

Abstract Title

A snapshot of dietetic staffing ratios in primary health care

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Abstract

Introduction: Registered Dietitians (RD) in primary health care (PHC) improve health outcomes and save \$5 to \$99 for every \$1 spent on nutrition interventions. Despite proven benefits, few dietetic positions exist in Canada and internationally with only 3-15% of the dietetic population reported to be working in PHC. Limited access to dietetic counseling for vulnerable populations at risk or living with chronic disease is an ongoing problem with less than 30% of Ontarians having access to dietitians in primary care settings.

Objectives: Provide a snapshot of observed and recommended staffing ratios for dietitians working on interprofessional teams in PHC; Identify factors influencing staffing projections; Demonstrate utilization of staffing ratios to identify service gaps and plan for appropriate workforce capacity.

Methods: A review of the literature on dietetic staffing and workforce capacity was completed in 2017 to complete a PEN pathway on dietetic staffing ratios in PHC.

Results: Dietetic staffing ratios include ranges of 1 RD: 15,000-18,500 patients and 1 RD for every 4-14 family physicians. Expert consensus studies from Australia, Canada and the United Kingdom recommend 1 RD for every 300-500 patients with diabetes to meet population specific health needs and best practices.

Conclusions: Current staffing ratios are likely inadequate to meet the needs of aging populations with high rates of chronic disease and to keep up with high expected vacancies. Projection models based on specific population needs and best practices are recommended over traditional staffing estimates based on physician or population numbers.

Significance to the field of dietetics: With the expansion of PHC in Ontario to meet the needs of 70% of the population currently not rostered with FHTs, dietitians and health care planners are urged to utilize the ratios to identify service gaps and ensure adequate dietetic capacity.