinions between these sources. Some participants described situations where employers expected them to fulfill roles they did not feel competent doing; others felt they could be used beyond their current role. The protection of dietetic practice from unqualified individuals within and outside of health care was a recurring issue among participants. It was hoped a scope of practice could help legitimize and protect a dietitians' identity.

4.4.3.5 Expectations

The expectations of a dietetic scope of practice varied within the focus group. Many thought a scope of practice would provide documentation and evidence of their role as a dietitian. Others hoped

to use it as an advocating tool to provide awareness. Many identified a scope of practice as a supporting tool for their current practice.

Having a scope of practice in legislation may add more legitimization, yet could also delay the advancement of the profession due to slow government processes. Most participants recognized the journey to getting a legislated scope of practice would be long and challenging, if it all possible.

4.5 Phase IV: Comparison of Provincial Scope of Practice Documents

4.5.1 Introduction

Documents can offer a range of subjective and objective knowledge if carefully and thoughtfully analyzed and can contribute to further breadth of an inquiry (Thorne, 2008). Document analysis was undertaken using data gathered from Phase I interviews with provincial dietetic regulatory bodies, document review, and provincial dietetic regulatory bodies' websites. In total, seven statements describing dietetic practice (herein referred to as scope of practice) were received. Of those seven, six of these statements were part of current dietetic legislation; the other was found in legislation not yet proclaimed in that province. Two provinces did not have a scope of practice statement. Information about the Territories (Yukon, Nunavut, Northwest Territories) was obtained via personal communication. The definition of dietetics in addition to the scope of practice statement was used in British Columbia during document comparison. Data on the Quebec scope of practice statement was found solely from the *Ordre professionnel des diététistes du Québec* website. The assented legislation in Nova Scotia was used in place of the previous legislation.

Thorne (2008) believes researchers using interpretative description should know what went into the creation of documents being analyzed in order to understand how to use it during data analysis. The scopes of practice statements being analyzed were all created within the last 20 years; 57% (n=4) were created in the last 10 years. The process used to create each scope of practice varied based on provincial legislation and structure of the dietetic regulatory body; all involved some form of stakeholder consultation. As provinces changed their health profession legislation from profession specific acts to omnibus (umbrella) legislation encompassing all health professions, many dietetic regulatory body were required to create scope of practice statements. As of August 2012, British Columbia, Alberta, Manitoba, Ontario and Quebec use omnibus legislation to regulate their healthcare professions. Five provincial regulatory bodies are currently working towards updated or creating new scopes of practice

statements. Further discussion on the process used to create scopes of practice statements can be found in Section 4.2.

The following presents results from Phase IV. Descriptions of provincial scope of practice statements in Canada are presented below in Section 4.5.2. Each provincial dietetic regulatory body was given the opportunity to alter their description; eight regulatory bodies responded. Section 4.5.3 lists the scope of practice statements for dietetics in Canada. A discussion of observations follows in Section 4.5.4.

4.5.2 Provincial Scope of Practice Descriptions

4.5.2.1 British Columbia

Dietitians in British Columbia are regulated by the College of Dietitians of British Columbia (CDBC). The *Dietitians Regulation* (2008) was proclaimed in November 2002 under the provincial *Health Professions Act* (1996) and the CDBC governs in accordance with the *Health Professions Act*, *Dietitians Regulation* and their bylaws. Section 4 of the *Dietitians Regulation*, contains a scope of practice statement and section 1 includes a definition of dietetics (see Section 4.5.3). The *Dietitians Regulation* also lists three Restricted Activities for registrants in section 5 that are considered to be within the scope of practice but of greater risk to the public than the general scope. A registrant must meet additional qualifications set out in the bylaws in order to:

- design, compound or dispense therapeutic diets if nutrition is administered through enteral means,
- design therapeutic diets if nutrition is administered through parenteral means, or
- administer a substance to a person by instillation through enteral or parenteral means
(*Dietitians Regulation*, 2008)

Prior to 2002 when self-regulation was being sought and the *Dietitians Regulation* was being developed, the scope of practice statement was provided to the government. A task force of volunteer members from the British Columbia Dietitians and Nutritionists Association (BCDNA) developed a broad definition of “dietetics” and proposed several Restricted Activities. After stakeholder consultation by other health profession colleges and the government of British Columbia’s Health Professions Council, the definition of dietetics was shortened and most proposed Restricted Activities were denied as they were considered of general risk to the public and part of the scope of practice statement. The resulting

definition and Restricted Activities were approved in 2002. Other than changes to the formatting of the Regulation in 2008, the *Dietitians Regulation* has not changed since 2002. The CDBC is in the final stages of drafting proposed amendments to the Dietitians Regulation and CDBC bylaws, adding several Restricted Activities including the authority to directly request specified drugs from a pharmacist. Broad consultation is required before submission to the Ministry of Health. The CDBC has been told that government review is unlikely to occur before at least the summer of 2014.

4.5.2.2 Alberta

Dietitians in Alberta are regulated by the College of Dietitians of Alberta (CDA). CDA was established in 2002 under the provincial *Health Professions Act (2000)*, and governs in accordance with this Act and CDA Bylaws. Schedule 23 of the *Health Professions Act* entitled Profession of Registered Dietitians and Registered Nutritionists contains a practice statement which outlines activities of dietitians.

The Government of Alberta authorizes restricted acts dietitians can perform; CDA is responsible for regulating the safe performances of these restricted activities by its members.

- Insertion and removal of tubes
- Prescribing a Schedule 1 drug for the purposes of providing nutrition support
- Prescribing or administering diagnostic imaging contrast agents
- Psychosocial interventions
- Provision of drugs, including samples (College of Dietitians of Alberta, 2008).

Schedule 23, with its practice statement, was proclaimed in May 2002. A task force of dietitians worked on the practice statement. It then received approval from other health profession colleges as well as the Government of Alberta. As of December 2011, CDA had an amendment before the Government of Alberta asking for an expansion of restricted activities to allow dietitians to prescribe or adjust oral hypoglycemics.

4.5.2.3 Saskatchewan

Dietitians in Saskatchewan are regulated by the Saskatchewan Dietitians Association (SDA). Dietetics in Saskatchewan is regulated by provincial legislation entitled *The Dietitians Act (2001)*. There is not a scope of practice or a definition of dietetics in this Act.

As of September 2012, SDA was creating a business case on a dietetic scope of practice to submit to the Government of Saskatchewan by the end of 2012. A scope of practice committee has been formed and is working towards the wording of the scope of practice.

4.5.2.4 Manitoba

Dietitians in Manitoba are regulated by the College of Dietitians of Manitoba (CDM). CDM was established under *The Registered Dietitians Act (2005)*, and governs in accordance with this Act, college regulations and bylaws. Part 2: Practice of Dietetics of *The Registered Dietitians Act* contains a definition of the practice of dietetics and lists activities of dietetic practice.

The Registered Dietitians Act (2005), including its practice of dietetics statement, was proclaimed in July 2002. The legislation committee within the CDM worked on the creation of the scope of practice statement. As of January 2012, the scope of practice statement was being reviewed as Manitoba moved towards omnibus health profession legislation.

4.5.2.5 Ontario

Dietitians in Ontario are regulated by the College of Dietitians of Ontario (CDO). CDO was established in 1991 under the *Dietetics Act, 1991*, and governs in accordance with the Act, and the Government of Ontario *Regulated Health Professions Act (1991)*. Section 3 of the *Dietetics Act, 1991* lists a scope of practice for dietitians. CDO's definition of practicing dietetics is also an important document CDO references when describing activities of dietitians. The *Regulated Health Professions Act* sets out controlled acts, which are then authorized to specific professions. Dietitians in Ontario have one Authorized Act, as described in section 3.1 of the *Dietetics Act*:

- In the course of engaging in the practice of dietetics, a member is authorized, subjects to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples by skin pricking for the purpose of monitoring capillary blood (*Dietetics Act, 1991*).

The scope of practice for dietitians in Ontario was passed by the provincial legislature in 1991. The scope of practice statement was created as part of a health professions legislative review that occurred in the 1980s in Ontario. This process was driven by the provincial dietetic association at the time and involved input from multiple stakeholders. The statement itself has not changed since 1991. In 2008 CDO, along with Dietitians of Canada, submitted a dietetic scope of practice review to the Health

Professions Regulatory Advisory Council (HPRAC) in Ontario, which advises the Minister of Health and Long Term Care. This review proposed changes to the dietetic scope of practice, including rewording the current scope of practice and the addition of controlled acts. In 2009 Section 3.1 “Authorized Act” was added to the scope of practice. As of December 2011, CDO had also recently received written confirmation from the government that dietetics would be authorized the additional controlled act of ordering lab tests.

4.5.2.6 Quebec

Dietitians and nutritionists in Quebec are regulated by the Ordre professionnel des diététistes du Québec according to Quebec’s *Professional Code* (n.d.). Section 37 c of this code outlines professional activities of dietitians. This Professional Code also regulates two reserved activities of dietitians/nutritionists in section 37.1.1:

- Determining the nutritional treatment plan, including the appropriate feeding route, where an individual prescription indicates that nutrition is a determining factor in the treatment of an illness;
- Monitoring the nutritional status of persons whose nutritional treatment plan has been determined (*Professional Code, n.d.*).

These amendments to the Professional Code were assented in June 2002. The process used to create the professional activities and reserved acts of dietitians in Quebec is not known.

4.5.2.7 New Brunswick

Dietitians in New Brunswick are regulated by the New Brunswick Association of Dietitians (NBAD). NBAD governs in accordance with NBAD bylaws, *An Act Respecting Health Professionals* (Chapter 82) and *An Act Respecting the New Brunswick Association of Dietitians* (1988). Section 2 of *An Act Respecting the New Brunswick Association of Dietitians* includes a definition of the practice of dietetics. NBAD also refers members to its document on Standards of Practice and Essential Competencies for Dietetic Practice when describing activities of dietitians.

An Act Respecting the New Brunswick Association of Dietitians, with its definition of the practice of dietetics, was proclaimed in 1988. This Act had to receive approval from other health profession colleges and the Government of New Brunswick. As of December 2011, NBAD was currently updating their scope of practice, either by opening up their Act or through supplementary documents.

4.5.2.8 Nova Scotia

Dietitians in Nova Scotia are regulated by the Nova Scotia Dietetic Association (NSDA). NSDA governs in accordance with NSDA bylaws, and the *Professional Dietitians Act* (1989). Bill No. 47, *Dietitians Act* (2009) has been approved by Nova Scotia Legislature in 2009 but has not yet been proclaimed. When this occurs, NSDA will become the Nova Scotia College of Dietitians and Nutritionists and members will be governed by a new Act, entitled *Dietitians Act*, which includes a scope of practice. There is not a scope of practice statement in the current *Professional Dietitians Act*.

Bill No. 47, *Dietitians Act*, contains definition of the practice of dietetics. When this Bill is proclaimed, the Nova Scotia College of Dietitians and Nutritionists will have practice protection. This will prevent anyone who is not registered with the College from practicing dietetics as it is defined in legislation. This definition was created by a working group of dietitians in Nova Scotia and through consultation with multiple stakeholders.

4.5.2.9 Prince Edward Island

Dietitians in Prince Edward Island (PEI) are regulated by the Prince Edward Island Dietitians Registration Board (PEIDRB). PEIDRB governs in accordance with the *Dietitians Act* (1988). Section 1 of this Act contains a definition of dietetics and lists activities of dietitians.

Dietitians Act, including the definition of dietetics, was proclaimed in 1994. The Act was created by government legal specialists in consultation with a group of PEI dietitians. It has not changed since 1994. As of January 2012, PEIDRB was hoping to update their Act and were waiting for direction from the PEI Government.

4.5.2.10 Newfoundland & Labrador

Dietitians in Newfoundland & Labrador are regulated by the Newfoundland and Labrador College of Dietitians (NLCD). Dietetics in Newfoundland & Labrador is regulated by provincial legislation entitled *An Act to Regulate the Practice of Dietetics* (2005). This Act does not contain a scope of practice, or describe activities of dietitians.

As of December 2011, NLCD was not currently working towards a scope of practice for its members. *The Act to Regulate the Practice of Dietetics* was being updated regarding registration, complaints and disciplinary processes. A registrar for the NLCD had also recently been hired to work part time.

4.5.2.11 Territories (Yukon, Northwest Territories, Nunavut)

There are no regulatory bodies for dietitians in any of the territories. Dietitians working in the territories have the option of registering with another Canadian provincial regulatory body. Dietitians often register with a regulatory body in their home province, where they completed their university, or are somehow affiliated with (F. Hubbard, personal communication, March 2012, & L. Moore, personal communication, March 2012).

4.5.3 Provincial Scope of Practice Statements

British Columbia	Alberta	Saskatchewan	Manitoba
<p>A registrant may practice dietetics (<i>Dietitians Regulation</i>, B.C. Reg. 279/2008, s. 3)</p> <p>“dietetics” means the assessment of nutritional needs, design, implementation and evaluation of nutritional care plans and therapeutic diets, the science of food and human nutrition, and dissemination of information about food and human nutrition to attain, maintain and promote the health of individuals, groups and the community (<i>Dietitians Regulation</i>, B.C. Reg. 279/2008, s.1)</p>	<p>In their practice, registered dietitians and registered nutritionists do one or more of the following:</p> <p>(a) assess nutritional status and develop, implement and evaluate food and nutrition strategies and interventions to promote health and treat illness,</p> <p>(b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products,</p> <p>(c) promote optimal health, food security, food safety through the development and delivery of food and nutrition education, programs and policies,</p> <p>(c.1) teach, manage and conduct research in the science, technique and practice of dietetics, and</p> <p>(d) provide restricted activities authorized by the regulations (<i>Health Professions Act</i>, R.S.A. 2000, c. H-7, Sch. 23, s. 3)</p>	<p><i>Does not have a scope of practice</i></p>	<p>The practice of dietetics means the translation and application of scientific knowledge of food and human nutrition through assessment, design, implementation and evaluation of nutritional interventions; integration of food and nutrition principles in the management of food service systems; and dissemination of information to attain, maintain, promote and protect the health of individuals, groups and the community (<i>The Registered Dietitians Act</i>, C.C.S.M. 2005, c. R39, s.2)</p>

Ontario	Quebec	New Brunswick
<p>The practice of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means <i>(Dietetics Act, 1991, S.O. 1991, c. 26, s. 3)</i></p>	<p>the Ordre professionnel des diététistes du Québec: assess the nutritional status of a person and determine and ensure the implementation of a response strategy designed to tailor diet to needs in order to maintain or restore health <i>(Professional Code, R.S.Q. c. C-26, s. 37 c.)</i></p>	<p>"practice of dietetics" means the translation and application of the scientific knowledge of foods and human nutrition towards the attainment, maintenance and promotion of the health of individuals, groups and the community and includes the following:</p> <ul style="list-style-type: none"> (a) administering food service systems though this function is not exclusive to dietitians; (b) assessing nutritional needs of individuals and developing and implementing nutritional care plans based on the assessments; (c) establishing and reviewing the principles of nutrition and guidelines for healthy and ill people throughout their lives; (d) assessing the overall nutritional needs of a community in order to establish priorities and to influence policies which provide the nutritional component of preventative programs, and implementing and evaluating those programs; (e) interpreting and evaluating, for consumer protection, information on nutrition that is available to the public (f) consulting with individuals, families and groups on the principles of food and nutrition and the practical application of those principles; (g) planning, conducting, and evaluating educational programs on nutrition; (h) conducting basic and applied research in food, nutrition and food service systems through this function is not exclusive to dietitians <i>(An Act Respecting the New Brunswick Association of Dietitians, R.S.N.B. 1988, c. 75, s. 2)</i>

Nova Scotia	Prince Edward Island	Newfoundland & Labrador
<p>"practice of dietetics" means the translation and application of scientific knowledge of food and nutrition to human health through</p> <ul style="list-style-type: none"> (i) comprehensive nutritional assessment to determine nutritional status, nutrition-related diagnosis and nutritional requirements of individuals or populations related to health status and disease, (ii) the planning, implementation and evaluation of nutrition interventions aimed at promoting health and preventing disease, (iii) nutrition prescription, including enteral and parenteral nutrition and the prescription or ordering of drugs or other agents to optimize nutrition status, (iv) ordering parameters required to monitor nutrition interventions and evaluate nutrition outcomes, (v) the provision of nutrition education and counselling to clients, families, colleagues and health-care professionals, (vi) development and evaluation of policies that affect food, food security and nutrition as it relates to health status, (vii) integration of food and nutrition principles in the development and management of food service systems, (viii) such delegated medical functions as are approved in accordance with the Medical Act, and (ix) such other aspects of dietetics as may be prescribed in regulations approved by the Governor in Council, and <p>research, education, consultation, management, administration, regulation, policy or system development relevant to subclauses (i) to (ix); (<i>Bill 47, Dietitians Act, 1st Sess., 61st Leg., Nova Scotia, 2009, c.2, s.2</i>)</p>	<p>"dietetics" means the professional practice of applying scientific knowledge of foods and nutrition to human health and, in particular,</p> <ul style="list-style-type: none"> (i) assessing the nutritional status and requirements of individuals or groups of individuals (ii) designing general standards and determining care plans appropriate to meet nutritional requirements (iii) designing, evaluating and communicating to the public, information on nutrition matters for the purpose of health education and consumer protection, (iv) directing nutritional therapy (v) ensuring the nutritional quality and safety of food service in a health-care institution or program (<i>Dietitians Act, R.S.P.E.I. 1994, c. D-10.1, s. 1</i>) 	<p><i>Does not have a scope of practice</i></p>

4.5.4 Discussion

There is great variation in the scope of practice for dietitians across Canada; this was also an observation of Phase I & III participants. Given that health profession regulation is directed by provincial legislation, it is expected there would be variations between provinces. Despite the variations in wording, all dietetic scope of practice statements made reference to using food and/or nutrition to impact health. This was identified by Phase I and III participants as being the foundation of dietetic practice.

After reviewing the dietetic scope of practice statements, a number of observations and interpretations appeared to emerge regarding length, depth, practice areas and methods used. Statements were also compared to scope of practice criteria outlined by the Canadian Medical Association, Canadian Nurses Association and Canadian Pharmacy Association (CNA, 2003). Discussions of these observations are found below.

4.5.4.1 Definitions of Scope of Practice

Very few Acts in Canada use the phrase “scope of practice” in their legislation when describing roles of a profession (Baranek, 2005). This may be influenced by provincial legislation and legal requirements. Table 4.4 lists what statements outlining activities of dietitians are referred to in provincial legislation across Canada.

Table 4.4. Definition of Scope of Practice in Legislation

<i>Province</i>	<i>Wording</i>
BC	Scope of Practice; Definition of Dietetics
AB	Practice
SK	
MB	Practice of Dietetics
ON	Scope of Practice
QC	Professional Activities
NB	Practice of Dietetics
NS	Practice of Dietetics
PEI	Definition of Dietetics
NL	

4.5.4.2 Length

The word count of each scope of practice varies greatly between provinces. The shortest, British Columbia's, only contains five words. The longest scope of practice statement is Nova Scotia's at 196 words. The average word count for the eight scopes of practice statements is 87 words. Shorter scope of practice statements may result in more flexibility on interpretation, while longer scopes of practice statements tend to outline specific activities of dietitians.

4.5.4.3 Wording

Most dietetic scope of practice statements were observed to be broad. This can allow dietitians to apply their scope of practice to their own practice environment. Having a broad scope of practice statement may also alleviate the exclusion of current dietitians in non-traditional settings such as management, quality assurance, or research. As well, most provincial governments were not open to exclusive scope of practice statements. As a result, many statements were not allowed to include words such as "only" or "exclusive to dietitians". Words in dietetic scopes of practice that make the statement less restrictive include "may" (British Columbia) and "not exclusive" (New Brunswick). The use of these words in a scope of practice statement could allow certain practices to be performed by multiple professions.

4.5.4.4 Practice Areas

Scope of practice statements were analyzed for specific reference to the 5 most common practice areas for dietitians in 2011: clinical/community (combined), public health, food service and administration, and education and research (DC, 2011). Table 4.5 displays the results; words used to specify specific areas are also shown.

Table 4.5. Reference to Practice Areas

Practice Area	Words to describe	BC*	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Clinical & Community	care plans, conditions, disorders, ill, nutritional status, therapeutic, treatment	X	X		X	X	X	X	X	X	
Public Health	community, educating public, food security, policies, prevention	X	X		X	X		X	X	X	
Food Service & Administration	food service systems, food products		X					X	X		
Education & Research	research, teach		X					X	X		
<i>*used scope of practice in addition to definition of dietetics in BC legislation</i>											

New Brunswick, Nova Scotia and Alberta each had a reference to all five practice areas; they also contained the highest word count. Quebec only referenced clinical practice areas; they also had one of the lowest word count. References to clinical/community and public health practice areas were found in almost all statements; these are also the areas where the majority of dietitians practice in and where many scope of practice issues in dietetics are found (DC, 2011; Visocan & Switt, 2006).

