

Final Assessment Report (FAR) and Implementation Plan

Periodic Program Review (PPR)

Graduate Program in Dietetics (PMDip)

Last Updated: May 8, 2024

FINAL ASSESSMENT REPORT

In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the graduate program in **Dietetics (PMDip)**. This report identifies the peer review identified strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The report also includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the final assessment report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

EXECUTIVE SUMMARY

Dietitians are highly trained experts in nutrition and food who provide services to support Canadians' nutritional health. To become a dietitian in Ontario, individuals must complete a university degree that is accredited by the Partnership for Dietetic Education and Practice (PDEP), complete a period of supervised practical training and pass a national licensing exam.¹ The supervised practical training component can be completed either through an integrated program as part of an undergraduate degree or as part of a post-degree program such as a Practicum training only program or a Master's degree with practicum training.²

In 2011, Dietitians of Canada estimated that there were 2.5 qualified applicants for every available post-degree dietetic education position. In 2013, there were fewer positions available and the number of applicants vying for those positions increased. To help address the ongoing shortage of post-graduate dietetic training positions, Toronto Metropolitan University's (TMU) proposed a Type 3 stand-alone Professional Master's Diploma (PMDip) in Dietetics within the School of Nutrition. The program was approved in 2013 by the institution's Senate and the OUCQA³ and in 2015, in partnership with St. Michael's Hospital (SMH), the PMDip in Dietetics welcomed the first cohort of eight students.

In 2016, the PMDip partnered with North York General Hospital (NYGH), increasing enrollment to 12 students and in 2019 the program expanded to 24 students with four Greater Toronto Area (GTA) hospital partners. This expansion helped to support the shortage of dietetic training positions and recent changes to Bill 47 (Making Ontario Open for Business Act, 2018) that required stand-alone previously accredited hospital dietetic internship programs to partner with academic institutions. The program collaboration represents the bringing together of hospital-based and university-based resources and skills that utilize existing strengths that together fill gaps that constrain program growth and effectiveness.

Program Description

The Professional Master's Diploma (PMDip) in Dietetics is a one-year, full-time professional program offered in partnership with North York General Hospital, Sunnybrook Health Sciences Centre/Women's

¹ Dietitians of Canada. Available from: <https://www.dietitians.ca/Become-a-Dietitian/Education-and-Training>

² Dietitians of Canada. Available from: <https://www.dietitians.ca/Become-a-Dietitian/Education-and-Training>

³ Ontario Universities Council on Quality Assurance. Available from: <https://oucqa.ca/framework/definitions/>

College Hospital, The Hospital for Sick Children, and Unity Health Toronto. The program combines experiential and practice-based learning through coursework and practical, hands-on dietetic experience in nutrition care, population health promotion, food provision, and management settings. Integrated Competencies for Dietetic Education and Practice (ICDEP) are the standards for all registered dietitians in Canada, which, upon completion of our program, prepares students to practice safely, effectively, and ethically at entry-level.⁴ Graduates of the PMDip program are eligible to write the Canadian Dietetic Registration Exam and if successful, become registered dietitians — going on to work in a diverse range of entry-level dietetic practice settings.

In 2016, the program achieved a 7-year accreditation status from 2017-2024 with the Partnership for Dietetic Education and Practice (PDEP) Accreditation Standards for Dietetic Education Programs in Canada.

Strengths

The PMDip in Dietetics is an innovative program that prepares students to achieve the required competencies and apply for registration as a dietitian in Canada. Community and urban partnerships and innovation are major strengths of the PMDip program. The program consists of four diverse hospital partners that vary in geographic locations, clinical service offerings, and populations they serve. In addition to our hospital partnerships, students work with community organizations as part of the major Population Health Promotion Capstone project. Furthermore, the program curriculum provides students with a variety of learning opportunities including classroom based learning, community engagement, hospital based clinical training, simulation, and peer teaching. Preceptors and instructors use an instructional scaffolding approach to promote learning, enabling students to gain confidence and the knowledge and skills to perform at entry-level proficiency by the end of the program.

The PMDip program is uniquely positioned, providing guaranteed hospital based training that exposes students to diverse communities in the GTA. The program provides students with a wide range of learning opportunities, from disease prevention in primary care to the sickest most critical patients in the intensive care unit. The PMDip is a well-recognized program with 93% of graduates (n=67) successfully achieving a general membership with the College of Dietitians of Ontario and over 80%

⁴ Partnership for Dietetic Education and Practice (PDEP). Available from: <https://www.pdep.ca/>

obtaining employment in the field of dietetics within 6 months of graduation. Furthermore, our alumni report (n=22) a 95% satisfaction rate with the overall program experience and 100% of our students would recommend the PMDip Dietetics program to others.