4.5.4.5 Methods of Practicing Dietetics

In 2005, the Health Council of Canada published a report on the scope of practice of professions in Canada (Baranek, 2005). A review of health profession legislation for physicians, registered nurses, nurse practitioners and pharmacists in Canadian provinces showed large variability. Most explained what a profession is authorized to do and the methods used. For example, verbs commonly used in pharmacy scope of practice statements in Canada include manufacturing, compounding, preparing, dispensing, advising, promoting and provision.

Verbs used to describe what dietitians are authorized to do are shown in Table 4.6. All dietetic scope of practice statements use the verb “assess”; 75% contain the verbs “evaluate” and “implement”. Prior to being replaced by a new model in 2012, assessment, implementation and evaluation were 3 of the 6 previous competencies for entry level dietitians.

Table 4.6. Methods Used to Practice Dietetics

<i>Province</i>	<i>Methods dietitians use (verbs)</i>
BC*	assess, attain, design, disseminate, evaluate, implement, maintain, promote
AB	apply, assess, conduct, develop, evaluate, implement, manage, promote, teach
SK	
MB	apply, assess, design, disseminate, evaluate, implement, manage, translate
ON	assess, prevent, treat
QC	assess, determine, implement
NB	apply, assess, conduct, consult, develop, establish, evaluate, implement, interpret, plan, translate
NS	apply, assess, develop, educate, evaluate, implement, manage, order, plan, prescribe, research, translate
PEI	apply, assess, communicate, design, direct, evaluate
NL	
<i>*used scope of practice in addition to definition of dietetics in BC legislation</i>	

4.5.4.6 Principles and Criteria of Scope of Practice Statements

As described in Chapter 2, the Canadian Medical Association (CMA), Canadian Nurses Association (CNA) and Canadian Pharmacists Association (CPA) approved five principles and nine criteria for determining scopes of practice (CNA, 2003). Although each association approved this document, it is not known if the criteria are reflected in current scope of practice statements for physicians, nurses or pharmacists. The CMA, CNA and CPA encourage other health care professions to endorse these principles and criteria. Each criterion was compared to dietetic scope of practice statements found in eight Canadian provinces.

1. Accountability

The degree of accountability, responsibility and authority of a health care provider should be reflected in a scope of practice statement (CNA, 2003). The responsibility of dietitians can be identified in most scope of practice statements as shown in Table 4.7. The scope of practice statement for Prince Edward Island did not appear to contain a goal or responsibility of dietetic practice. The responsibility of most scope of practice statements touched upon a broad spectrum of primary, secondary and tertiary care.

Table 4.7. Responsibility of Dietitians as Outlined in Scope of Practice Statements

Province	Responsibility of Dietitians
BC*	Attain, maintain and promote the health of individuals, groups and the community
AB	Promote health and treat illness
SK	
MB	Attain, maintain, promote and protect the health of individuals, groups and the community
ON	Treatment and prevention of nutrition related disorders
QC	Maintain or restore health
NB	Attainment, maintenance and promotion of the health of individuals, groups and the community
NS	Promote health and prevent disease
PEI	-
NL	
<i>*used scope of practice in addition to definition of dietetics in BC legislation</i>	

Provinces with omnibus health professions legislation give additional authority to qualified dietitians through restricted acts. British Columbia, Alberta, and Ontario all have omnibus health professions legislation, although only Alberta makes reference to this within their scope of practice statement. British Columbia and Ontario outline restricted acts in other sections of their Act.

2. Education

The breadth, depth and relevance of a profession’s training and education should be reflected in a scope of practice statement (CNA, 2003). This includes the extent of accredited or approved educational programs. None of the dietetic scopes of practice mention accredited educational programs, though registrants with dietetic regulatory bodies must meet educational standards set by the accrediting body. Educational requirements for dietitians are typically found in the bylaws and regulations of the provincial dietetic regulatory body.

3. Competencies and Practice Standards

The knowledge, values, attitudes and skills of a profession should be reflected in a scope of practice statement. Table 4.8 compares each dietetic scope of practice to the five integrated competencies for dietetic education and practice (PDEP, 2012). Each integrated competency contains concepts related to performance indicators and enabling learning outcomes. Key concepts reflected in scopes of practice statements related to each competency are found in brackets beside each competency.

Table 4.8. Reference to Integrated Competencies

Competency	BC*	AB	SK	MB	ON	QC	NB	NS	PEI	NL
Professional Practice (individual capacity, client-centered, ethics)									X	
Communication & Collaboration (educating, teamwork, consulting)	X	X		X			x	X	X	
Management (manage resources, food systems)		X		X			X	X		
Health Promotion (community, population, health maintenance, prevention)	X	X		X	X	X	X	X	X	
Nutrition Care (therapy, treatment, nutrition status)	X	X		X	X	X	X	X	X	
<i>*used scope of practice in addition to definition of dietetics in BC legislation</i>										

All scopes of practice made reference to health promotion and nutrition care competencies.

Most referred to communication and collaboration, while only half mentioned the management competency. Professional practice can be demonstrated by ethical decision making, client centered outcomes, complying with policies, and practicing within limits of a dietitian’s individual competencies (PDEP, 2012). Only Prince Edward Island’s scope of practice used the word “professional practice”. None of the other scopes of practice made reference to professional practice concepts listed above.

4. Quality Assurance and Improvement

Quality assurance and improvements that have been implemented for the protection of the public should be reflected in a scope of practice statement (CNA, 2003). Although all dietetic regulatory bodies require members to participate in a continuing competency program, this is not stated in any of the scopes of practice. Most dietetic regulatory bodies outline continuing competency requirements in their bylaws and regulations.

5. Risk Assessment

A scope of practice statement should acknowledge risk to patients (CNA, 2003). British Columbia, Alberta and Ontario dietetic regulatory bodies delegate high risk activities to qualified members through restricted acts; only Alberta makes reference to this within their scope of practice statement. Nova Scotia describes the use of delegated medical functions within their scope of practice statement.

6. Evidence-Based Practice

A scope of practice statement should reflect valid scientific evidence when it is available (CNA, 2003). Many dietetic scope of practice statements reference research as being within the role of a dietitian. As well, Manitoba, Prince Edward Island, Nova Scotia and New Brunswick note the use of scientific knowledge within their scope of practice.

7. Setting and Culture

A scope of practice statement should be sensitive to the place, context and culture in which the practice occurs (CNA, 2003). Dietetic scopes of practice in Canada do not reference specific cultures, geographic locations or work settings. This allows dietitians to work in a variety of environment and areas. By not limiting dietitians to a specific setting and culture, scope of practice statements are enabling dietitians to hold diverse positions.

8. Legal Liability and Insurance

Liability of the health care provider as determined by law should be reflected in a scope of practice statement (CNA, 2003). None of the dietetic scope of practice statements made reference to legal liability or insurance, although Phase I participants described using their scope of practice to determine liability insurance requirements.

9. Regulations

A scope of practice should reflect the legislative and regulatory authority of the profession (CNA, 2003). Nova Scotia's scope of practice references the authority of the Governor in Council. Although the remaining scopes of practice do not make reference to their legislative or regulatory authority, the Acts and regulations that hold the scopes of practice give authority to the respective dietetic regulatory body. Most Acts and regulations also outline administrative authorities of the regulatory bodies.

A review of subsequent reports has not shown an analysis of a scope of practice statement compared to these criteria.

4.5.5 Conclusion

A review of dietetic scope of practice statements found in legislation across Canada has shown considerable variability from province to province. This may be influenced by stakeholder involvement,

provincial legislation and interprofessional relationships. When compared to national criteria approved by CMA, CNA and CPA (CNA, 2003), dietetic scope of practice statements were shown to reflect a breadth of responsibility and competencies, yet in general lacked references to policies and requirements found in regulatory bodies' regulations and bylaws.

4.6 Discussion of Themes

4.6.1 Sources of Data

After data from each phase was analyzed separately, data was reviewed as a whole and themes that cut across multiple phases of data emerged. Participants were at various phases in creating, updating and using a scope of practice. Similar themes regarding the challenges and opportunities of practicing with and without a scope of practice, as well as creating one were identified and described below. Common factors influencing a scope of practice and perceived outcomes are also summarized. These themes have been incorporated into a model as shown in Figure 4.3 and are described in the upcoming sections.

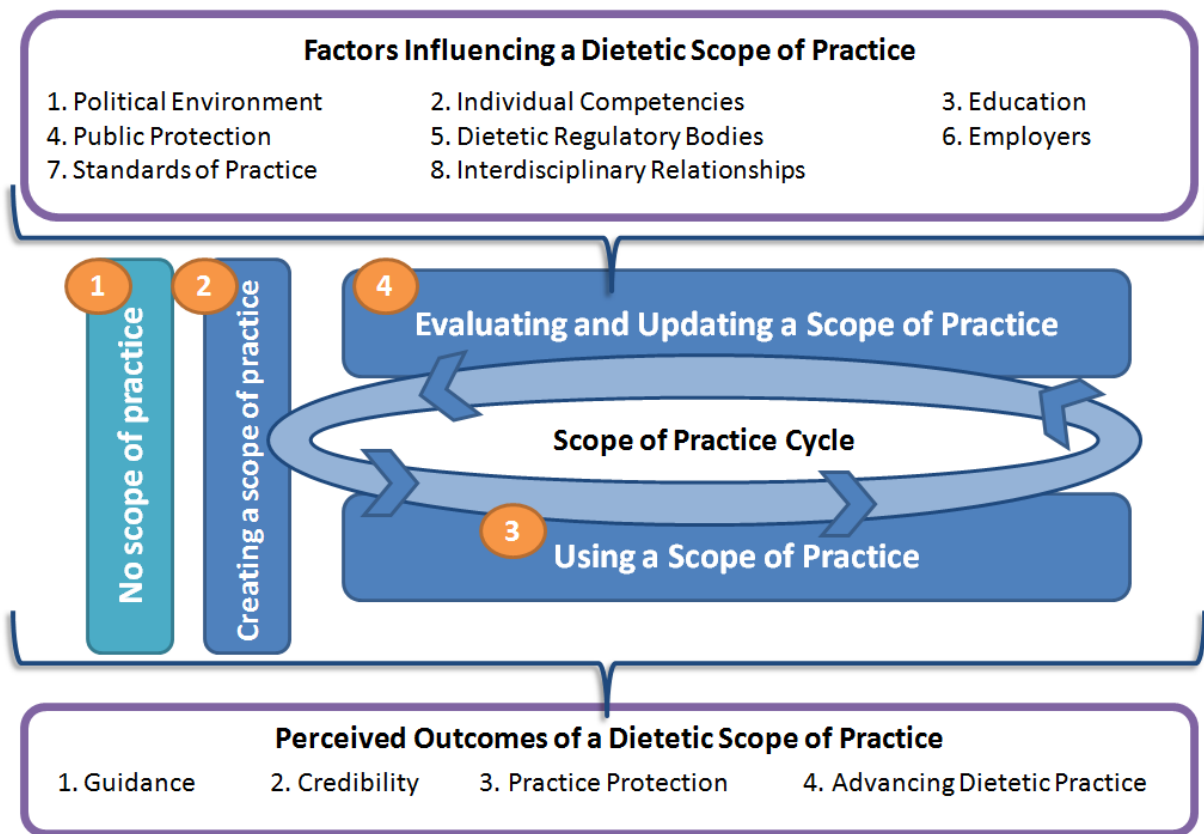


Figure 4.3. Dietetic Scope of Practice Cycle (Author, 2012)

4.6.2 Overarching Themes

4.6.2.1 Factors influencing a dietetic scope of practice

Several factors were identified by multiple participants as having an influence on a dietetic scope of practice:

1. Political Environment: Provincial governments act as the gatekeeper of a legislated scope of practice. Government determines whether a scope of practice will ultimately be enacted, and a change in government legislation was the catalyst that resulted in a scope of practice for dietitians in most provinces. As well, how health profession legislation is organized (e.g. omnibus legislation versus profession-specific acts) within each province influences how a scope of practice is written. For example, those provinces with omnibus health profession legislation follow common disciplinary, continuing competence, and registration requirements as other health professions in their province. Scope of practice statements within omnibus legislation are not exclusive to a single profession, opening up the potential for more flexibility and interdisciplinary care:

“...we [regulatory bodies] recognize through lifelong learning scopes in professions do broaden and overlap with other scopes.” Interview #9

The political environment of a province and the willingness of the political party in power to pursue scopes of practice have a significant influence on a dietetic scope of practice. As one participant stated:

“We’re waiting for the direction [from government] and really can’t do very much about it until the government is receptive to talking to us.” Interview #7

2. Individual Competencies: Competencies and experiences of an individual dietitian also influence a dietetic scope of practice:

“Just because a previous RD did something does not necessarily mean I am comfortable doing it. In that case I would seek out more education before proceeding.” Focus Group #1

“I try to seek out training in a new area (e.g. harm reduction) before starting a project in an area I am not experienced in. I reflect on my capabilities and ask lots of questions.” Focus Group #7

3. Education: Participants believed the education of a dietitian should be reflected in a dietetic scope of practice. The Canadian Nurses Association (2003) also believes the breadth, depth and relevance of a

professions' training and education should be incorporated into a scope of practice statement. Many Phase III participants believed entry level competencies should form the base of a dietetic scope of practice. Another participant recognized the link between undergraduate dietetic education and scope of practice:

"I also think that if our scope of practice could encompass some areas that students coming out of university don't have we may have to work with the university to provide some additional training (for example, blood sugar testing, how to do blood pressures, etc)." Focus Group #4

4. Public Protection: Acting in the best interest of the public was described as influencing dietetic scope of practice:

"...it's not in the best interest of the public to have somebody who does not have the necessary training and education to perform some of these high risk activities." Interview #9

"But mainly [when determining an individual scope of practice] I listen to my client, and if they have a need that I feel I can help them with, I will do it (within reason)." Focus Group #4

5. Dietetic Regulatory Bodies: Most participants were aware of different policies and legislation in other provinces. Phase I participants identified looking towards other dietetic regulatory bodies when updating or creating their own scope of practice.

"...I know it [ordering lab work] is coming around in other provinces, so it may be [examined to put into scope of practice] when our lawyer reviews everything. And we are waiting for [another provinces' Dietitian Act] to get passed to use that as support for us to go forward." Interview # 5

"I think we would be...really looking at what is happening in other provinces. We are quite interested in [another provinces'] new legislation...since theirs is the most up to date legislation in this area I think we would make a lot of sense to try to achieve what they have accomplished." Interview #7

6. Employers: Nearly 70% of Phase II participants were concerned that an inaccurate interpretation of a scope of practice may lead to under or over-utilization of dietitians by employers. Many participants discussed the influence of employer policies and expectations on a dietitian's scope of practice:

"I work in a setting where my managers usually do not understand exactly what I do and this has led to lots of problems." Survey #60

“I have had challenges with employers asking me to perform duties not typically considered an RD role (finger pricking and blood pressures).” Focus Group #5

7. Standards of Practice: Professional standards, ethical guidelines, entry-level competencies, policy papers, and practice guidelines also influence a scope of practice. Provincial and national documents describing dietetic practice in Saskatchewan are outlined in Table 2.2. The creation of a scope of practice is meant to augment, not conflict with, these documents. Several participants describe using a combination of these documents to influence their current practice:

“I follow the code of ethics, job descriptions and CPG’s [Canadian Practice Guidelines] for diabetes” Focus Group #5

8. Interdisciplinary Relationships: Many participants recognized the relationship with other health professionals as both beneficial and necessary to their practice:

“you do need supporters from other professions and supporters from the various health care settings to go forward [in the creation of a scope of practice] successfully” Interview #8

On the other hand, many participants spoke of allied health professions and physicians negatively influencing their practice:

“...they [physicians] are a HUGE stumbling block to dietitians seeing clients. MDs seem to carry weight with senior leadership.” Focus Group #3

“I have often heard of nurses discouraging the practice of RD’s stating that it is a nurse task and oversteps professional roles.” Survey #85

4.6.2.2 Scope of Practice Cycle

As shown in Figure 4.3, a scope of practice cycle has 4 phases: no scope of practice, creating a scope of practice, using a scope of practice and evaluating and updating a scope of practice. Phases 2-4 are cyclical and can occur an indefinite number of times. All provincial regulatory bodies were identified as currently belonging to at least one phase of the scope of practice cycle.

The question of whether a scope of practice cycle should occur within legislation is a matter of debate. Forty-one percent of survey participants believed a scope of practice should be incorporated into legislation. Eight of the 10 dietetic regulatory bodies have a scope of practice in legislation; most

regulatory bodies also had supplementary documents and definitions found outside of legislation that influenced their scope of practice. The main benefit identified of having a scope of practice outside legislation is for ease of updating and avoiding “hassles of rewriting an Act all over again.” However, a scope of practice may not hold the same credibility outside of legislation:

“Does an SoP in legislation lend more credence to our practice in the eyes of others? There are many documents that explain our skills and roles...[another participants employer] makes it sounds like all those documents are not worth the paper they are printed on yet I am positive they are not the only ones.” Focus Group #3

“And if dietitians don’t have a legislated scope, they are not going to be on these [collaborative care] teams practicing to their full scope.” Interview #9

Whether a scope of practice is in legislation or not is typically under the authority of provincial government and is not in the control of a regulatory body. Each phase of the scope of practice cycle is discussed below.

Phase 1: No scope of practice

Many questions and uncertainties about a dietitians’ role emerged in the absence of a scope of practice. Several participants felt they were unnecessarily prevented from performing certain tasks due to colleagues’ and employers’ interpretation of their role. A few participants limited their own practice due to not knowing what their scope of practice is. As a participant without a scope of practice explained:

“Our registrants often call with scope of practice issues...the questions are around teaching clients insulin injections or home glucose monitoring...and I think there is some education that would need to be completed around scope of practice issues...there are sometimes conflict between dietitians and nursing as to who could/should be doing what –with both groups probably both able to do the practice but it’s not exclusive to one group or the other.” Interview #4

Many participants without a scope of practice referred to unclear practice areas within dietetics as “grey areas”. These areas included insulin action and adjustment, swallowing assessments and total parenteral nutrition. Phase II and III participants also pointed to practices such as blood glucose testing

in diabetes education as a grey area in dietetics in Saskatchewan. Most participants did not perform blood glucose finger pokes on their clients because they were not sure if it was allowed:

[discussion on not performing finger pokes] "I am not sure if this is the 'right' way of doing things but with limited formal guidance on this issue it's hard to know what is 'right'." Focus Group #1

"Up until recently I was never really sure if I could be caught by the "SoP police" for doing a finger poke for a blood glucose reading. 15 years in a profession, primarily in diabetes where I could teach a person to do a finger poke but I could NOT actually do the poke. Very frustrating."
Focus Group #4

A number of provinces turned these unclear areas into restricted activities with specific regulations and policies. Other provinces interpreted these acts in relation to a dietitian's individual competency. Without a scope of practice, dietitians were interpreting their own roles through employer policies, job descriptions, government documents, client needs, clinical evidence, and individual values, ethics and their own interpretation. Participants tended to be cautious:

"I think I limit myself because I don't know if it's within my SoP. Overall, I am cautious about the 'grey' areas and I tend to play it safe." Focus Group #1

Not all participants felt that practicing without a scope of practice was negatively impacting their practice. 36% of Phase II respondents did not think a scope of practice would change their practice. A Phase II participant believed dietetics was a legitimized profession and a scope of practice wouldn't change practice or redefine roles in any practical ways. Phase III participants recognized a scope of practice wouldn't be the "silver bullet" in solving all professional issues within dietetics. Many enjoyed interpreting their own role, especially in rural areas:

"We really are interpreting for ourselves now with all the diversity and request for our input. That independence and flexibility is nice to have." Focus Group #3

"...it [scope of practice] can sometimes be more limiting than having no statement at all." Focus Group #6

Phase 2: Creating a Scope of Practice

Many challenges were identified in the process of creating a scope of practice. Several participants noted frustration when encountering government delays, conflicting government information and the rigidity of government processes:

"...the government is very particular about how things like bylaws and legislation is written. And so it [the process of enacting a scope of practice] took a year after that." Interview #2

"So that's [slow government processes] a bit of a challenge because people are excited about this [dietetic scope of practice] and would like things to go a lot quicker than we're expecting them to go." Interview #6

"In their [provincial government] recent health human resources plan, one of their strategies for dealing with HR issues is to maximize or 'optimize' scopes of practice of existing employees...yet this is the government that won't allow us to add a scope of practice statement into our legislation. This can be very frustrating." Focus Group #6

Often the expectation of participants in regards to scope of practice issues were not the same as their government. Buy-in from government on scope of practice changes was key; as one participant said "governments don't want to make brave steps unless they know people are behind it".

Several participants also found it challenging to reflect the diversity of dietetics in a concise statement expected by their government. Many (84%) dietitians surveyed in Phase II felt that a scope of practice should reflect the diversity of the profession. This concern was also reiterated in Phase III. As a focus group participant said "I think when each dietitian reads the statement, they want to see the work they do reflected in the statement". Document analysis in Phase IV found most dietetic scope of practice statements referenced clinical, community and public health practice areas; few referenced food service, administration, education and research roles. Many participants recognized the challenge in creating a scope of practice statement that was broad enough to reflect the diversity of dietetics, yet provided dietitians with the guidance and identity needed:

"I think it will be a very fine line between too broad and too general, which may not get us any further vs. too specific which may restrict us in our actions." Survey #47

“It will need to be specific enough to make a difference but yet broad enough to encompass the many roles dietitians play in the province.” Focus Group #4

“Our SoP statement is very broad –which is both a challenge and an opportunity. It is an opportunity as it is broad enough to reflect the diversity of dietetics. It is a challenge in that it may not provide answers related to specific area of dietetics.” Interview #3

Phase I participants were also challenged to reach this goal. Many statements were intentionally created to be broad which members then found limiting:

“We thought that by having a more open scope of practice, that it would actually benefit our members, but from what our members are saying, it’s too open and it’s too vague...our members are finding that because we don’t spell it out, they are running into problems when they actually try to do that in practice.” Interview #5

Phase 3: Using a scope of practice

Once a scope of practice was enacted, participants identified being able to apply their scope of practice to individual situations and settings as an important task. Many participants described this as “interpreting”. 68% of Phase II participants believed inaccurate interpretations of scope of practice may lead to under or over-utilization of dietitians by employers. A scope of practice could either be interpreted to enable or limit dietetic practice.

Many dietetic scope of practice statements were described as “vague” or “broad” by Phase I and III participants. This can be advantageous and “allows us to push the boundaries a little bit”. Public safety needs to be a priority when determining boundaries. Several Phase I participants discussed guiding their members to interpret their scope of practice statement:

“...that [task] is related to the practice of dietetics and even though it [scope of practice] doesn’t say you can do it or it doesn’t say you can’t do it...if you [dietitian] know what you are doing, if you are safe, competent and are serving the public as a Dietitian would be in the best interest of that person...yeah, go for it.” Interview #2

“We find that some dietitians are limiting themselves unnecessarily...some dietitians don’t want to do some things. They want to be able to say “it’s not my scope of practice”. And more often than not, we say “but it’s related to your scope, there is nothing in law limiting you from doing

that, and if it serves the need of your client we would encourage you to step up and acquire the skills, confidence and knowledge to serve your clients in this way"...if you take a progressive view of the scope of practice, it can be an enabler." Interview #8

Alternatively, scope of practice statements can be interpreted to limit dietetic practice. Employers play a large role in the interpretation of a dietitians' role. Although a scope of practice should provide guidance to employers, many employers interpret dietitians' roles and place additional limitations on dietetic practice:

"So it's the managers and the red tape that are saying "well, we don't see a document that says you are allowed to take phone orders, therefore you are not allowed to take phone orders" even though we don't have a document that says they are not allowed to take phone orders."

Interview #5

Several employers do not allow dietitians to perform tasks that are not specifically written in a scope of practice. This can be a source of frustration. As one participant says "it doesn't say that they [dietitians] are allowed to, but it also doesn't say that they are *not* allowed to". 68% of Phase II participants were concerned that an inaccurate interpretation of a scope of practice may lead to under or over-utilization of dietitians by employers. This was also echoed by a Phase III participant:

"I can foresee an employer insisting an RD [dietitian] do xyz because it is defined in "the scope" especially if we do not do a clear enough job on making each role and its nuances in extra training, education, or experience documented. For example, I know that should I want to return to any clinical dietetic, I would need upgrading but I wonder if that would be lost on some employers." Focus Group Participant #3

Several participants expected regulatory bodies to provide members with skills and tools to be able to interpret their scope of practice. Many Phase I participants identified creating documentation to help members determine if they have the skills and abilities to perform certain restricted activities. Documents participants identified included college/association bylaws, additional provincial legislation or Dietitians of Canada documents. Ultimately, members should recognize their own competencies and individual scope of practice within their larger scope of practice:

“And it’s a professional’s responsibility to recognize that [competencies within a scope of practice]. And it’s the regulatory bodies’ responsibility to provide those supports in place to help health professionals recognize their scope of practice.” Interview #9

Phase 4: Evaluating and Updating a Scope of Practice

Many Phase I participants were in the process of updating their scope of practice to reflect expanding roles. Phase II and III participants believed it was important to evaluate a scope of practice statement once it was in use. Three common themes were identified regarding future expectations of a dietetic scope of practice:

- **Wording should reflect future of dietetics:** In view of the length of time it takes to update or create a scope of practice, many participants believed a scope of practice should be written to reflect present and future practice of the profession:

“We kinda have to think 10-20 years ahead as to what dietitians are going to want to do in 10-20 years...because if we do make changes to the legislation or to the Act and gets in there it may take 5 years for that process to happen. And then, we won’t want to just turn right around and change it all over again.” Interview #5

“I had the same thought too [as another participant] around scope of practice being “future orientated” and open or flexible enough to adapt. Because if you think back 20 or 30 years, the health promotion aspect would not have been there such as it today.” Focus Group #6

- **Incorporating advanced practice:** Several participants also discussed incorporating advanced practice roles when updating a scope of practice. Only Alberta has a reference to advanced practice roles within their scope of practice statement; other provinces outline advanced practice roles in other areas of their legislation or through bylaws. Many Phase I participants would like to gain additional restricted activities for their members but find it difficult when the act overlaps with other professions:

“We [regulatory body] are going to ask for the word “prescribe” [as an advance practice activity]...so we can get around a delay of a dietitian providing a multi-vitamin and...having to get a prescription signed by a physician for something that can be bought off the shelf.” Interview #2

- **Consistency across Canada:** Most participants were aware that dietetic scope of practice statements differed between provinces. Several participants were surprised about the diversity of dietetic scope of practice statements found in Canada:

“I find it interesting that future dietitians from across the country take the same exam, but SoP’s can be so different from province to province.” Focus Group #7

Many Phase I participants look towards trends in other provinces when updating or creating their scope of practice. Close to 50% of Phase II participants wanted scope of practice statements to be similar across Canada. A number of Phase I and III participants also wanted to see more consistency in dietetic scope of practice statements in Canada yet recognized this as a challenge with provincial health care provision:

“I think there is also a vested interest in having some collaboration across the country on this type of work primarily because we live in one country, and dietitians move from province to province so consistency in the scope of practice document would be encouraged.” Interview #4

“That would be nice to have legislation the same across Canada...like Alberta going for prescription rights...we would love to have but know our government won’t go with it. But that’s the nature of provincial health care provision.” Interview #2

“I think it [scope of practice] could be similar or consistent across provinces but [it] would not make sense to be exactly the same as different provinces have difference resources and capacity in relation to our own profession and other professions.” Survey #79

4.6.2.3 Perceived outcomes of a dietetic scope of practice

Outcomes of a scope of practice (actual or anticipated) were identified by participants, and are organized around 4 themes as shown in Figure 4.4.



Figure 4.4. Perceived Outcomes of a Scope of Practice (Author, 2012)

1. Guidance: Dietitians, employers, regulatory bodies, government, public, nutrition students, educators and other health professionals are guided by a dietetic scope of practice statement. The most important use of a dietetic scope of practice as identified by Phase II participants was to help employers understand what dietitians are educated and trained to perform. Phase I participants mentioned employers using their scope of practice to create workplace policies or job descriptions.

Guidance for the public was also identified as a role of a scope of practice in all phases. Sixty-eight percent of Phase II participants believed a dietetic scope of practice should inform the public what a dietitian does. Several Phase I participants also mentioned this role, specifically protecting the public from those outside of regulated health professions who are performing high risk activities:

“Teaching the food guide, it’s not risky, we don’t want to protect that particular activity. We want everybody to embrace Canada’s Food Guide and promote it. But when you get somebody promoting, or conducting diet therapy, there is a risk if that information is not correct or the whole nutrition care process is not correct, there is risk. So really, one of the needs of having the scope of practice protecting practice is to prevent the public from getting this service from someone who isn’t qualified.” Interview #9

Not only do scopes of practice protect the public from unqualified individuals outside dietetics, but participants also believed it provides a measurement to determine if those within the profession are practicing appropriately. Many Phase I participants noted their scope of practice statement as a key document to reference during complaints and discipline processes against members. As one participant stated “it defines what we regulate” (Interview #8).

It was evident that dietitian participants without a scope of practice were often unsure of their role and needed guidance:

“I often find that I don’t know what I can and cannot legally do as an RD [without a scope of practice].” Focus Group #1

2. Credibility: Many participants felt the role of a dietitian was not well understood by others. Eighty-four percent of Phase II participants believed a scope of practice could enhance dietetics by establishing a defined role in health care. As a Phase II participant stated:

“The profession of dietitians is (in my opinion) still not very well known. By giving us a defined scope of practice, other health professionals may become more aware of the roles and competencies of dietitians.” Survey #50

Participants in all phases shared experiences of encountering colleagues, employers or the public with incorrect assumptions of a dietitians’ role. As one participant explained:

“In my first year, a VP told me a dietitian was not qualified to give nutrition advice and a nutritionist was not qualified to give dietetic advice...that is a clear example for showing too many people have no idea what we do or can do.” Focus Group #3

Participants also listed how a scope of practice would help overcome these identity issues. Participants believed a scope of practice would:

“...enlighten us [dietitians] as well as others.” Survey #33

“...give us legitimacy and establish us as a critical profession.” Survey #15

“...provide stronger clarification as to the role of dietitian in health care practices.” Survey #9

“...provide...better confidence...more professionalism to the profession, more credence and understanding of the profession.” Interview #4

“[provide] good support for us [dietitians] when lobbying senior leadership in how important the role of the RD is when requesting additional funding. I think that employers would understand a scope of practice because other disciplines have them so they are familiar with them.” Focus Group #8

“So I think it [scope of practice] might affect dietitians...in terms of advocating for dietitians to remain in health service systems, health care systems for food service administration.” Interview #9

3. Advancing Dietetic Practice: Several participants saw advancing dietetic practice as an outcome of a scope of practice. Dietitians in provinces with restricted acts are able to practice beyond their current scope. Many regulatory bodies are hoping to gain additional restricted activities for their members. Most participants in Phase II and III would like to see a similar system enacted in Saskatchewan; those who previously worked in provinces with advanced practices had positive experiences:

“I previously worked in Ontario where there’s a defined scope of practice. Under medical and lab directives, we regularly ordered labs and adjusted meds and insulin for clients. I am a firm believer that this resulted in improved client care.” Survey #85

“I had a positive experience working in Alberta within their defined scope of practice. At that time I was authorized to perform the restricted activity of ordering parenteral nutrition and vitamin K. I found this to be somewhat reassuring—knowing that my RD colleagues who were ordering were competent and well trained in this area, and I believe that it gave us a large amount of credibility with our pharmacy and physician colleagues.” Focus Group #2

Others did not believe their role would change until advanced practice roles came into place:

“I personally feel that defining a SoP initially will unlikely change my current practice BUT as SDA moves forward on advanced practice(s), our roles could change largely.” Survey #74

4. Practice protection: Although only Nova Scotia has protection over the practice of dietetics from unregulated individuals, many participants hoped or expected a scope of practice to achieve a level of practice protection. Unregulated individuals disseminating nutrition advice was a topic of contention for many participants. Many felt they had few resources to prevent unregulated individuals from practicing dietetics; even those with a dietetic scope of practice did not feel that they could prevent this:

“They [unregulated nutritionists] were practicing what the dietitian considers to be the scope of dietetics. They were practicing beyond where they should have been...and of course, they are not registrants of ours so we have no authority over them.” Interview #2

Unregulated groups most often referred to by participants were nutritionists (except in Nova Scotia, where this is a protected term), holistic nutritionists, nutrition counselors, and community health representatives. Despite asking for the protection of the title “nutritionist”, only Nova Scotia and Quebec were successful in protecting this title; Alberta protects the term “registered nutritionist”. One survey participant believed a scope of practice should:

“...assist to set boundaries and consequences for all those who promote themselves as nutrition dietetic professionals without the recognized training.” Survey #15

Although protection of dietetic practice from regulated and unregulated individuals was an issue all phases, several participants also thought tasks may overlap between interdisciplinary colleagues. Only 28% of Phase II participants believed a scope of practice should prevent competition amongst health care providers. Phase I and III participants discussed sharing tasks with colleagues. Many participants benefited from interprofessional relationships in health care.

5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this research was to explore the concept of scope of practice for dietetics in Saskatchewan and Canada. Results in the previous chapter indicate that dietetic scopes of practice are a product of a multi-player, political process. In this concluding chapter, answers to research questions and a summary of major research findings are presented. Practice recommendations for dietitians, educators, regulators and policy makers, as well as recommendations for future research are also discussed. Finally, the significance of this study and implications for dietetic practice are addressed in the concluding sections.

5.2 Research Questions

The following uses results obtained from Phases I-IV to answer six research questions.

1. How do Saskatchewan registered dietitians describe their individual scope of practice?

Dietitians in this study described their individual scope of practice as being influenced by a complex combination of sources. Participants struggled defining their individual scope of practice amongst often conflicting viewpoints and found it difficult to describe their role in a concise manner. A combination of documents (e.g. professional practice documents) and stakeholders (e.g. employers) were used by participants to describe their practice. Participants also identified their individual competencies as influencing their individual scope of practice. For example, those working outside of clinical settings would not perform clinical-specific activities prior to obtaining additional education.

Various documents influenced an individual scope of practice. Evidence-based documents, such as journal articles and clinical practice guidelines, were used to determine practice. Professional practice documents produced by the Saskatchewan Dietitians Association, Dietitians of Canada and the Public Health Agency of Canada were also referenced by participants. Several participants identified the Saskatchewan Dietitians Association Code of Ethics as influencing their practice. This document helped guide participants to best meet the needs of their clients and communities. Participants also believed the needs of their community (e.g. demographics, resources available) and acting in the best interest of the public were key determinants of an individual scope of practice.

Numerous stakeholders were also referred to by participants when describing their individual scope of practice. Participants believed they were able to expand their scope of practice when working with colleagues within dietetics and other health professions. Colleagues who formerly held the current position of participants changed what was expected of them. For example, if the previous dietitian had completed swallowing assessment as part of their job, the subsequent dietitian also felt they should perform swallowing assessment even if they were not familiar with this task. Furthermore, employer expectations and policies were identified as having an impact on an individual scope of practice. Job descriptions from employers typically dictated what activities should be performed within a certain position. Employers often need policies in place before allowing employees to practice beyond their current job description for liability purposes. Policies and guidance from Saskatchewan Dietitians Association and Dietitians of Canada were also referred to when determining participants' individual scope of practice.

2. How do Saskatchewan registered dietitians describe scope of practice for the profession?

Saskatchewan dietitian participants described the scope of practice for their profession using concepts about food and nutrition and the promotion of health. Many participants viewed a dietetic scope of practice as a broad statement which dietitians could expand upon as their experiences and competencies increased. Expansion of a scope of practice may need to be supplemented with additional education or certification to ensure safe practice. A scope of practice should reflect entry level competencies and the education of dietitians. Most would not describe a dietetic scope of practice as a list of tasks dietitians could perform; activities such as prescribing total parenteral nutrition and insulin adjustments were viewed as advanced tasks that not all dietitians would be competent to perform. Therefore, specific tasks such as these should not be listed within the profession's scope of practice.

When describing a scope of practice, most participants described it as a statement held within legislation. Participants believed a legislated scope of practice in Saskatchewan should allow for the advancement of practice and not restrict those currently registered as dietitians. For instance, dietitians working in roles outside of clinical, community, food service or public health should still be allowed to register with the Saskatchewan Dietitians Association even if their role is not directly referenced within a scope of practice statement. Participants identified the diversity of dietetics as an important element of the profession that must be accounted for in a scope of practice statement.

3. What challenges and opportunities do Saskatchewan registered dietitians see in defining, understanding and working with a scope of practice for the profession?

Results from Phases II and III indicate participants saw numerous opportunities in defining, understanding and working with a scope of practice. Most dietitian participants believed a scope of practice would provide guidance to employers, other health professions, the public, regulatory bodies and dietitians themselves about the role of a dietitian. This could subsequently aid in the creation of job descriptions, determining roles in interdisciplinary teams and providing a level of performance against which actual performance of dietitians could be evaluated. Participants also believed a scope of practice could enhance the credibility of the profession by providing a defined identity within legislation. Many Saskatchewan dietitian participants had been asked about their scope of practice; several stakeholders expected all health professions to have a scope of practice. Participants also anticipated a scope of practice would provide greater protection of the public from unsafe nutrition advice. A few participants had high expectations of what a scope of practice would provide; some believed it would limit the practice of dietetics to solely dietitians. For example, some participants believed a scope of practice would prevent those outside of dietetics from giving nutrition advice. Interestingly, this outcome was not achieved in any of the current dietetic scope of practice statements across Canada.

Most (98%) of Phase II participants were either “very familiar” or “somewhat familiar” with the term scope of practice. Despite these high numbers, Saskatchewan dietitian participants in Phases II and III were uncertain about numerous issues related to scope of practice. Participants believed it would be challenging to identify the essential qualities of a diverse profession such as dietetics within a single scope of practice statement. Dietitians in roles outside of clinical, community, food service, and public health settings were concerned for their status as a dietitian if their role did not fit within a scope of practice statement. Many participants questioned whether a dietitian would be allowed to register with the regulatory body if their current role was not reflected in a scope of practice statement. Participants who practice outside of traditional practice areas did not want to relinquish their R.D. credentials. Finally, participants believed working with government and employers would also be a challenge when defining, understanding and working with a scope of practice. Many believed these groups had a poor understanding of the dietetic profession despite their influence on dietetic practice.

4. How do Canadian provincial regulatory bodies for dietitians define their scope of practice?

There is no one definition of dietetic scope of practice across all provinces, thus the answer to this question varies from province to province. Eight of the 10 dietetic regulatory bodies define their scope of practice within legislation. Due to the differences in provincial health care provisions, diversity was found with respect to length, depth and reference to advanced practice areas. The following sub-question addresses this issue more specifically:

a. What are the similarities and differences among these definitions?

When examining similarities across scope of practice statements, many statements used similar verbs (e.g. assess and evaluate) and were created for similar purposes (e.g. change in government legislation). Provincial dietetic regulatory bodies also identified similar challenges, such as finding a balance between being too broad versus too specific and working with multiple stakeholders.

Differences among these definitions include the length, depth and type of legislation. Dietetic scope of practice statements in Canada varied in length from 5 to 196 words. Those longer in length went into greater depth outlining roles of dietitians in specific practice areas. While some provinces have umbrella legislation where all health care professions are regulated under one statute, other provinces employ profession specific acts. Those with umbrella legislation often used restricted acts for their members which further influenced dietetic practice. Restricted acts for dietitians varied significantly between provinces, but generally controlled high risk activities within clinical settings.

5. How do views of scope of practice for dietetics compare among the provincial regulatory bodies and registered dietitians in Saskatchewan?

Data from dietetic regulatory bodies and Saskatchewan dietitian participants on dietetic scope of practice were collected and analyzed. Saskatchewan dietitian participants and dietetic regulatory body participants both recognized similar perceived outcomes of a dietetic scope of practice such as providing guidance to the dietitians, public, employers, regulatory bodies, and colleagues about the role of a dietitian.

Regulatory body and dietitian participants both identified similar stakeholders involved in the creation of a scope of practice, but tended to emphasize different key stakeholders. In Phase II, dietitian participants chose members of the profession, regulatory bodies and educators as the top three stakeholders they believed should be involved in the creation of a scope of practice. Interestingly, none of the regulatory body participants in Phase I mentioned consulting educators in

the creation of their scope of practice. Instead, government, dietitians and members of allied professions were identified as common stakeholders consulted by regulatory body participants. Although employers were identified as having a large influence on the interpretation of dietetic practice, less than half of phase II participants thought employers should be involved in the creation of a scope of practice and few phase I participants acknowledged involving employers in the creation of their scope of practice.

Many regulatory body participants believe their members and employers want a clear description of dietetic practice. Saskatchewan dietitians in phases II and III also anticipated detailed guidance in a scope of practice. There appears to be confusion about the expectations regulatory bodies and dietitians have of each other; many regulatory body participants were calling for dietitians to take on the responsibility of recognizing whether a situation was within their scope of practice. Conversely, many dietitians were expecting the regulatory body to provide clear “yes or no” guidance on their practice through a scope of practice statement. The use of dietitians applying a broad scope of practice statement to specific practice areas was not identified by Saskatchewan dietitian participants as an important skill for dietitians to have. Most scope of practice statements were worded broadly and subsequently described as being vague. Inaccurate interpretation of a dietetic scope of practice by employers was a concern among both regulatory body and dietitian participants.

6. How could the term ‘dietetic scope of practice’ be defined?

Based on data collected in phases I-IV, there is no one obvious answer to this research question. A dietetic scope of practice is defined by being diverse, fluid and shaped by a multi-stakeholder political process. Examining scope of practice statements across Canada has revealed diverse statements; each scope of practice statement is unique in the length, depth, and process used to create it. Due to the diversity of dietetics, dietetic scope of practice statements must be adaptable to varied practice areas. This fluidity enables stakeholders to define a dietetic scope of practice based on the skills, competencies and experiences of the individual dietitian. Despite these complexities, the key concept of using food and nutrition to impact health remains a central piece when defining a dietetic scope of practice statement.

A dietetic scope of practice can be defined by the process used to create it. This process should be participatory; key stakeholders such as government, members, health professions, and employers should all have the opportunity to contribute towards its creation. Once a regulatory

body has decided to pursue the creation of a scope of practice, it must appoint someone to facilitate the process. In our study, we have found that the registrar or administrator of the regulatory body typically takes on this role due to their knowledge of the profession and political processes.

After a facilitator has been selected, an environmental scan must be completed. This would include approaching government to determine recommended processes and requirements. Other health professions in the province who have pursued the creation of a scope of practice should also be contacted to discuss processes used, challenges encountered and advice. Dietetic scope of practice statements in other provinces should also be collected. Next, a call to members to form a scope of practice working group should be made. Using information collected in the environmental scan, a draft of a scope of practice statement can be created by members of this working group. This draft statement should then be shared with stakeholders for feedback. Stakeholders include members of the profession, other health professions, employers, academia, government and dietetic regulatory bodies. Once feedback is received from stakeholders, members of the working group can incorporate feedback and form subsequent drafts of the scope of practice statement. This cycle of revision and consultation with stakeholders may occur multiple times. Government will need to give final approval if a scope of practice is enacted into legislation.

In preparation for enacting a scope of practice statement, supporting documents should be created for stakeholders. Members should be educated on how to use a scope of practice in diverse practice areas. Employers, regulatory bodies within the province, educators, health science unions and members of the public should also be notified of the upcoming scope of practice, how to use it and who to contact in regard to scope of practice issues.

Defining a scope of practice is a complex process. The process described above is shown in Figure 5.1.

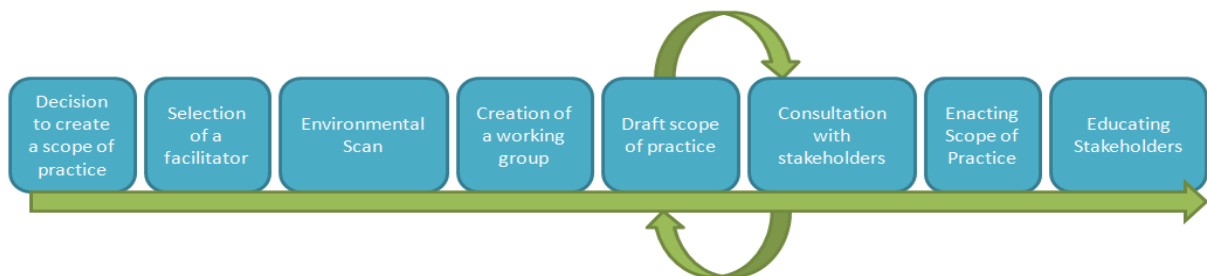


Figure 5.1. Process of Defining a Dietetic Scope of Practice (Author, 2012)

5.3 Major Findings

- 1. There is variation in dietetic scopes of practice across Canada.** Differences in health profession regulation across provinces have produced eight diverse dietetic scope of practice statements in legislation. The number of words in the dietetic scope of practice statements range from 5-196 words. Most scope of practice statements made reference to clinical, community and public health practice areas; few made references to food service, administration, education and research roles. Although verbs used to describe dietetic practice in scope of practice statements varied, many used “assess”, “evaluate” and “implement”.
- 2. Participants believed a dietetic scope of practice statement should be broad and applicable to all dietetic practice areas.** Participants thought it was important to reflect the diversity of dietetics in a scope of practice statement. Having a broad scope of practice would enable it to be applicable to many practice areas. Dietitians practice in a variety of traditional and non-traditional roles. Participants expected a scope of practice statement to include and not exclude current dietitians. Yet, participants also hoped a scope of practice could keep individuals (both regulated and unregulated) outside of the profession from practicing dietetics.
- 3. Several key groups were identified as having an influence on dietetic scope of practice.** Groups identified include provincial government, employers, colleagues, and the public. Provincial government acts as a gate keeper and determines whether a scope of practice will ultimately be enacted in legislation. Employers were identified as having a negative impact on scope of practice due to a lack of understanding of the profession. Saskatchewan dietitian participants believed an important use of a dietetic scope of practice would be to help employers understand what dietitians are educated and authorized to perform; many believed they were being restricted in practice due to their employer’s misunderstanding of the profession. Public protection was identified as a key outcome of a dietetic scope of practice in view of often conflicting nutrition sources. Several participants believed a scope of practice should prevent unqualified individuals from practicing dietetics.

Colleagues in the workplace also influenced a dietetic scope of practice. Participants described experiences of colleagues enabling them to expand their skills through mutual learning. For example, working with a diabetes nurse educator has enabled participants to expand their knowledge of foot care and insulin levels. Other participants felt they were required to fulfill certain roles in the absence of specific colleagues, such as performing swallowing assessments in the absence of a speech language pathologist.

4. **There is a lack of collaboration between stakeholders influencing dietetic practice in the creation of a scope of practice.** In 2005, Baranek observed a lack of consultation among the many stakeholders involved in defining healthcare professions in Canada. A similar observation was made while conducting our research on dietetic scope of practice. Employers often conflicted with documents published by professional bodies; job descriptions frequently did not reflect current education of dietitians. As discussed above, regulatory body and dietitian participants both identified similar stakeholders in the creation of a scope of practice, but tended to emphasize different key stakeholders.
5. **It was unclear whether a scope of practice should be held in legislation.** Whether a scope of practice is in legislation or not is typically dictated by provincial government and is not in the control of a regulatory body. Neither the literature nor data obtained from participants pointed to where a scope of practice should be held. Most regulatory body participants identified their scope of practice as a statement held within provincial legislation. A scope of practice held within legislation appears to lend more credibility than those outside of legislation, yet offers significant disadvantages such as the length of time required to update or create it.
6. **The process of creating and updating a scope of practice is long and challenging.** Dietetic scopes of practice are a product of a multi-player, political process. Government determines whether a scope of practice will ultimately be enacted, and a change in government legislation was the catalyst that resulted in a scope of practice for dietitians in most provinces. Several participants noted frustration when encountering government delays, conflicting government information, and the rigidity of government processes.

Several participants also identified the formation of a volunteer scope of practice working group to facilitate the process of creating a scope of practice. Although there was not one prescribed path regulatory bodies followed in the creation of a scope of practice, there was similarity in groups consulted in the process. Most participants consulted stakeholders outside of government in the creation of their scope of practice. Groups consulted included other health professions, dietetic regulatory bodies, unions, employers and their members.

7. **Educators were rarely mentioned by participants when discussing dietetic scope of practice.** Scope of practice literature identifies educators as a key stakeholder in a profession's scope of practice (Baranek, 2005; Besner et al., 2005; CNA, 2003; CMA, 200; Visocan & Switt, 2006). When discussing stakeholders influencing a scope of practice, surprisingly few participants in any of the phases mentioned educators as influencing a scope of practice or participating in the

process of creating a scope of practice. However, participants were also not asked specifically about the role of educators in their scope of practice creation.

- 8. Participants believed a scope of practice needs to strike a balance between being broad enough to reflect the diversity of the profession, yet specific enough to provide the guidance and identity needed.** Vagueness of a scope of practice can be both a challenge and an opportunity. A broad scope of practice is necessary to reflect the diversity of dietetics. If a scope of practice was too broad, it may not meet the need of defining the role of the profession. If it was too specific, some dietitians may be expected to fulfill roles they are no longer competent to perform. Dietitians want to see their role reflected in a scope of practice statement.
- 9. A scope of practice statement needs to be interpreted to individual situations and practice areas.** Since many scope of practice statements are broad, employers and dietitians must understand how the statement can be applied to individual practice areas. A scope of practice could either be interpreted to enable or limit dietetic practice. How loosely each scope of practice statement was applied varied from province to province. Some regulatory bodies encouraged members to push the boundaries provided that they were practicing in the best interest of the public and within their competencies. Conversely, many employers do not allow dietitians to perform tasks that are not specifically written within a scope of practice statement. Stakeholders need supplementary documentation expanding on a scope of practice statement and how it can apply to specific situations and practice areas.
- 10. Participants who had a scope of practice in their legislation used it for guidance and public protection.** Participants believed a scope of practice protects the public from unsafe nutrition advice given by unqualified individuals. It also provides a measurement to determine if those within the profession are practicing appropriately. A dietetic scope of practice guides regulatory bodies, employers, the public, other health professionals and members on the role of a dietitian. It can clarify what services can be expected from a dietitian.
- 11. Many questions and uncertainties about a dietitian's role emerged in the absence of a scope of practice.** As the literature shows, an undefined scope of practice can lead to role confusion, competition among providers, diminishing professional identity and over- or underutilization (Baranek, 2005). Our research identified many of these characteristics in participants. Saskatchewan dietitians who participated in our research were aware of what they could do, but tasks they weren't allowed to do were a source of ambiguity. There are many areas in dietetics

where participants were unsure if a task was permitted, and who was monitoring it.

Participants also noted territorial issues between dietitians and regulated and unregulated individuals. This has led to dietitians strongly guarding against the perceived infringement of others on dietetic practice. Participants observed conflicting policies between employers and regulatory bodies in regards to their dietetic “territory” and were unsure of which policies to follow. Participants felt employers, colleagues, the public and the government had incorrect assumptions about what dietitians do and are capable of doing which has led to role confusion of dietitians in the work place.

In the absence of a dietetic scope of practice, participants were forming their own individual scope of practice from a variety of sources. Participants looked towards their own values, ethics and competencies, employers, colleagues, clients, job descriptions, clinical evidence and policy documents to shape their individual scope of practice. Several participants believed a scope of practice would not change practice or redefine roles in any practical ways.

5.4 Recommendations

A goal of interpretative description research is to guide and inform disciplinary thought in some manner (Thorne, 2008). The research findings from our study may provide insight to dietitians, educators, dietetic regulatory bodies, policy makers and researchers on dietetic scope of practice issues. Practice specific recommendations are presented in Section 5.4.1, followed by suggestions for future research in Section 5.4.2.

5.4.1 Recommendations for Practice

- **An agreed upon definition of scope of practice should be created.** Policy makers in government need to agree upon what a scope of practice is and what it is not regarding creation, authority and use. One way to address this issue is through a definition outlining the role each stakeholder plays in a scope of practice; many participants did not understand who monitored scope of practice or what to do when employer and regulatory body policies conflicted. Stakeholders were identified as educators, employers, government, allied professions, the public, health science unions, dietetic regulatory bodies and dietitians themselves. These groups should be invited to provide input in the creation of a scope of practice. Stakeholders may be more apt to use a scope of practice they were able to contribute to.

As well, policy makers in provincial government should decide if a scope of practice needs to be within legislation. If a scope of practice is held outside of legislation, processes should be established to enable it to have validity and acceptance among stakeholders. If it is held within legislation, policy makers should examine the efficiency of changing or updating a scope of practice –this was identified as a significant barrier with legislated scopes of practice. Finally, policy makers may want to better define what processes need to be followed and who should be consulted in the creation of a scope of practice. These issues need to be agreed upon in each provincial health system when deciding upon a collective scope of practice definition. Once a definition is established by policy makers it can be used across all regulated professions in a province to ensure similar outcomes of a scope of practice.

- **Dietetic scope of practice should be introduced to upper year undergraduate students.** More specifically, undergraduate dietetic educators should teach students what a scope of practice is, how it is used, high risk activities, and differences between provinces. This curriculum should be introduced in upper year classes when students have been exposed to the profession and have an understanding of the health care system. Since scope of practice is often a broad and sometimes vague statement, an interactive lab using case studies to explain scope of practice may enhance students' understanding. Other professional practice topics in dietetics could also be integrated into this lab such as ethics, competencies, and organization of professional activities. It is not known what dietetic programs in Canada are currently doing; it is possible that these recommendations are already in place.

Since most scope of practice issues occur in clinical settings, a discussion on dietetic scope of practice should also be incorporated into senior clinical nutrition courses. For example, a discussion on whether dietitians can perform blood glucose testing could occur as students learn about diabetes. Learning about other professions' scope of practice and overlapping scopes of practice should also be a learning objective within interdisciplinary curriculum.

Many dietetic regulatory bodies are invited to present to interns or new members on their roles and legislation; this should occur earlier than internship within integrated programs which would provide awareness to dietetic students. As students begin their practical experiences they will be able to apply and evaluate when they learn in practice.

- **Dietetic regulators should continue to provide guidance to their members and stakeholders on how to use a scope of practice.** This could be presented with supporting documents, case-studies, self-study modules and workshops. Clear guidelines on high risk activities (e.g. total

parenteral nutrition, insulin adjustments) regarding competencies needed and how to safely perform the activity should be available to members and their employers. Regulators should also communicate with members and employers what a scope of practice is (broad and fluid statement) and what it is not (extensive list of skills and services dietitians can do) to ensure a scope of practice is used effectively.

Several dietetic regulatory bodies in Canada have incorporated this education in a handbook, such as the Jurisprudence Handbook for Dietitians in Ontario (College of Dietitians of Ontario, 2011) and the Professional Practice Handbook for Dietitians in Alberta (College of Dietitians of Alberta, 2008). Dietetic Regulators could convert these handbooks into online self-study modules that all new members complete within their first year of registration. Using practice-based scenarios demonstrating how to apply and interpret a scope of practice would further enhance understanding. This educational tool could include topics such as the relationship between employers and regulatory bodies, high-risk activities, overlapping scopes of practice and unclear areas such as blood glucose testing and swallowing assessments. As scope of practice changes, new online modules could be introduced for all members to complete.

- **Canadian Dietetic Regulators should consider collaborating on a national decision analysis tool guiding members on scope of practice issues.** The Academy of Nutrition and Dietetics created a scope of practice decision analysis tool and decision making tree for members, regardless of state license, to determine whether a specific activity or service falls within an individual scope of practice (Visocan & Switt, 2006). A similar model could be adopted for dietetic practice in Canada, including provinces without a legislative scope of practice. Once a basic decision making process is agreed upon, each provincial dietetic regulatory body could adapt it to their own provincial regulations. Having a basic process could also enhance the Mutual Recognition Agreement (see page 33) by expecting dietitians to follow similar decision making procedures on scope of practice issues regardless of their province. This decision analysis tool could also be incorporated into undergraduate dietetic education on scope of practice.
- **Canadian Dietetic Regulators should continue to maintain close relationships with each other.** The nature of provincial health care makes it unrealistic to expect similar dietetic scope of practice statements across all provinces. However, it remains crucial to maintain close relationships between dietetic regulatory bodies to allow provinces to replicate ideas, best practices and policies. Provincial regulatory bodies should undertake research to study the

impact of specific legislation on patient outcomes. This could provide further evidence for the advancement of dietetic practice in other provinces.

- **Saskatchewan Dietitians Association should continue to pursue the creation of a dietetic scope of practice.** Although we did not conclude our research with the creation of a dietetic scope of practice statement, a subsequent step could be to create a scope of practice statement to propose to the Saskatchewan Dietitians Association. Due to my involvement in the Saskatchewan Dietitians Association Scope of Practice Working Group, I will have the opportunity to contribute to the creation of a scope of practice statement for dietetics in Saskatchewan. SDA should continue to consult government, academia, other health professions, dietetic regulatory bodies and its members as it moves forward. A scope of practice statement should reflect current standards of practice documents (e.g. Code of Ethics, Integrated Competencies for Dietetic Education and Practice). This could be done through the use of similar terms and complementary concepts. SDA could also incorporate the scope of practice principles and criteria endorsed by the CMA, CNA and CPA (CNA, 2003).

There is not an agreed upon model or process to follow in the creation of a scope of practice; therefore I would recommend SDA follow a path as determined by government using Figure 5.1 as a guideline. As a scope of practice is created, supplementary documentation, bylaws and policies should be created for stakeholders to further enhance understanding of the scope of practice statement.

- **All regulated health professions in Saskatchewan, including dietitians, should have a defined scope of practice in legislation.** In 2011, the Saskatchewan Ministry of Health committed to enabling health care providers to work to their full and appropriate scopes of practice. Before this goal can be realized, all health professions in Saskatchewan, including dietitians, need a defined scope of practice. Many provinces are moving towards omnibus health profession legislation which includes a defined scope of practice and restricted acts for health professions. Participants viewed this type of legislation as promoting greater interprofessional relationships, enabling advanced practice and providing a stronger identity. More specific legislation regarding the roles of allied health professions should be considered by the Saskatchewan government.
- **Dietitian employers should be expected to have knowledge of a dietitians' scope of practice and the diversity of their education.** Our research identified employer policies as a perceived limitation to a scope of practice. The relationship between dietetic employers and dietetic

regulatory bodies needs to be clearly defined. Regulatory bodies need to make their presence known to employers and promote themselves as the primary source of information on dietetic practice. Regulatory Bodies should also encourage their members to direct employers to them on any scope of practice issues. All regulatory body websites should have a section for employers on dietetic scope of practice. Furthermore, dietitian employers should be updated on all scope of practice changes as they occur. As new legislation, bylaws or scope of practice issues emerge, employers need to be notified along with other stakeholders such as unions and educators. The Saskatchewan Registered Nurses Association (2004) believes employers have an obligation to the public to understand and support the scope of practice of registered nurses in Saskatchewan. A similar expectation of dietetic employers should be made by dietetic regulatory bodies.

- **Dietitians should be encouraged by regulatory bodies to recognize their own competencies in order to determine their individual scope of practice.** Many participants in our research believed this was part of being a professional. If dietitians are unsure whether a task is part of their scope of practice, their employer and regulatory body should be involved in the decision. Dietitians need to be certain they are practicing in a safe, ethical matter in the best interest of their clients at all times. They also need to be aware of consequences for knowingly practicing outside of their scope of practice. Conversely, dietitians should not constantly worry about practicing outside of their scope of practice which could lead to individuals unnecessarily limiting themselves. Dietitians need to have the confidence to deal with the abundance of vague areas in dietetic practice and recognize who the appropriate authorities are to turn to for questions.
- **Dietitians should continue to advocate for the diversity of dietetics and show employers, the public and the government the wide range of roles dietitians can perform.** Many participants in this study felt the role of a dietitian was not well understood. Dietitians need to continue to advocate for dietetics and show employers, the public and the government the diverse range of roles dietitians can do. The formation of a provincial dietetic advocacy group could prove to be more effective in this role rather than individual dietitians advocating alone.

5.4.2 Recommendations for Future Research

- **Explore dietetic scope of practice from the perspective of stakeholders outside of dietetics.** There is more work to be done exploring scope of practice issues within dietetics. It would be

interesting to explore dietetic scope of practice from the perspective of stakeholders such as educators, the public, interprofessional colleagues, policy makers and employers. These stakeholders were identified by participants as influencing their scope of practice. Participants also believed several of these stakeholders had a negative impact on their scope of practice –it would be valuable to examine how these groups define dietetic practice.

- **Conduct practice based research on the effects of dietetic legislation on practice.** The Canadian Medical Association (2000) believes changes to a scope of practice should be supported by research. Results of practice based research related to dietetic legislation could provide evidence which regulatory bodies can use when expanding their own scope of practice. Additional research examining how dietitians in other provinces perceive their scope of practice would expand upon our findings and provide further insight into the use and interpretation of a scope of practice.
- **Study the impact of a scope of practice on Saskatchewan dietitians once it has been enacted.** When Saskatchewan does enact a scope of practice for dietitians it would be beneficial to study the process of using a new scope of practice and compare perceptions of Saskatchewan dietitians with those in our research to see if expected benefits identified in our study were realized.
- **Expand the scope of our study to include other health professions' scope of practice in Saskatchewan.** It would also be advantageous to explore scope of practice in Saskatchewan from a broader perspective including multiple health professions. In June 2011 I contacted five health profession regulatory bodies in Saskatchewan to gain insight into other professions' scope of practice. My contact with each regulatory body was brief but showed great variation in which professions had scope of practice statements in legislation and how each profession's role was determined.
- **Further explore the concept of a scope of practice model and the process used to create a scope of practice.** In our research, we proposed a scope of practice model examining how a scope of practice is created, used and evaluated. We also recommended a process for regulatory bodies to follow when creating a scope of practice. These models could be compared with processes used in other professions. With continual improvement and validation a model encompassing all health professions' scope of practice could be developed.

5.5 Limitations

There were several limitations to our study that must be considered when examining the results. Sample size in qualitative research is dependent on many complex factors (Marshall & Rossman, 2011). Given time constraints and specific target group, our sample size in all phases was relatively small. With the exception of Newfoundland, Saskatchewan is unique in that there is not a scope of practice for dietitians. Thus, the observations and opinions presented in our results may not reflect experiences in other areas of the country. Differences in provincial health care systems may further limit the transferability of results to other provinces or health profession. As well, participants in Phase II and III may have volunteered as a result of an interest in scope of practice issues; the views presented may differ from other Saskatchewan dietitians.

The use of online data collection tools in phases II and III was chosen to widen our sample population. Online focus groups and surveys also allow participants to respond at their own convenience, regardless of time of day or location. However, text-based communication is seen as more formal, neutral and easily taken out of context without normal verbal and visual cues (Turney & Pocknee, 2005). Another criticism of online data collection tools is the level of computer literacy and connectivity required. These challenges may have been mitigated by the use of a professional group as study participants – most dietitians in Saskatchewan likely use a computer as part of their job and have a moderate level of computer literacy. As well, a handout was provided to all Phase III participants with tips on how they could help contribute rich information. At the conclusion of our data collection my supervisor and I were both satisfied with the level of interaction between participants and reflective discussions that occurred in the online focus group.

Despite these limitations, this research is likely the first study to examine dietitian scope of practice as a general concept in Canada, and perhaps globally. We also believe a major strength of our study was the use of triangulation; multiple data sources (Saskatchewan dietitians, provincial dietetic regulatory bodies, provincial legislation and policy documents) and multiple methods (interviews, survey, focus group, document analysis) were used to arrive at major findings and recommendations. This research will add to professional practice research in dietetics and may aid in the development of a scope of practice for dietitians in Saskatchewan and other provinces.

5.6 Significance of Study

The purpose of a scope of practice must be clearly articulated to the profession it regulates. Participants believed a dietetic scope of practice should provide guidance to dietitians, employers, health professionals, the public and other stakeholders. However, several Phase I participants believed the broadness of their scope of practice statement did not provide the level of guidance many expected or anticipated. Our results showed that the role of a dietitian is influenced by many stakeholders, policies and individual circumstances, regardless of whether a legislated scope of practice is in place. Dietitians need to be able to apply a scope of practice statement to their own circumstances and be able to use it as an advocacy tool to promote their role to stakeholders.

Our results have also illustrated the impact of practicing dietetics without a scope of practice. While many participants did not believe it had a major impact, results also revealed confusion over what activities could be performed and who was monitoring dietetic practice. A struggle between employers, policy makers, regulatory bodies, health professionals and dietitians in defining the role of a dietitian was also shown in our results. Literature shows that an undefined scope of practice can lead to role confusion, competition among providers, diminishing professional identity and over- or under-utilization of health professionals (Baranek, 2005). Our research found these characteristics in many of the Saskatchewan dietitian participants and thus contributes evidence in favor of the creation of a scope of practice.

5.7 Conclusion

Our research explored the diversity of the dietetic profession and revealed much complexity in defining, understanding and working with a scope of practice. We have also illustrated key points for dietitians, regulatory bodies, educators and policy makers to consider as provinces across Canada move along the scope of practice continuum.

References

- Academy of Nutrition and Dietetics. (2012). *RDs= nutrition experts*. Retrieved from <http://www.eatright.org/HealthProfessionals/content.aspx?id=6858>
- Alberta Health and Wellness. (2004). *Health Professions Act Employer's Handbook*. Retrieved from <http://www.health.alberta.ca/documents/HPA-Employers-Handbook-2004.pdf>
- An Act Respecting the New Brunswick Association of Dietitians*, R.S.N.B. 1988, c. 75.
- An Act to Regulate the Practice of Dietetics*, S.N.L. 2005, c. D-23.1
- Alliance of Canadian Regulatory Bodies. (2006a). *Qualifying as a dietitian in Canada*. Retrieved from <http://www.dieteticregulation.ca/en/qualifying.php>
- Alliance of Canadian Dietetic Regulatory Bodies. (2006b). *Statement of purpose*. Retrieved from <http://www.dieteticregulation.ca/en/index.php>
- Alliance of Canadian Dietetic Regulatory Bodies. (2012). *Canadian dietetic registration examination: Preparation guide*. Retrieved from http://www.cdo.on.ca/en/pdf/CDRE/2012_Prep_Guide.pdf
- American Occupational Therapy Association. (2010). Scope of practice. *American Journal of Occupational Therapy*, 64(Suppl.), S70-S77.
- Baerlocher, M. O., & Detsky, A. S. (2009). Professional monopolies in medicine. *Journal of the American Medical Association*, 301(8), 858-860.
- Baker, E., Schmitz, D., Epperly, T., Nukui, A., & Moffat Miller, C. (2010). Rural Idaho family physicians' scope of practice. *The Journal of Rural Health*, 26 (2010), 85-89.
- Baranek, P. M. (2005). *A review of scopes of practice of health professions in Canada: A balancing act*. Retrieved from http://healthcouncilcanada.ca/tree/2.11-Scopes_of_PracticeEN.pdf
- Besner, J., Doran, D., McGillis-Hall, L., Giovannette, P., Girard, F., Hill, W., Morrison, J., & Watson, L. (2005). *A systematic approach to maximizing nursing scopes of practice*. Retrieved from http://www.chsrf.ca/Migrated/PDF/ResearchReports/OGC/besner_final.pdf
- Bill 47, *Dietitians Act*, 1st Sess., 61st Leg., Nova Scotia, 2009.

- Black, J., Allen, D., Redfern, L., Muzio, L., Rushowick, B., Balaski, B., Martens, P., Crawford, M., Conlin-Saindon, K., Chapman, L., Gautreau, G., Brennan, M., Gosbee, B., Kelly, C. & Round, B. (2008). Competencies in the context of entry-level registered nurse practice: A collaborative project in Canada. *International Nursing Review*, 55, 171–178.
- Burgess, J., & Purkis, M. E. (2010). The power and politics of collaboration in nurse practitioner role development. *Nursing Inquiry*, 17(4), 297-308.
- Burton, S., & Freeman, J. (2005). Marketing the dietetics profession to consumers and stakeholders: A social and professional imperative. *Nutrition & Dietetics*, 62(4), 158-160.
- Butt, K., & Lam, P. (2005). The role of the registered dietitian in dysphagia assessment and treatment: A discussion paper. *Canadian Journal of Dietetic Practice and Research*, 66(2), 91-94.
- CAIPE. (2002). *Interprofessional education – a definition*. Retrieved from <http://www.caipe.org.uk/resources/defining-ipe/>
- Canadian Medical Association. (2000). *Roles of physicians and scope of medical practice: Future prospects and challenges*. Retrieved from http://www.cma.ca/index.php?ci_id=3470&la_id=1
- Canadian Nurses Association. (1993). *Scope of nursing perspectives: Review of issues and trends*. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/scope_nursing_practice_e.pdf
- Canadian Nurses Association. (2003). *Joint position statement: Scopes of practice*. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/PS66_Scopes_of_practice_June_2003_e.pdf
- Canadian Nurses Association. (2007a). *Framework for the practice of registered nurses in Canada*. Retrieved from http://www2.cna-aiic.ca/CNA/documents/pdf/publications/RN_Framework_Practice_2007_e.pdf
- Canadian Nurses Association. (2007b). Understanding self regulation. *Nursing Now: Issues and Trends in Canadian Nursing*, 21, 1-5.
- College of Dietitians of Alberta. (2008). *The professional practice handbook for dietitians in Alberta*. Retrieved from

<http://www.collegeofdietitians.ab.ca/Portals/0/Public%20Documents/Professional%20Practice%20Handbook%20for%20Dietitians%20in%20Alberta%202010.pdf>

College of Dietitians of Ontario. (2011). *The jurisprudence handbook for dietitians in Ontario*. Retrieved from <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>

Collin, J. (2010). Qualitative contributions to the study of health professions and their work. In Bourgeault, I., Dingwall, R., & de Vries, R. (Eds.), *The SAGE handbook of qualitative methods in health research* (pp. 53-70). Los Angeles, CA: SAGE.

Commission on Dietetic Registration. (n.d.). *Laws that regulate dietitians/nutritionists*. Retrieved from <http://www.cdrnet.org/certifications/licensure/index.cfm>

Commission on the Future of Health Care in Canada. (2002). *Building on Values: The Future of Health Care in Canada – Final Report*. Retrieved from <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>

The Council of the Federation. (2012). *From innovation to action: The first report of the health care innovation working group*. Retrieved from <http://www.councilofthefederation.ca/pdfs/Health%20Innovation%20Report-E-WEB.pdf>

Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: SAGE.

Davis, M. (2011). Professional codes. In R. Chadwick, H. Ten Have, & E.M. Meslin (Eds.), *The SAGE handbook of health care ethics* (pp. 63-72). Thousand Oaks, CA: SAGE.

Denzin, N. K., & Lincoln, Y.S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y.S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed.) (pp. 1-32). Thousand Oaks, CA: SAGE.

Dietetics Act, 1991, S.O. 1991, c. 26.

Dietitians Act, R.S.P.E.I. 1988, c. D-10.1.

Dietitians Regulation, B.C. Reg. 279/2008.

The Dietitians Act, S.S. 2001, c. D-27.1.

- Dietitians Association of Australia. (2006). *Scope of dietetic practice framework*. Retrieved from http://daa.collaborative.net.au/files/Info%20for%20Professionals/Publications_and_Resources/DIN_ER_Scope_of_Practice.pdf
- Dietitians of Canada. (1996). *Code of ethics for the dietetic profession in Canada*. Retrieved from http://www.dietitians.ca/Downloadable-Content/Public/code_of_ethics.aspx
- Dietitians of Canada. (2000). *Professional standards for dietitians in Canada*. Retrieved from http://www.dietitians.ca/Downloadable-Content/Public/Professional_Standards_in_Canada_manual.aspx
- Dietitians of Canada. (2004). *Dietetic internship/practicum accreditation manual*. Retrieved from <http://www.dietitians.ca/Downloadable-Content/Public/Accreditation-Manual-Internship-Final-Nov04.aspx>
- Dietitians of Canada. (2004). *Dietitians of Canada accreditation manual for baccalaureate programs in dietetic education*. Retrieved from http://www.dietitians.ca/Downloadable-Content/Public/Accreditation_Manual_Baccalaureate_Nov04.aspx
- Dietitians of Canada. (2010). *What is the difference between a dietitian and a nutritionist?* Retrieved from <http://www.dietitians.ca/Downloadable-Content/Public/What-is-difference-RD-factsheet.aspx>
- Dietitians of Canada. (2011). *The dietitian workforce in Canada: Meta-analysis report*. Toronto, ON: Dietitians of Canada.
- Dietitians of Canada (2012a). *Dietitians of Canada corporate profile*. Retrieved from http://www.dietitians.ca/Downloadable-Content/Public/DC_corporate_profile.aspx
- Dietitians of Canada. (2012b). *Internship and practicum programs*. Retrieved from <http://www.dietitians.ca/Career/Internships-Practicum-Programs.aspx#>
- Dietitians of Canada. (2012c). *Principles of Professional Practice*. Retrieved from <http://www.dietitians.ca/Member-Resources-A-Z/Member-Resources-A-Z-page/Professional-Practice/Principles-of-Professional-Practice.aspx>
- Dietitians of Canada. (2012d). *What does a dietitian do?* Retrieved from <http://www.dietitians.ca/Find-A-Dietitian/What-does-a-Dietitian-do.aspx>

- Dingwall, R. (2008). *Essays on professions*. Aldershot, England: Ashgate Publishing Limited.
- Dower, C., Christian, S., & O'Neil, E. (2007). *Promising scope of practice models for the health professions*. Center for the Health Professions. San Francisco: University of California.
- Fenton, T.R., Geggie, J.H., Warners, J.A., & Tough, S.C. (2000). Nutrition services in Canadian neonatal intensive care: The role of the dietitian. *Canadian Journal of Dietetic Practice and Research*, 61(4), 172-175.
- Fischer, C.T. (2009). Bracketing in qualitative research: Conceptual and practical matters. *Psychotherapy Research*, 19(4-5), 583-590.
- Flexner, A. (1915). Is social work a profession? In *National Conferences of Charities and Corrections, Proceedings of the National Conference of Charities and Corrections at the Forty-Second annual session held in Baltimore, Maryland, May 12-19, 1915*. Chicago: Hildmann.
- Freidson, E. (1986). *Professional powers: A study of the institutionalization of formal knowledge*. University of Chicago Press.
- Gould, O.N., Johnstone, D., & Wasylkiw, L. (2007). Nurse practitioners in Canada: Beginnings, benefits, and barriers. *Journal of the American Academy of Nurse Practitioners*, 19(2007), 165-171.
- Government of Canada. (2010). Service Canada: Dietitians and nutritionists. Retrieved from http://www.servicecanada.gc.ca/eng/qc/job_futures/statistics/3132.shtml
- Health Professions Act*, R.S.A. 2000, c. H-7.
- Health Professions Act*, R.S.B.C. 1996, c. 183.
- Health Professions Regulatory Advisory Council. (2008). *Scope of practice review: Pharmacy*. Retrieved from <http://www.hprac.org/en/projects/resources/PHARMACY-Literaturereview.pdf>
- Health Sciences Association of Saskatchewan. (n.d.). *Dietitians*. Retrieved from http://www.hsa-sk.com/assets/files/descriptions/Dietitians_descript.pdf
- Hooker R.S., & Rangan, B.V. (2008). Role delineation of rheumatology physician assistants. *Journal of Clinical Rheumatology*, 14(4), 202–205.

International Confederation of Dietetic Associations. (2004). *International definition of a dietitian*.

Retrieved from <http://www.internationaldietetics.org/Downloads/International-Definition-of-Dietitian.aspx>

Kelly, S.E. (2010). Qualitative interview techniques and style. In Bourgeault, I., Dingwall, R., & de Vries, R. (Eds.), *The SAGE handbook of qualitative methods in health research* (pp. 307-326). Los Angeles, CA: SAGE.

Killeen, M.L., & Saewert, K. (2007). Socialization to professional nursing. In J. Creasia & B. Parker (Eds.), *Conceptual foundation: the bridge to professional nursing practice* (4th ed., pp.49-80). St. Louis, MI: Mosby Elsevier.

Kinn, L.G., & Aas, R.W. (2009). Occupational therapists' perception of their practice: A phenomenological study. *Australian Occupational Therapy Journal*, 56, 112-121.

Krueger, R.A., & Casey, M. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Thousand Oak, CA: SAGE.

Lillibridge, J., Axford, R., & Rowley, G. (2000). The contribution of nurses' perceptions and actions in defining scope of stabilizing professional boundaries of nursing practice. *Collegian*, 7(4), 35-39.

Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: SAGE.

Lincoln, Y.S., & Guba, E.G. (2005). Paradigmatic controversies, contradictions, and emerging confluences. In N.K. Denzin & Y.S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 191-215). Thousand Oaks, CA: SAGE.

Lordly, D. (2008). National dietetic registration examination: Perceptions of the writing experience. *Canadian Journal of Dietetic Practice and Research*, 69(2), 73-80.

Lordly, D & MacLellan, D. (2008). Acknowledging and adapting to dietetic students' changing needs. *Canadian Journal of Dietetic Practice and Research*, 69(3), 126-130.

Marshall, C.I., & Rossman, G.B. (2011). *Designing qualitative research* (5th ed.). Los Angeles, CA: SAGE.

McCauley, S. M., & Hager, M. H. (2009). Why are therapeutic diet orders an issue now and what does it have to do with legal scope of practice? *Journal of the American Dietetic Association*, 109(9), 1515-1519.

- Morse, J.M., & Field, P.A. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: SAGE.
- Newfoundland & Labrador Department of Health and Community Services. (2009). *Umbrella legislation discussion paper*. Retrieved from <http://www.nlsmls.ca/upload/cms/files/dpaper.pdf>
- Oelke, N.D., White, D., Besner, J., Doran, D., McGillis-Hall, L., & Giovannetti, P. (2008). Nursing workforce utilization: An examination of facilitators and barriers on scope of practice. *Nursing Leadership*, 21(1), 58-71.
- Oringderff, J. (2004). "My way": Piloting an online focus group. *International Journal of Qualitative Methods*, 3(3), 69-75.
- Oxford Dictionaries. (2012). *Profession*. Retrieved from <http://oxforddictionaries.com/definition/profession>
- Partnership for Dietetic Education and Practice. (2011). *Annual Report 2010-2011*. Retrieved from http://www.pdep.ca/files/Final_Eng_PDEP_annual_report.pdf
- Partnership for Dietetic Education and Practice. (2012). *The integrated competencies for dietetic education and practice*. Retrieved from http://www.pdep.ca/files/ICDEP_-_Report-March_2012.pdf
- Payne-Palacio, J.R., & Canter, D.C. (2010). *The profession of dietetics: A team approach* (4th ed.). Sudbury, MA: Jones and Bartlett Learning.
- The Pharmacy Act, 1996*, S.S. 1996, c. P-9.1.
- Professional Code*, R.S.Q. c. C-26.
- Professional Dietitians Act*, R.S.N.S. 1989, c. 361.
- QSR International Pty Ltd. (2011). *NVivo 9 (Version 9.2.81.0)* [Computer Software]. Melbourne, Australia: QSR International.
- Randall, G. E. (2000). *Understanding professional self-regulation*. Retrieved from <http://www.esmmb.ca/pam/storage/Self-Regulation/Understanding%20Professional%20Self-Regulation.pdf>

The Registered Dietitians Act, C.C.S.M. 2005, c. R39.

The Registered Nurses Act, 1988, S.S. 1988, c. R-12.2.

Regulated Health Professions Act, 1991, S.O. 1991, c. 18.

Rivard, A., Hollis, V., Darrah, J., Madill, H., & Warren, S. (2005). Therapists' perspectives on the management and delivery of occupational therapy and physical therapy services. *Healthcare Management Forum*, 18(2), 9-13.

Romanow, R. J. (2002). *Health human resources in Canada's healthcare system*. Ottawa: Commission on the Future of Health Care in Canada.

Rose, A., & Mackenzie, L. (2010). Beyond the cushion: A study of occupational therapists' perceptions of their role and clinical decisions in pressure care. *Disability and Rehabilitation*, 32(13), 1099-1108.

Safriet, B. (2002). Closing the gap between can and may in health-care providers' scope of practice: A primer for policymakers. *Yale Journal on Regulation*, 19(2), 301-334.

Sandelowski, M. (2000). Combining qualitative and quantitative sampling, data collection and analysis techniques in mixed-method studies. *Research in Nursing and Health*, 23(3), 246-255.

Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Retrieved from <http://saskdietitians.org/wp-content/uploads/2011/09/Code-of-Ethics-SDA.pdf>

Saskatchewan Dietitians Association. (2010). *Saskatchewan Dietitians Association's administrative bylaws 2010*. Retrieved from <http://saskdietitians.org/wp-content/uploads/2011/01/FINAL-Admin-bylaws-2010.pdf>

Saskatchewan Dietitians Association. (2010). *Saskatchewan Dietitians Association's regulatory bylaws 2010*. Retrieved from <http://saskdietitians.org/wp-content/uploads/2011/01/FINAL-Regulatory-Bylaws-2010.pdf>

Saskatchewan Dietitians Association. (2011). *Saskatchewan Dietitians Association Annual Report 2010-2011*. Retrieved from <http://www.saskdietitians.org/2011/09/sda-annual-report-2010/>

- Saskatchewan Dietitians Association. (2012a). *Registration with the SDA*. Retrieved from <http://www.saskdietitians.org/registration/>
- Saskatchewan Dietitians Association. (2012b). *The Saskatchewan Dietitians Association*. Retrieved from <http://www.saskdietitians.org/>
- Saskatchewan Dietitians Association. (2012c). *Why choose a registered dietitian for nutrition advice?* Retrieved from <http://www.saskdietitians.org/about-dietetics/protected-titles-why-regulation-matters/>
- Saskatchewan Ministry of Health. (2007). *Self-regulating health professional associations*. Retrieved from <http://www.health.gov.sk.ca/professional-associations>
- Saskatchewan Ministry of Health. (2008). *Public representative to self-regulating health professions*. Retrieved from <http://www.health.gov.sk.ca/public-reps-orientation-manual>
- Saskatchewan Ministry of Health. (2011). *Saskatchewan's health human resources plan*. Retrieved from <http://www.health.gov.sk.ca/hhr-plan>
- Saskatchewan Ministry of Health. (2012). *A framework for achieving a high performing primary health care system in Saskatchewan*. Retrieved from <http://www.health.gov.sk.ca/phc-framework-report>
- Saskatchewan Registered Nurses' Association. (2004). *The RN scope of practice*. Retrieved from http://www.srna.org/images/stories/pdfs/communications/pdf/rn_scope_of_practice.pdf
- Saskatchewan Registered Nurses' Association. (2011). *Registered nurse (nurse practitioner) RN (NP) standards and core competencies*. Retrieved from http://www.srna.org/images/stories/pdfs/communications/pdf/standards_and_comp_2011.pdf
- Schuiling, K.D., & Slager, J. (2000). Scope of practice: Freedom within limits. *Journal of Midwifery and Women's Health*, 45(6), 465-471.
- Shank, G. D. (2006). *Qualitative research: A personal skills approach* (2nd ed.). Upper Saddle River, N.J.: Pearson Merrill Prentice Hall.
- Soklaridis, S., Kelner, M., Love, R.L., & Cassidy, J.D. (2009). Integrative health care in a hospital setting: Communication patterns between CAM and biomedical practitioners. *Journal of Interprofessional Care*, 23(6), 655-667.

- Strasser, P.B. (2011). Scope of practice issues for occupational and environmental health nurses. *American Association of Occupational Health Nurses, 59*(1), 12-14.
- Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care, 23*(1), 41-51.
- Sweeny, P. (2004). What faculty know about designing online materials in compliance with current U.S. copyright and fair use laws (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3140226)
- Taub, A., Gilmore, G.D., Olsen, L.K., & Connell, D. (2011). Key questions for conducting role delineation research. *Global Health Promotion, 18*(2), 10-17.
- Taylor, B., Renfro, A., & Mehringer, L. (2005). The role of the dietitian in the intensive care unit. *Current Opinion in Clinical Nutrition and Metabolic Care, 8*, 211-216.
- Thoresen, L., Rothenberg, E., Beck, A.M., & Irtuns, Ø. (2008). Doctors and nurses on wards with greater access to clinical dietitians have better focus on clinical nutrition. *Journal of Human Nutrition and Dietetics, 21*, 239-247.
- Thorne, S. (2008). *Interpretive Description*. Walnut Creek, CA: Left Coast Press, Inc.
- Thorne, S., Reimer Kirkham, S., MacDonald-Emes, J. (1997). Interpretive description: A noncategorical qualitative alternative for developing nursing knowledge. *Research in Nursing and Health, 20*, 169-177.
- Thorne, S., Reimer Kirkham, S., & O'Flynn-Magee. (2004). The analytic challenge in interpretive description. *International Journal of Qualitative Methods, 3*(1), 1-11.
- Tomblin Murphy, G., & O'Brien-Pallas, L. (2002). *How do health human resources policies and practices inhibit change? A plan for the future*. Commission on the Future of Health Care in Canada. Ottawa.
- Turney, L., & Pocknee, C. (2005). Virtual focus groups: New frontiers in research. *International Journal of Qualitative Methods, 4*(2), 32-43.
- Visocan, B., & Switt, J. (2006). Understanding and using the scope of dietetics practice framework: A step-wise approach. *Journal of the American Dietetic Association, 106*(3), 459-463.

- Walker, D. (2004). *Audio teleconferencing: Examination of instructional strategies for teachers of adult learners* (Master's thesis). Retrieved from <http://hdl.handle.net/2149/567>
- Wansink, B. (2006). Position of the American Dietetic Association: Food and nutrition misinformation. *Journal of the American Dietetic Association, 106*(4), 601-607.
- Wassink, H.L., & Chapman, G.E. (2010). Vancouver dietitians' perspectives on their roles in long-term care. *Canadian Journal of Dietetic Practice and Research, 71*(1), e12-e16.
- Waszak, C., & Sines, M.C. (2003). Mixed methods in psychological research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioural research* (pp. 557-576). Thousand Oaks, CA: SAGE.
- White, D., Oelke, N.D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing scope of practice: Descriptions and challenges. *Nursing Leadership, 21*(1), 44-57.
- Wildish, D.E., & Evers, S. (2010). A definition, description and framework for advanced practice in dietetics. *Canadian Journal of Dietetic Practice and Research, 71*(1), e4-11.
- Williams, S., Clausen, M.G., Robertson, A., Peacock, S., & McPherson, K. (2012). Methodological reflections on the use of asynchronous online focus groups in health research. *International Journal of Qualitative Methods, 11*(4), 368-383.
- Wong, E., & Steward, M. (2010). Predicting the scope of practice of family physicians. *Canadian Family Physician, 56*(2010), e219-225.
- World Health Organization. (2010). *Framework for action on interprofessional education and collaborative practice*. Retrieved from http://www.who.int/hrh/resources/framework_action/en/.
- Wranik, D. (2008). Health human resources planning in Canada: A typology and its application. *Health Policy, 86*, 27-41.

Appendices

List of Appendices

Appendix A: Invitations to Participate.....	136
Appendix A.1: Email Invitation to Dietetic Regulatory Bodies for Phase I Interview	137
Appendix A.2: Email Invitation to Saskatchewan Dietitians Association (Phase II)	138
Appendix A.3: Email Invitation to Saskatchewan Dietitians for Phase II Online Survey	139
Appendix A.4: Email Invitation Letter to Saskatchewan Dietitians for Phase III Focus Group	140
Appendix B: Participant Consent Forms	141
Appendix B.1: Consent Form for Phase I Interviews	142
Appendix B.2: Consent Form for Phase III Focus Group	144
Appendix C: Phase I Interview Guide.....	146
Appendix D: Phase I Interview Transcript Verification Email.....	148
Appendix E: Phase II Online Survey	149
Appendix F: Phase II Online Survey Results	153
Appendix G: Phase III Focus Group Questions	163
Appendix H: U of S Course Tools – Working with Discussions.....	166
Appendix I: Enriching the Online Focus Group Handout for Phase III Participants.....	170

Appendix A: Invitations to Participate

A.1: Email Invitation to Dietetic Regulatory Body for Phase I Interview

A.2: Email Invitation to Saskatchewan Dietitians Association (Phase II)

A.3: Email Invitation to Saskatchewan Dietitians for Phase II Online Survey

A.4: Email Invitation Letter to Saskatchewan Dietitians for Phase III Focus Group

Appendix A.1: Email Invitation to Dietetic Regulatory Bodies for Phase I Interview

Dear <name>:

You are invited to participate in the research study entitled *dietetic scope of practice*. This study aims to enhance understanding of the definition of dietetic scope of practice and contribute to the growing literature on dietetic professional issues in Canada. There are three phases in this study. Phase I will examine the concept of dietetic scope of practice as it is created and defined in each provincial dietetic regulatory body. Phase II and III of this study will examine Saskatchewan dietitians' views of dietetic scope of practice.

As the registrar of the <regulatory body>, we would like you, or a designate, to participate in a telephone interview on dietetic scope of practice. Questions will investigate the reasons for creating a scope of practice, process of creating a scope of practice and any challenges or opportunities associated with a scope of practice. We would like to speak to you even if your province does not have a dietetic scope of practice. All phone interviews will be recorded. It is estimated the interview should last no more than 20 minutes. Interviews are tentatively scheduled to take place in December 2011. Times can be scheduled as is convenient for you.

Attached to this email is a list of interview questions and a consent form. The consent form outlines important information on the nature of this study, your participation and your rights as a volunteer participant. If you agree to participate in this study, please email the primary researcher at martina.selinger@usask.ca stating your interest and we will schedule an interview time. If you have any questions concerning any aspect of this study, or your participation, please contact me and more details will be provided. Alternately, you may contact my research supervisor, Dr. Shawna Berenbaum. Contact information is provided below.

This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (306-966-2084). Out of town participants may call collect.

Sincerely,

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Appendix A.2: Email Invitation to Saskatchewan Dietitians Association (Phase II)

Dear <President of Saskatchewan Dietitians Association>,

As you are aware, I am completing a research study on dietetic scope of practice. This study aims to enhance understanding of the definition of dietetic scope of practice and contribute to the growing literature on dietetic professional issues in Canada. There are three phases in this study. Phase I will examine the concept of dietetic scope of practice as it is created and defined in each provincial dietetic regulatory body. Phase II and III of this study will examine Saskatchewan dietitians' views of dietetic scope of practice.

Phase II of this study will consist of an online survey which I would like to send to all dietitians registered in Saskatchewan. Surveys will be anonymous – answers cannot be traced back to the individuals who answered the survey unless they identify themselves. Participation is voluntary. The survey will take about 10 minutes to complete.

I am hoping that the SDA would be able to assist me in sending this survey out to its members. Attached is the proposed email for dietitians and a copy of the survey. If you have any questions concerning any aspect of this study, or the participation of SDA members, please contact me and more details will be provided. Alternately, you may contact my research supervisor, Dr. Shawna Berenbaum. Contact information is provided below.

This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10, 2011. Any questions regarding the rights of participant may be addressed to that committee through the Research Ethics Office (966-2084). Out of town participants may call collect.

Sincerely,

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Appendix A.3: Email Invitation to Saskatchewan Dietitians for Phase II Online Survey

Dear Colleague:

We are inviting you to participate in an online survey on dietetic scope of practice as part of a research study. This study aims to enhance understanding of the definition of dietetic scope of practice and contribute to the growing literature on dietetic professional issues in Canada. If you are interested, we have developed an online survey which should take approximately 10 minutes to complete.

If you are willing to assist us with our research, please click on the below link:

<https://survey.usask.ca/survey.php?sid=27930>

The website includes instructions to complete the survey.

By completing the survey, you are consenting to participate in the study. Surveys will be anonymous – answers cannot be traced back to the individuals who answered the survey unless they identify themselves. If you have any questions concerning any aspect of this study, or your participation, please contact the primary research, Martina Selinger, and more details will be provided. Alternately, you may contact the research supervisor, Dr. Shawna Berenbaum. Contact information is provided below.

This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (966-2084). Out of town participants may call collect.

Thank you in advance for taking time out of your busy schedules to fill out this survey. This survey will be available until December 16th, 2011.

Sincerely,

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Appendix A.4: Email Invitation Letter to Saskatchewan Dietitians for Phase III Focus Group

Dear <name>:

Thank you again for participating in the online survey on dietetic scope of practice. We appreciate your input regarding the role this plays in your practice. You had indicated interest in partaking in an online focus group on dietetic scope of practice. You are invited to participate in this focus group as part of phase III of the research study entitled: dietetic scope of practice. This study aims to enhance understanding of the definition of dietetic scope of practice and contribute to the growing literature on dietetic professional issues in Canada.

The online focus group will be accessible for three weeks; one group will begin February 27th and a second group will begin on March 4th 2012. The focus group will be made up of registered dietitians from Saskatchewan with an interest in dietetic scope of practice. The focus group will be an asynchronous focus group, meaning you can log onto the website whenever it is convenient to you. The total time required to participate is estimated 2-3 hours over the three week period.

New discussion questions on dietetic scope of practice will be posted every week during the three week period. Participants will be asked to log onto the secure University of Saskatchewan website to read responses and post replies at least twice a week.

Attached to this email is a consent form. The consent form outlines important information on the nature of this study, your participation and your rights as a volunteer participant. If you agree to participate in this study, please email the primary researcher at martina.selinger@usask.ca stating your interest, your preference of starting date, and that you have read and agree to the consent form by **Friday, February 3rd**. You will then be assigned a username and password to access the focus group, and will be provided with instructions on how to access the online focus group. If you have any questions concerning any aspect of this study, or your participation, please contact me and more details will be provided. Alternately, you may contact the research supervisor, Dr. Shawna Berenbaum. Contact information is provided below.

This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10th, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (966-2084). Out of town participants may call collect.

Sincerely,

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Appendix B: Participant Consent Forms

B.1: Consent Form for Phase I Interviews

B.2: Consent Form for Phase III Focus Group

Appendix B.1: Consent Form for Phase I Interviews

You are invited to participate in a research project entitled *Dietetic Scope of Practice*.

Please read this form carefully, and feel free to ask questions you might have. Researcher contact information is provided on the last page.

Purpose and Procedure: The purpose of this study is to explore the concept of scope of practice in the dietetic profession. This study will seek to describe the definition of dietetic scope of practice using an online survey, online focus groups, and semi-structured telephone interviews. Participants will not be required to travel.

As a provincial dietetic regulatory body, you are invited to participate in a telephone interview on dietetic scope of practice. Questions will investigate the reasons for creating of scope of practice, process of creating a scope of practice (if your province has one) and any challenges or opportunities associated with a scope of practice. All phone interviews will be recorded. Interview questions will be sent to participants via email prior to the interview. It is estimated the interview should last no more than 20 minutes. Interviews are scheduled to take place in December 2011. Times can be scheduled as is convenient for you.

The results of the study will be used to partially complete the requirements for a Masters of Science (Nutrition) degree through the College of Pharmacy and Nutrition at the University of Saskatchewan. Results may be published and/or presented at in-services and/or conferences. Direct quotations may be used to illustrate particular issues but the anonymity of the participant will be maintained at all times.

Potential Benefits: Information from this study may be used by dietitians, regulatory bodies, and educators to clarify dietetic scope of practice in legislation, curriculum or with employers. It can contribute to the growing literature on dietetic professional issues in Canada in hopes of gaining a better understanding of how dietitians view their profession. Furthermore, exploring the concept of scope of practice may provide insight for other health professions creating or updating their own scope of practice. Participants may gain an increased awareness of the use and purpose of a dietetic scope of practice.

These benefits are not guaranteed.

Potential Risks: Participation in this study is voluntary. No deception is employed in this study. Participants will be from one of ten possible dietetic regulatory bodies; it is possible that you may be identifiable to other people on the basis of what you have said in your interview. All participants will have the opportunity to review transcripts and to add, alter, or delete information from the transcript as you see fit. There is no other foreseeable risk to participants. Participants will be afforded full confidentiality of the information they provide for the study.

Storage of Data: Voice-recordings, transcripts and field notes, both electronic and hardcopy, will be stored in a password protected computer and secure place at the University of Saskatchewan by Dr. Shawna Berenbaum, for a period of 5 years. After 5 years, the notes will be destroyed and the recordings will be erased.

Confidentiality: Only the primary researcher (Martina Selinger) will know the identity of participants. Interviews will take place over the phone. The researcher will conduct interviews in a closed room at the university and will audio-record the interview with the participants' consent. The use of pseudonyms when disseminating results will be employed to protect the identity of participants. Both aggregated results and direct quotations will be reported. Direct quotations from study participants will be anonymous to everyone except the primary researcher.

Right to Withdraw: Your participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information

that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason until the data has been disseminated. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. If you withdraw from the research project prior to this, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the research project, please feel free to contact the researchers at the numbers provided. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on November 10, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306-966-2084). Out of town participants may call collect.

Follow-Up or Debriefing:

A summary of study results will be available to participants upon request.

Researcher(s):

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Consent to Participate:

Oral Consent

Participants will be asked to provide oral consent indicating they have read and understand this consent form prior to the beginning the interview. Retain this document for your records.

By signing this document, the researcher indicates that they explained this consent form to the participant before receiving the participant's consent, and the participant had knowledge of its contents and appeared to understand it.

(Name of Participant)

(Date)

(Signature of Researcher)

Appendix B.2: Consent Form for Phase III Focus Group

You are invited to participate in a research project entitled *Dietetic Scope of Practice*.

Please read this form carefully, and feel free to ask questions you might have. Researcher contact information is provided on the last page.

Purpose and Procedure: The purpose of this study is to explore the concept of scope of practice in the dietetic profession. This study will seek to describe the definition of dietetic scope of practice using an online survey, online focus groups, and semi-structured telephone interviews. Participants will not be required to travel.

You are being asked to participate in an online focus group of registered dietitians from Saskatchewan which will be hosted on a secure password protected University of Saskatchewan website. The online focus group will be accessible for three weeks during the months of February and March. New discussion questions will be posted every week during the three week period. Participants will be asked to log onto the website to read responses and post replies at least twice a week. The online focus group will be asynchronous, meaning you can log onto the website whenever it is convenient to you. The total time required to participate is estimated at 2-3 hours over the three week period.

The results of the study will be used to partially complete the requirements for a Masters of Science (Nutrition) degree through the College of Pharmacy and Nutrition at the University of Saskatchewan. Results may be published and/or presented at in-services and/or conferences. Direct quotations may be used to illustrate particular issues but the anonymity of the participant will be maintained by the primary researcher at all times.

Potential Benefits: Information from this study may be used by dietitians, regulatory bodies, and educators to clarify dietetic scope of practice in legislation, curriculum or with employers. It can contribute to the growing literature on dietetic professional issues in Canada in hopes of gaining a better understanding of how dietitians view their profession. Furthermore, exploring the concept of scope of practice may provide insight for other health professions creating or updating their own scope of practice. Participants may gain an increased awareness of the use and purpose of a dietetic scope of practice.

These benefits are not guaranteed.

Potential Risks: Participation in this study is voluntary. No deception is employed in this study. Participants will be selected from the same professional group – you may know other participants. Participants will have access to their information during the 3 week focus group period and will have the opportunity to post additional information or clarify points they have made during this period. There is no other foreseeable risk to participants. Participation/non-participation/withdrawal will not affect the professional status of participants. Participants will be afforded full confidentiality of the information they provide for the study.

Storage of Data: Voice-recordings, transcripts and field notes, both electronic and hardcopy, will be stored in a password protected computer and secure place at the University of Saskatchewan by Dr. Shawna Berenbaum, for a period of 5 years. After 5 years, the notes will be destroyed and the recordings will be erased.

Confidentiality: The use of pseudonyms when disseminating the results will be employed to protect the identity of all participants. Only the researchers (Martina Selinger and Dr. Shawna Berenbaum) will know the identity of participants. Other identifying data will be omitted or substituted as appropriate.

The researcher will undertake to safeguard the confidentiality of the online focus group discussion, but cannot guarantee other members of the focus group will do so. You will be asked to respect the confidentiality of the other members of the group by not disclosing the contents of the discussion outside the group.

Right to Withdraw: Your participation is voluntary, and you can answer only those questions that you are comfortable with. There is no guarantee that you will personally benefit from your involvement. The information that is shared will be held in strict confidence and discussed only with the research team. You may withdraw from the research project for any reason until the data has been disseminated. After this it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data. If you withdraw from the research project prior to this, any data that you have contributed will be destroyed at your request.

Questions: If you have any questions concerning the research project, please feel free to contact the researchers at the numbers provided below. This research project has been approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on November 10th, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Ethics Office (306-966-2084). Out of town participants may call collect.

Follow-Up or Debriefing:

A summary of study results will be available to participants upon request.

Researcher(s):

Martina Selinger, R.D.
M. Sc. (Candidate)
College of Pharmacy and Nutrition
University of Saskatchewan
Email: martina.selinger@usask.ca

Shawna Berenbaum, Ph.D., M.H.Sc., R.D.
Professor, Division of Nutrition and Dietetics
College of Pharmacy and Nutrition
University of Saskatchewan
Phone: 306.966.5836
Email: shawna.berenbaum@usask.ca

Consent to Participate:

Please note that logging on to the website and posting responses to the on-line focus group questions will be considered as providing consent, and as such, you are granting the researcher permission to use the data gathered in the manner described above. Retain this document for your own records.

Appendix C: Phase I Interview Guide

Introduction

Thank you for agreeing to speak with me today. My name is Martina Selinger and I am the primary researcher for this project. I will be facilitating the discussion for today.

As a Registrar, I have invited you to participate to help gain a sense on how regulatory bodies across Canada use a dietetic scope of practice. The results of the study will be used to partially complete the requirements for a Masters of Science (Nutrition) degree at the University of Saskatchewan.

I will be tape recording our interview and taking notes. The interview should last about 20 minutes.

Your responses will be confidential to me and anonymous to others. You will receive a transcript via email to verify your responses.

Did you receive the consent form via email? I will need an oral consent from you that you had read and understand the information.

Any questions before we begin?

Questions

Does your province have a scope of practice, or a document that describes activities that dietitians are educated or authorized to perform?

If YES:

1. Please describe this document. I see on *<regulatory body website>* you have *<name of scope of practice document>*. Do you have any additional information to add other than what can be accessed from this website?
2. How long has your province had this document?
3. What process was used to create this document? How was this process initiated?
4. What were the challenges, if any, in creating this document?
5. How do you use this document?
6. What challenges and opportunities does this document present to RDs in your province?
7. Is there anything else you would like to say about dietetic scope of practice?

If NO:

1. Describe your awareness or familiarity with other province's documents on scope of practice.
2. What needs, if any, would this type of document fulfill in your province?

3. What work, if any, is your province doing on creating a scope of practice document?
4. What process *<are you using/will you use/would you use>* to create such a document?
5. What challenges *<are you/would you>* expecting to encounter, if any, when creating this document?
6. How supportive would dietitians in your province be of such a document?
7. Is there anything else you would like to say about dietetic scope of practice?

My questions are done. I will be emailing you a transcript of this interview in January 2012 to verify before I proceed with my data analysis. Do you have any questions or other comments for me?

Appendix D: Phase I Interview Transcript Verification Email

Dear <name>,

Thank you again for participating in the interview for my Masters of Science (Nutrition) research project. I appreciate your input regarding dietetic scope of practice. I have transcribed your interview and will be analyzing the data shortly.

Attached you will find the transcript from the interview that you participated in. I would like to give you the opportunity to add, alter or delete any of the information that you provided. Please note that the transcripts were transcribed verbatim –**I am interested in your approval of the content rather than grammar**. Words that are italicized indicate the tone was emphasized. Three periods in a row (...) refer to a pause in the interview. Modifications to the transcript can be made directly on the Word document by using the ‘track changes’ feature or by using a different color font. Documents can be returned to me at martina.selinger@usask.ca by January 31st, 2012.

All participants must authorize the release of their transcript to the primary researcher (Martina Selinger) to be used in the manner described in the consent form. This can be stated in an email to martina.selinger@usask.ca. *Even if you do not have any changes to your transcript, I will still need an email stating that you have reviewed the transcript and give me permission to use your transcript by **January 31st, 2012.***

If you have any questions or concerns, please do not hesitate to contact me at the information below.

Sincerely,

Martina Selinger, R.D., MSc Candidate
College of Pharmacy and Nutrition
University of Saskatchewan
110 Science Place
Saskatoon, SK. S7N 5C9
martina.selinger@usask.ca

Appendix E: Phase II Online Survey

Introduction

Thank you for choosing to complete this survey. Your responses are important for examining the role of legislation in your practice. This project may help educators, regulatory bodies, dietitians, government and employers on clarifying the role of dietitians and contribute to dietetic professional practice research. Please take 10-15 minutes to complete this short survey based on your experiences as a dietitian.

If you have any questions concerning any aspect of this study, or your participation, please contact the primary researcher, Martina Selinger, at martina.selinger@usask.ca and more details will be provided. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (966-2084). Out of town participants may call collect.

The results of this survey will be used to partially complete the requirements for a Masters of Science (Nutrition) degree at the University of Saskatchewan. Participation is voluntary. All responses will be anonymous – answers cannot be traced back to the individuals who answered the survey unless they identify themselves. Continuing on and answering the following questions indicates that you have read and understood the information provided above, have had an opportunity to ask questions and agree to participate in this research study.

Thank you in advance for your time.

- Agree (*continues to question #1*)
- Disagree (*continues to a thank you screen*)

Demographic Information

1. What is your gender?

- Male
- Female

2. In which age group are you?

- Under 25 years old
- 25-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60+ years

3. How long have you been practicing dietetics?

- 0-5 years
- 6-10 years
- 11-20 years
- 21+ years

4. What is your current employment status?

- Full Time
- Part Time
- Casual
- Other (please specify)

5. In which dietetic areas do you currently practice? Choose all that apply

- Clinical
- Community
- Public Health
- Administration
- Education/Research
- Business/Industry
- Other (please specify)

6. Where was your undergraduate degree completed?

- At the University of Saskatchewan
- Outside of Saskatchewan, but within Canada
- Outside of Canada

7. What is the highest level of education you have received?

- Bachelor's Degree
- Master's Degree
- Doctorate Degree

Scope of Practice

8. Have you heard of the Saskatchewan Statute entitled The Dietitians Act?

- Yes
- No →proceeds to question #11

9. What is your understanding of the purpose of Act? Check all that apply:

- To outline membership status
- To describe the roles of dietitians
- To protect use of the dietitian title
- To explain board procedures
- To describe disciplinary policies
- To indicate restricted acts of dietitians
- Other. Please explain:
- Do not know

10. For what reasons have you read, consulted, or used The Dietitians Act? Check all that apply:

- To look up disciplinary procedures
- To look up registration procedures
- To look up membership procedures
- To look up SDA organizational status
- To look up protected terms/tasks
- Other. Please explain:

11. How familiar are you with the term “scope of practice”

- Very familiar
- Somewhat familiar
- Not at all familiar

12. In your view, scope of practice for a profession should (check all that apply):

- Be broadly defined
- Be the same in every province
- Reflect diversity of the profession
- List day to day tasks a profession is educated and trained to perform
- Prevent a profession from performing tasks they are not formally trained to do
- Not overlap with other professions’ scope of practice
- Reflect measures of quality assurance for the protection of patients and the public
- Be incorporated into legislation
- Outline advance practice procedures
- Other. Please list:

13. In your view, who should be involved in creating a scope of practice for a profession? Check all that apply:

- Government
- Regulatory Body
- Educators
- Employers
- Unions
- Public
- Members of the profession
- Members of allied professions
- Other. Please explain:

14. Currently, the Saskatchewan Dietitians Association does not have a scope of practice for its members, but is working towards creating one. In your view, how do you see a scope of practice for dietetics being used? Check all that apply:

- To write job descriptions
- To improve competencies/standards of practice
- To help employers understand what dietitians are educated and trained to perform
- To inform the public about what a dietitian does
- To establish tasks dietitians are formally trained to do
- To help educational institutions organize curriculum
- To prevent competition amongst health care providers
- To reflect diverse needs of clients/ contribute to positive client outcomes
- To uphold all dietitians to one practice document
- To encourage professionalism
- Not sure
- Other. Please explain:

15. In your view, what challenges for dietitians might be encountered while working within a scope of practice?
Check all that apply:

- If it is defined too narrowly, may not be able to practice to the full extent of skills
- If it is defined too broadly, may lead to role confusion
- If it isn't promoted properly, other health professionals/unions may not recognize a dietitians' role as being different/more defined than before
- Inaccurate interpretation of scope of practice may lead to under or over-utilization of dietitians by employers
- Not sure
- Other. Please explain:

16. In your view, a dietetic scope of practice could enhance the practice of dietitians by (check all that apply):

- Establishing a defined role in health care
- Providing a building block for advanced practice roles
- Uniting the profession of dietetics
- Providing a measurement to evaluate the practice of dietetics
- Increasing sense of independence
- Providing law-based evidence for the practice of dietetics
- Not sure
- Other. Please explain:

17. In what way might a dietetic scope of practice change your practice?

- It will unlikely change my practice
- It will limit my practice
- It will expand my practice
- It will make a large impact on my practice
- Not sure

18. How important is a scope of practice for dietitians (open ended question):

In Phase 3 of our study we will be conducting online focus groups with registered dietitians. The focus group will allow us to gain a more in-depth understanding about perceptions and expectations of a dietetic scope of practice. The total time required to participate is estimated at 2-3 hours over the three week period. Participation is voluntary. If you would like to participate or require more information, please provide your e-mail address in the space below, or contact the primary researcher at martina.selinger@usask.ca. If you choose to participate in the online focus group, your survey responses will not be linked to your contact information.

Thank you for your participation. Your feedback is appreciated.

Appendix F: Phase II Online Survey Results

Open from December 5th-20th 2011 on <https://survey.usask.ca/survey.php?sid=27930>

Survey Time Stats

Average Completion Time: 10min 38sec (Min: 0min 48sec, Max: 77min 34sec)

Average Time before Quit: 3min 36sec

Introduction

[Required] Thank you for choosing to complete this survey. Your responses are important for examining the role of legislation in your practice. This project may help educators, regulatory bodies, dietitians, government and employers on clarifying the role of dietitians and contribute to dietetic professional practice research. Please take 10-15 minutes to complete this short survey based on your experiences as a dietitian.

If you have any questions concerning any aspect of this study, or your participation, please contact the primary researcher, Martina Selinger, at martina.selinger@usask.ca and more details will be provided. This study has been approved on ethical grounds by the University of Saskatchewan Behavioural Sciences Research Ethics Board on November 10, 2011. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office (966-2084). Out of town participants may call collect.

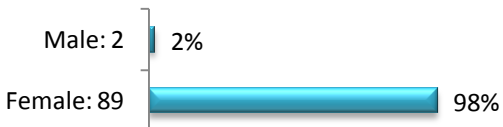
The results of this survey will be used to partially complete the requirements for a Masters of Science (Nutrition) degree at the University of Saskatchewan. Participation is voluntary. All responses will be anonymous – answers cannot be traced back to the individuals who answered the survey unless they identify themselves. Continuing on and answering the following questions indicates that you have read and understood the information provided above, have had an opportunity to ask questions and agree to participate in this research study.

Thank you in advance for your time.

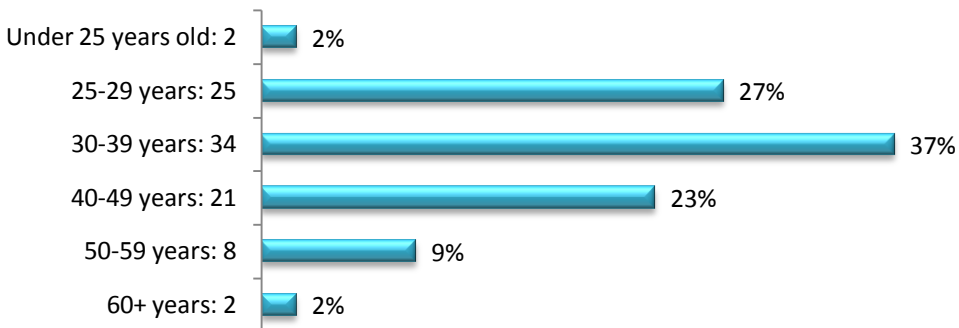


Demographic Information

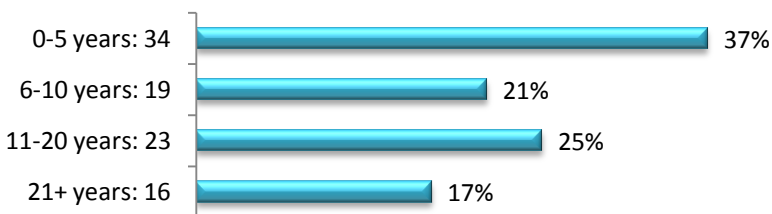
1. What is your gender?



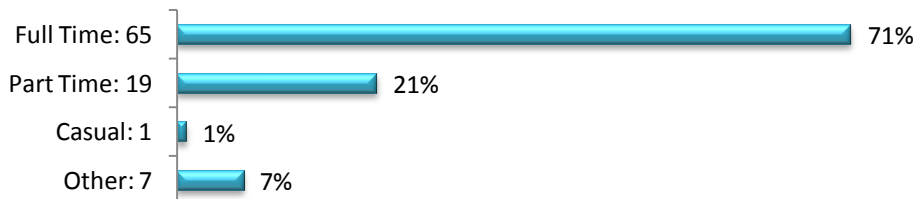
2. In which age group are you?



3. How long have you been practicing dietetics?



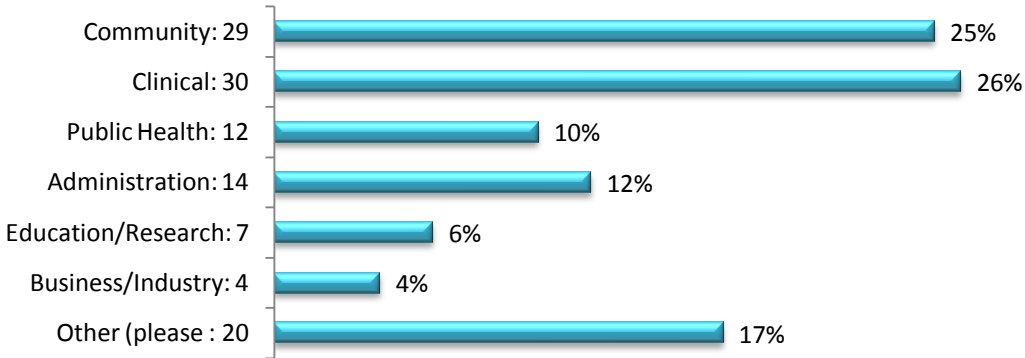
4. What is your current employment status?



If you chose "other", please specify your current employment status:

- *student*
- *unemployed*
- *self-employed*
- *self employed*
- *PhD student*
- *Currently a stay at home mom but have been picking up the odd contract job when they come available.*
- *Student*

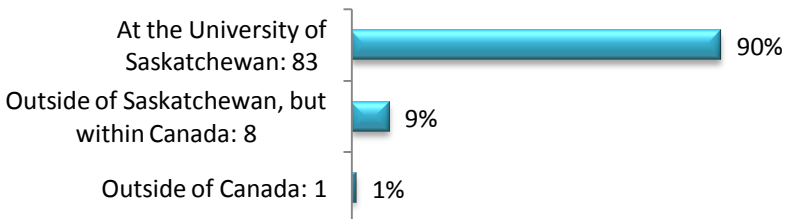
5. In which dietetic areas do you currently practice? Choose all that apply:



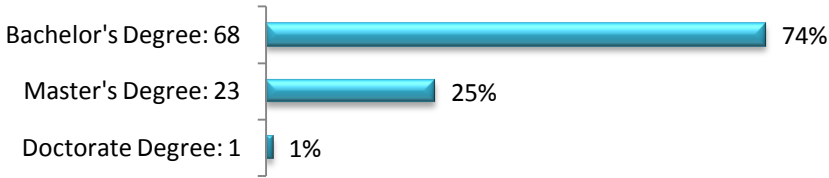
If you chose "other" in the previous question, you may provide additional information below:

- *Long Term Care*
- *Weight loss programs at private company*
- *consulting dietitian*
- *going back to school, not practicing*
- *Private Practice as well*
- *public health--epidemiology*
- *Government*
- *private practice*
- *Food Services, LTC*
- *Not for profit*
- *Primary health*
- *research administration*
- *I work in the Chronic Kidney Disease Outreach Program as a health educator*
- *Prior work in Community, Public Health and Administration*
- *provide health information to clients (not specific to nutrition)*
- *My role has expanded within the administrative area of health care to include the management of nursing, lab, diagnostics, support service areas, and health records.*
- *Not working as an RD. Working as a research coordinator for an orthopedic surgery practice*
- *sports nutrition*

6. Where was your undergraduate degree completed?

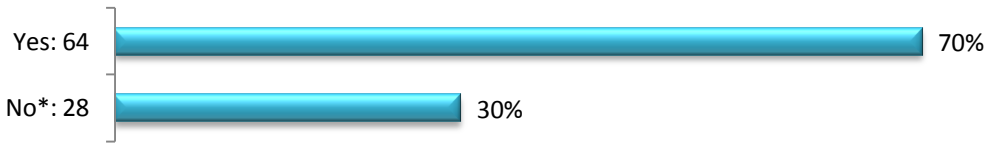


7. What is the highest level of education you have received?



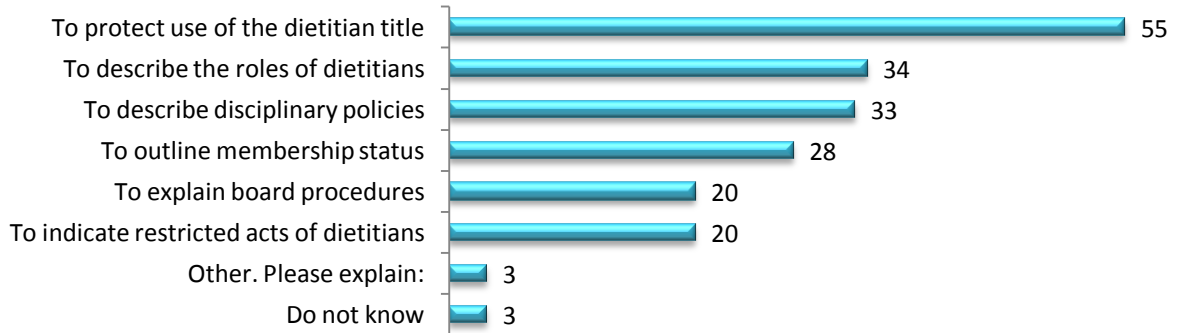
Scope of Practice

8. Have you heard of the Saskatchewan Statute entitled The Dietitians Act?



*if participant chose "no" they were directed to question #11

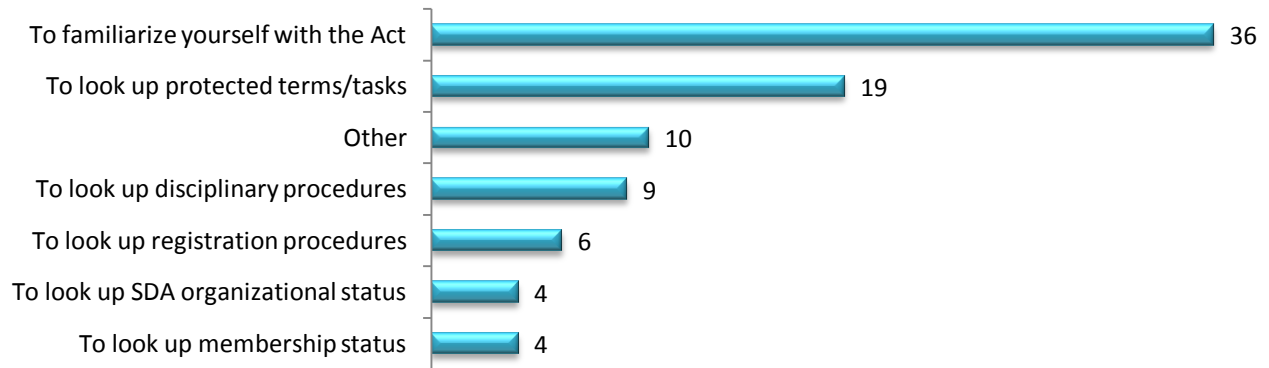
9. What is your understanding of the purpose of Act? Check all that apply:



If you chose "other" in the previous question, you may list additional purposes of The Dietitians Act here:

- *describes bylaws SDA can develop*
- *To protect the public and have public representatives on the Board of SDA*
- *to protect the public*

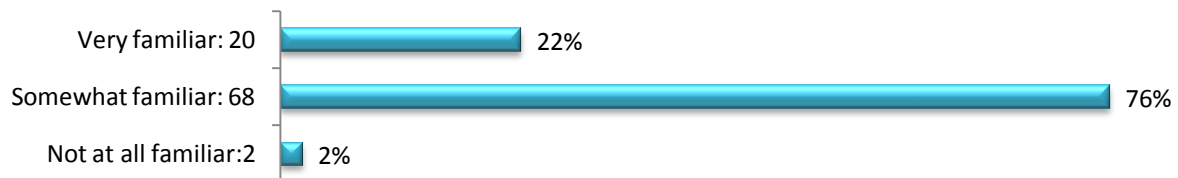
10. For what reasons have you read, consulted, or used The Dietitians Act? Check all that apply:



If you chose "other" in the previous question, you may explain your answer here:

- *to help inform definition of practice*
- *I don't know that I have ever referred to it.*
- *To fulfill continuing education commitment.*
- *I have only heard of the act - I have not read, consulted or used it in any way*
- *Have not used it per se .*
- *I haven't consulted the Act.*
- *Never looked at it.*
- *As part of my role on the SDA Disciplinary Committee*
- *I have not read or consulted the Dietitians Act*
- *Have never consulted the Act*
- *As part of an environmental scan regarding regulatory bodies/regualtions for dietetic practice in Canada*

11. How familiar are you with the term "scope of practice"



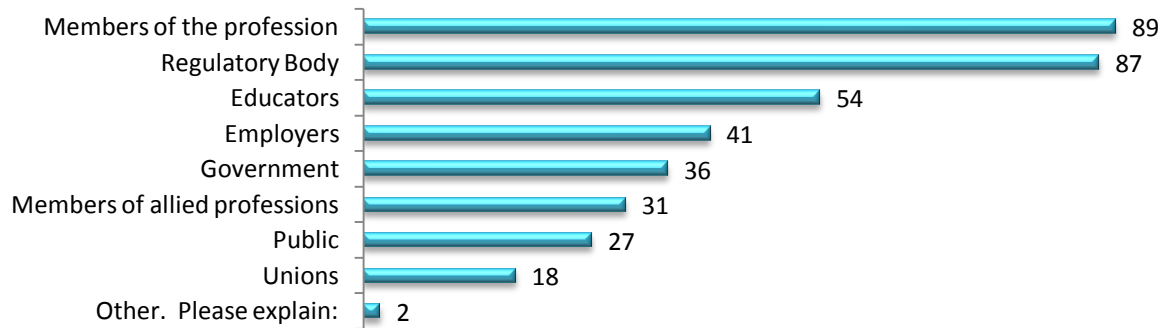
12. In your view, scope of practice for a profession should (check all that apply):



If you chose "other" in the previous question, you may list additional uses of a scope of practice here:

- *I am sure there are pros and cons to incorporating it into the legislation; I would need more information about that before choosing – I think it could be similar or consistent across provinces but would not make sense to be exactly the same as different provinces have different resources and capacity in relation to our own profession and other professions - listing day-to-day tasks is way too detailed for a scope of practice – I don't believe a scope of practice should be framed negatively (ie define what a profession can NOT do); rather it should be framed positively and define what a profession can and should do and this should reflect training (although perhaps training also needs to change to ensure certain components are covered) - there may be some overlap between professions simply because most work with clients and communities but at same time needs to have a unique aspect to it with enough detail to differentiate it from other professions*
- *Be similar in each province*
- *Scope of practice should be entry level - perhaps there is another process to have advanced practice procedures regulated. Is having an amendment to the Act that just deals with Advanced practice possible?*
- *Enable a dietitian to be able to transfer to other provinces easily*
- *Not list day-to-day tasks, but perhaps outline areas the profession is educated on and might be able to perform (realizing many will specialize in one or a few areas, but not be familiar with all areas of practice).*

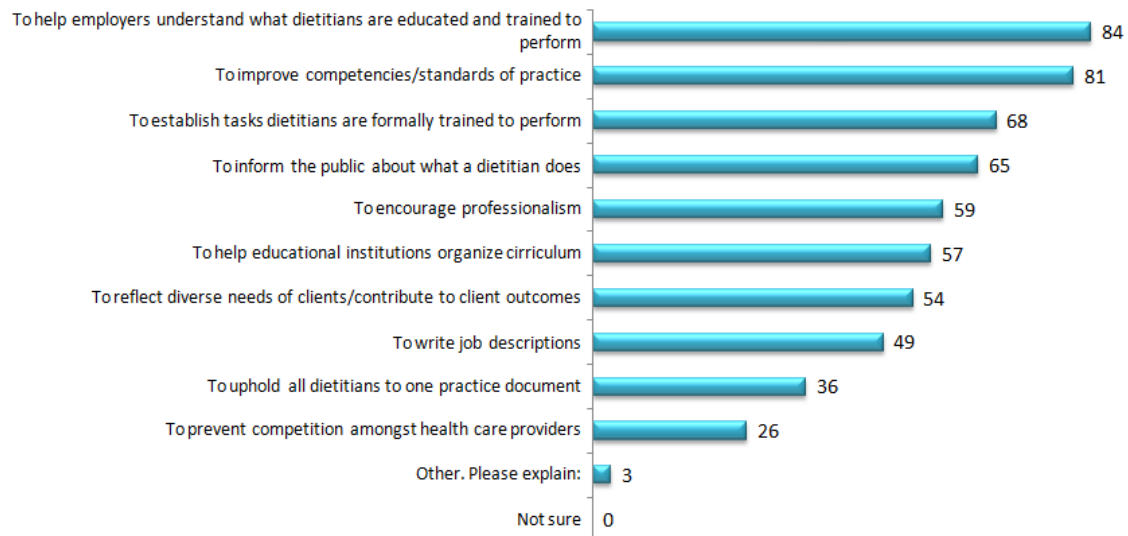
13. In your view, who should be involved in creating a scope of practice for a profession (check all that apply):



If you chose "other" in the previous question, you may list additional persons/groups who should be involved in creating a scope of practice here:

- *Government likely should be involved if the scope of practice is becoming part of the Act, considering the Government holds the Act; the Government would also have a unique insight because they would be aware of and familiar with the Acts (and included scopes of practice) of all of the professionals in which they hold Acts for (e.g., pharmacy, nursing, physicians, occupational therapists, physical therapists, speech pathologists, etc.) and would be able to see how the Dietitian's Act (and Scope of Practice) fits in with the other professionals*
- *Initially, the regulatory body with its members but at some point the document must be open to review by others if it is incorporated into the Act.*

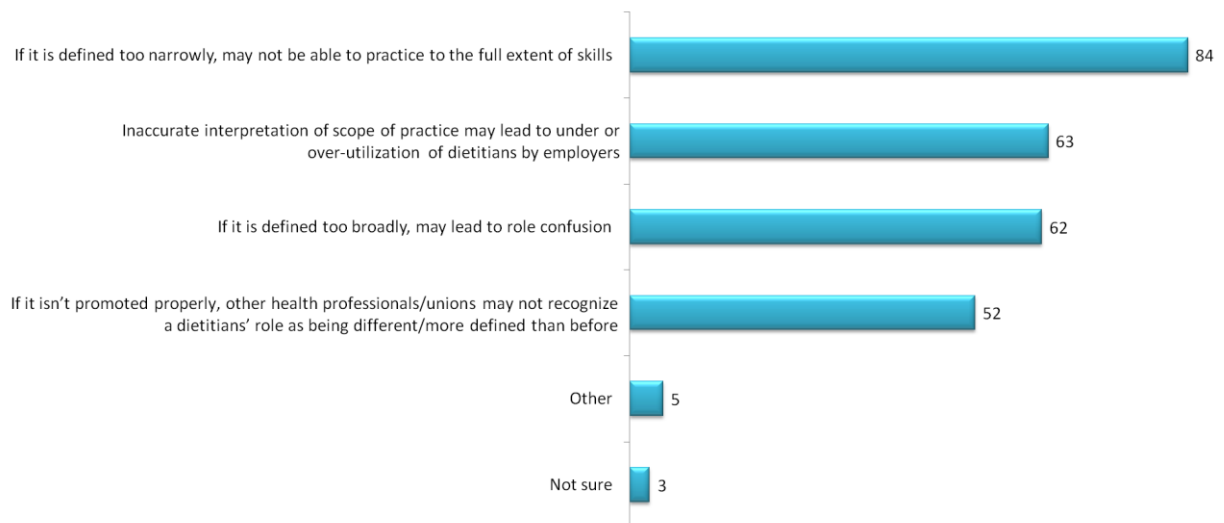
14. Currently, the Saskatchewan Dietitians Association does not have a scope of practice for its members, but is working towards creating one. In your view, how do you see a scope of practice for dietetics being used? Check all that apply:



If you chose "other" in the previous section, you may list additional uses of a scope of practice here:

- *To value the diversity of the profession and the potential for dietitians to contribute to the continuum of care across the life span.*
- *To protect the public and assure a high level of competence*
- *Assist to set boundaries and consequences for all those who promote themselves as nutrition dietetic professionals without the recognized training (not just healthcare providers)*

15. In your view, what challenges for dietitians might be encountered while working within a scope of practice? Check all that apply:



If you choose "other" in the previous section, you may list additional challenges here:

- *A dietetic scope of practice will almost certainly overlap with scopes of practice for health professionals from other disciplines. Some health professionals, including dietitians, are territorial in some settings. This leads to conflict between disciplines working within the same union to help the same clients attain greater health. I can foresee this being a challenge, and it has the potential to take everyone's focus away from our ultimate goal of helping our clients/patients.*
- *A challenge may be with the employers getting on board b/c if RD's have advanced practice skills and they ask for it in job descriptions they have to pay more.*
- *For those of us who work in non-traditional roles and have chosen to remain RD's, there needs to be some recognition/acknowledgement of the work that we do and how that relates to our background/training as RDs. I worry that a narrow definition will cause the association to lose members who move into different roles but can do this work now because of our former background as RDS.*
- *If too narrow, we may also not be able to build capacity to broaden skill to meet client need.*
- *If not promoted properly the public may not recognise the dietitians' role of the past or moving forward.*

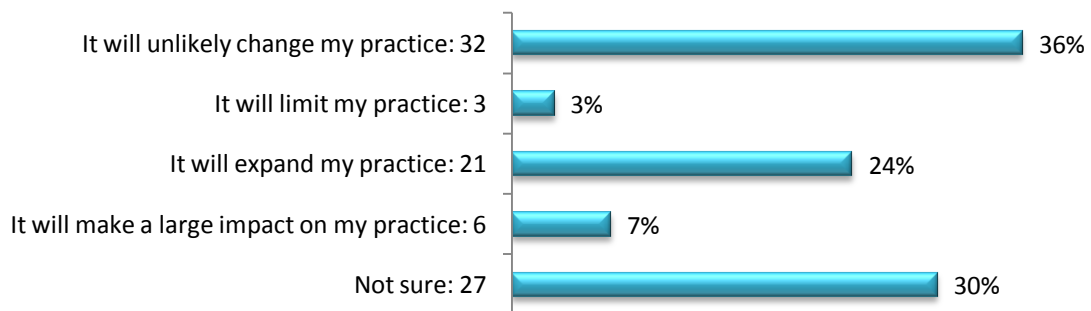
16. In your view, a dietetic scope of practice could enhance the practice of dietitians by (check all that apply):



If you chose "other" in the previous question, you may list additional ways a scope of practice could enhance your practice here:

- *By using the dietitians' skills and knowledge to the utmost, client care is maximized.*
- *I'm not convinced that a formalized documented scope of practice will truly enhance dietetic practice. Dietitians are already established in the health care system, and due to the diversity of practice areas within dietetics, the scope will have to be so broadly defined that it will not be meaningful enough to practically implement.*
- *to encourage all provinces to allow dietitians advanced practice and broaden our scope.*
- *It would help explain to senior leadership what we are capable of doing and do do.*

17. In what way might a dietetic scope of practice change your practice?



18. How important is a scope of practice for dietitians (open ended question):

<see data analysis>

In Phase 3 of our study we will be conducting online focus groups with registered dietitians. The focus group will allow us to gain a more in-depth understanding about perceptions and expectations of a dietetic scope of practice. The total time required to participate is estimated at 2-3 hours over the three week period. Participation is voluntary. If you would like to participate or require more information, please provide your e-mail address in the space below, or contact the primary researcher at martina.selinger@usask.ca. If you choose to participate in the online focus group, your survey responses will not be linked to your contact information.

Thank you for your participation. Your feedback is appreciated.

Appendix G: Phase III Focus Group Questions

Week 1:

Thank you for taking the time to participate in our online focus group on dietetic scope of practice. Week 1 discussion questions are posted in the discussion board under “Week 1”. Additional questions will be posted on March 5th and the last set of questions will be posted on March 12th. Please log onto this website at least twice a week during the focus group to respond to the questions and other participants responses. You can log onto the website and post responses as often as you like. A handout on working with discussion groups on blackboard and tips on how to enrich the online focus group discussions can be found *<link to documents>*.

A thoughtful, critical and reflective discussion is welcomed and encouraged. Please answer each question with as much detail as possible. The purpose of the focus group is to interact with participants and share ideas – not just answer the moderator questions. Feel free to ask questions to other participants and comment on responses. There are no right or wrong answers. It is expected there will be many different viewpoints – please share your point of view even if it differs from what others have said. The moderator may ask you to expand upon your comments.

All responses will be kept on this confidential website. You may post additional information or clarify previous posts. You will not have further access to this website after <date> when the data will be analyzed.

Statement of Consent: Continuing on and answering the following questions indicates that you have read and understood the consent form emailed to you on <date> and agree to participate in this research study.

Opening Question:

Please tell us about yourself as a dietitian. You may want to include what area of dietetics you currently work in, your role as a dietitian in this position, previous employment, whether you have worked outside of Saskatchewan, and how long you have been practicing dietetics.

Key Questions:

1. What are your thoughts, comments or concerns about scope of practice?

This may include questions you may have, experience with scope of practice, how you define your individual practice without a scope of practice in Saskatchewan, etc.

2. In the survey on dietetic scope of practice conducted in December 2011, 75% of Saskatchewan dietitian respondents stated they were somewhat familiar with the term “scope of practice” and 23% stated they were very familiar with the term. In the literature, a scope of practice is defined as activities practitioners are educated and authorized to perform. It is the base from which governing bodies prepare standards of practice, educational institutions organize curricula and employers prepare job descriptions.

What ideas or concepts do you think are important to include in a dietetic scope of practice?

This may include: activities common to the profession of dietetics; concepts about food and nutrition, promoting and protecting health, evaluating and assessing, etc.

3. 92% of Saskatchewan dietitian respondents felt that a scope of practice should be used to help employers understand what dietitians are educated and trained to perform. What challenges, if any, have you encountered regarding employers perception of a dietitians role?

This may include: What influence would a scope of practice have on these challenges? What tools would employers need to understand a scope of practice?

Week 2:

This week we will be discussing dietetic scope of practice statements from across Canada. Each scope of practice statement is the product of provincial regulation, member’s needs and input from other professions. Click on the link below to review these statements:

<link to scope of practice chart>

Key Questions:

1. What are your reactions to these provincial dietetic scopes of practice statements?

Your answers may include, but are not limited to: What are the challenges or opportunities with these statements? How would your practice change if these scopes of practice statements were enacted in Saskatchewan?

2. Dietetics is a diverse field. In the literature, most issues regarding scope of practice come from clinical settings. Many (84%) dietitians surveyed felt that a scope of practice should reflect the diversity of the profession. Given your current and previous areas of practice, what comments or concerns do you have regarding the diversity of a dietetic scope of practice?

Your answers may include, but are not limited to: Do you think it is possible to reflect the diversity of dietetics in one statement? Do the above scope of practice statements reflect the diversity of the profession and why?

Week 3:

<posted summary of previous week>

Ending Questions:

1. Does the above summary capture the discussion over the last few weeks? Is there anything that you didn't get a chance to say regarding dietetic scope of practice?
2. In Week 1, we talked about documents participants referenced, and job descriptions when defining their current individual "scope of practice". I was hoping we could have more discussion on how everyone defines their individual scope of practice. How do you define your individual practice?

You may want to think about: How do others (employers, colleagues, clients, government) guide your practice?

How do you determine if you are competent to perform aspects of your practice?

3. Many provinces have enacted scope of practice statements for dietitians over the last 20 years. What would you need to enact a new scope of practice statement in your practice?

Appendix H: U of S Course Tools – Working with Discussions


This document, created by ITS training services, was emailed to focus group participants in PDF form. A link to this document can be found at:

http://www.usask.ca/its/courses/coursetools/docs/students/discussion_students.pdf

U of S Course Tools


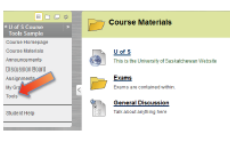
Working with Discussions

May, 2011

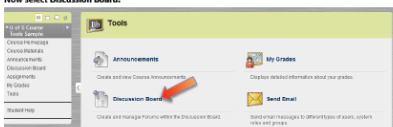


Blackboard Instructions.pdf - Adobe Rea

Background: If you are using the U of S Course Tools for the first time, please review the Course Tools Basic document before using this document. Note that the screenshots contained within may vary from your course, especially with the options available. The instructor of your course controls which tools are available. If the Discussion Board is not visible, your instructor may have disabled it.

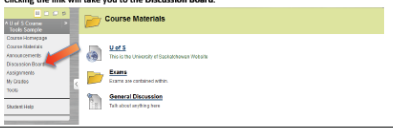
Step:	Action: Working with the Discussion Board
Background	The Discussion Board is a place your instructor has created for you to exchange ideas with your class. You can participate in this dialogue by posting and responding to questions and statements called threads. Discussion posts are often graded to encourage class participation and thoughtful analysis.
	Action: Accessing a Discussion Board Forum
1.	<p>Choose the Discussion Board you wish to view. In this example, the instructor has created a Discussion Board in the Course Materials titled General Discussion. Discussions may also appear within a Group to which you have been assigned.</p>  <p>—OR—</p> <p>Select Tools from the menu on the left to access the list of available tools.</p> 

Now select Discussion Board.

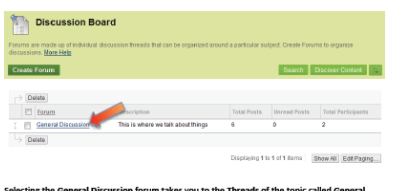


—OR—

Your instructor may have created a direct link to the Discussion Board in the menu on the left. The name may differ from the screenshot below but the functionality will remain the same. Clicking the link will take you to the Discussion Board.

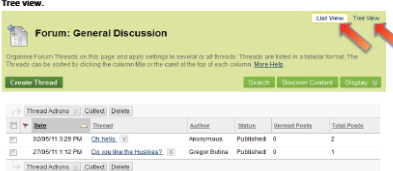


2. **Result: The Discussion Board page. You may now select the forum you wish to view.**



Selecting the General Discussion forum takes you to the Threads of the topic called General Discussion.

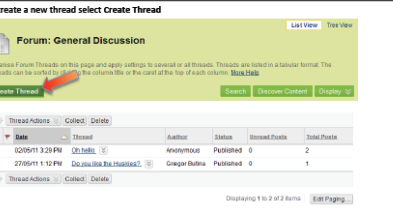
3. The following screen now appears. To change the way threads are displayed you can select List or Tree view.



Here you can create a thread and view existing threads.
Short Description: Forums are made up of individual discussion threads that can be organized around a particular subject. Create Forums to organize discussions.

Step: Action: Creating a Thread

1. To create a new thread select Create Thread



Short Description: A Thread is a series of posts related to the same subject. Threads provide an organizational structure within a Forum for users to share posts on similar topics. Creating a thread posts the first message.

2. Create the thread and click Submit. You may also save the thread as a draft to post later.

Create Thread

A Thread is a series of posts related to the same subject. Threads provide an organizational structure within a Forum for users to share posts on similar topics. Creating a thread posts the first message. [Back](#) [Help](#)

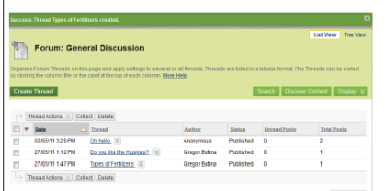
Indicates a required field.

Subject:

Message:

Buttons: [Cancel](#) [Save Draft](#) [Submit](#)

3. **The Created Thread:**



4. Others will now be able to select the thread after selecting the Discussion Forum (they will see General Discussion within the Course Content area. In this example, the thread is Types of Fertilizers and they may reply.) Numerous options are presented here. You can:

1. Search through the thread.
2. Select one or multiple threads' check boxes and make a selection in the Message Actions drop-down list. These actions include marking the read status of threads or setting and clearing flags.
3. Arrange your view using the icons on the action bar. You can swap the message tree section and the reply section of the screen up or down. You can hide or restore the message tree section to minimum. You can also maximize or minimize the message tree.
4. Navigate between messages in the thread using the next/previous arrows.
5. Rate the discussion post by selecting one to five stars.

Step: Action: Replying to a Thread

1. Select the thread you to which you want to reply.

2. Once you are viewing the thread click Reply.

3. Type your reply in the text box and click submit once you are done. A file can also be attached to your reply.

4. You will now be taken back to the Thread Detail page where you can see your Reply

Step: Action: Organizing Discussion Board Posts

1. To sort threads select the column title by which you wish to sort.

2. To change the read status of a thread, select the chevron next to the thread title.

3. To flag an important thread, select the Set Flag option.

4. To collect posts for easier viewing and printing, select Collect.

5. Once posts are collected they may be filtered, sorted, and printed.

6. You can search for specific text in the Discussion Board by selecting Search. Results appear on a Search Results page.

7. Selecting Search expands the Search field. You can narrow your results according to time and date as well as selecting an area to search – either all of the Forums in the course or the current Discussion Board. To search, type your search criterion into the Search text box.

Step: Action: Viewing Discussion Board grades and instructor feedback

1. To see your Discussion Board grades and instructor feedback select My Grades from the left side menu.

Item Name	Details	Last Submit	Last Instructor	Grade	Final Position	Comments
General Discussion	Details	25 May 2011 1:29 PM	28 May 2011 9:17 AM	5.00	100%	No comments yet. Click here to add a comment. We'll notify you when a comment is added to the discussion. Thank you for your post!
Assignment #1	Details			-	15	
LEB 20 MARK	Details			-	All	

2. To see a more detailed explanation of your grade, select the grade in the list.

3. Here you can see the actual thread, along with various statistics, your grade, and instructor feedback. Click Ok to go back to My Grades.

Forum Statistics
 Statistics for: Test Student
 Total Posts: 1
 Date of Last Post: 27 May 2011 5:25:19 PM
 Average Post Length: 27
 Minimum Post Length: 27
 Maximum Post Length: 27
 Average Post Position: 3

Forum Grade
 Grade for Test Student
 Grade: 10 out of 10.0
 Grade Date: 27/05/11 5:29 PM

Feedback
 You contributed original ideas to the Discussion. Keep it up the good work!

Contributors
 Test Student (1)

>> Talk to your instructor if you have any questions regarding discussions that are created in your course. <<

Appendix I: Enriching the Online Focus Group Handout for Phase III Participants

Enriching the online focus group experience

Online focus groups allow participants to respond at their own convenience, regardless of time of day or geographic location. This handout will provide you with some tips on how you can enrich the data gathered in online focus groups.

Role of Participants	Role of Moderator
<ul style="list-style-type: none">• Participate! The more you give to the focus group, the more you will get out of it. Try to log onto the focus group at least twice a week.• Log onto the blackboard website before the focus group begins to ensure your username and password works.• If you are having technical difficulties (e.g. problems logging in, posting responses) don't wait! Consult your Blackboard Manual or the moderator (martina.selinger@usask.ca) as soon as possible.• Respond to other participants' comments and questions.• Post questions for response by other participants.• Ask participants to clarify or expand on their posts.• Draw upon your own experiences. Connect your responses to real life.• Recognize that disagreements and different viewpoints will arise.• You may reveal as much or as little as you want. All responses will be kept confidential.• Keep all postings and responses confidential. Please do not share outside of the group.	<ul style="list-style-type: none">• Provide all participants with a Blackboard Manual, username and password.• Post new discussion questions each Monday by 12:00 p.m. for the duration of the focus group.• Respond to all participants questions and concerns within 24 hours.• Post probing questions on participant comments to enhance discussion.• Ensure all participants feel welcomed and respected.• Keep all responses confidential.

Above all, please be respectful of all participants and the moderator. Remember, we are all dietetic colleagues with an interest in the scope of practice for our profession. A fruitful, critical and reflective discussion is welcomed and encouraged.