Weaknesses

Lack of financial resources for students (i.e., Ontario Student Assistance Program (OSAP)) and limited financial and human resources for the growth and sustainability of the program were identified as weaknesses. Past and current students have reported that the cost of tuition and limited financial support is a barrier to equitable access. Additionally, the graduate programs (MHSc and PMDip) expanded enrollment in 2019 from 24 to 59 students, this 2.5 times growth resulted in increased workload for TMU Graduate Nutrition Department Administrative and Practicum Coordinator staff. The COVID-19 pandemic further stretched both TMU and hospital resources as hospital coordinators were redeployed to support clinical operations.

Opportunities and Development Plans

Advocacy for additional financial and human resources will be our focus over the next couple of years to maintain our high quality program and meet the needs of our students and partners. Our next steps will be to advocate for allocation of graduate seats for the PMDip as a way to create resources, such as OSAP for students. We will also advocate for additional human resources to support administrative activities and a new management position to further support hospital partners and update curriculum to include TMU's key priorities.

PERIODIC PROGRAM REVIEW AND PEER REVIEW TEAM

The graduate program in **Dietetics (PMDip)**, FCS, submitted a Self-Study Report to the Yeates School of Graduate & Postdoctoral Studies that outlined program descriptions and learning outcomes, an analytical assessment of the program, program data including data from student surveys and the standard data packages. Course outlines and CVs for full-time faculty members were also appended.

Two external and one internal arm's-length reviewers were selected from a set of proposed candidates. The Peer Review Team (PRT) for the Periodic Program Review (PPR) of this graduate program consisted of Dr. Jennifer Taylor, University of PEI; Dr. Brenda Hartman, Brescia University College; and Dr. Esther Ignagni, Toronto Metropolitan University.

The PRT site visit was conducted on-site on October 17-18, 2023. The visit included interviews with the University and Faculty Administration including the Provost and Vice-President Academic, Faculty Dean, Faculty Associate Dean, Vice-Provost and Dean Yeates School of Graduate & Postdoctoral Studies (YSGPS); Associate Dean Programs YSGPS, Graduate Program Director of the Graduate Program, Director Graduate Program Administration, and meetings with Faculty, a group of current students, administration, and support staff. The PRT report was communicated to the Associate Dean, YSGPS on Nov 27, 2023, and the response to the report from the graduate program and Faculty Dean was communicated on January 29, 2024.

PROGRAM STRENGTHS, WEAKNESSES, AND OPPORTUNITIES

The Peer Review Team identified program strengths, weaknesses and opportunities for program improvement and enhancement, outlined below.

Strengths

- A primary strength of the program is the quality of its faculty and staff. Our interviews with them, and with students, preceptors and hospital coordinators, indicated that the Practicum Coordinator, faculty and support staff are well respected and valued by partners and students. In particular, the dedication of staff and faculty in delivering a quality program and their strong support for students and partners was consistently mentioned. The positive student academic outcomes cited in the self-study report also support this conclusion.
- The Standing Academic Coordination Committee (SACC) is also a strength in that it ensures that all aspects of the program design, implementation and evaluation are consistent with the program's mission, goals, and objectives and that the program complies with both regulatory and legislative as well as national dietetic program accreditation requirements, among other duties. Chaired by the Graduate Program Director, School of Nutrition, members include the Practicum Coordinator, and Program Administrator, who work collaboratively with hospital partners in identifying and implementing any major program changes.
- The program has a very high completion rate (99%) with the vast majority (93%) being registered with the provincial regulatory body in Ontario; this means that all graduates have met the practical and academic requirements to practice as a registered dietitian in this province and have passed the required national CDRE exam. As mentioned previously, the PMDip pass rate for the exam exceeds provincial and national standards which is a strong indicator of program success. According to the results of the graduate survey included in the Self Study, a high proportion of graduates (80%) are employed as a registered dietitian.
- The program meets an important need in that it is well suited for students who do not want to complete a Master's degree, or already have a Master's degree, and who want a program that has a strong advanced critical care component. This program provides high quality hospital placements in renowned tertiary care centres which ensure that students are trained to a high level of competency. The success of the program is reflected in the high completion rate and the number of students that are hired by the teaching hospitals directly after graduation.

- The program operates on a cost recovery basis which is innovative.
- The program preserves the identity of individual hospital programs, ensuring that they are motivated and dedicated to offering high quality placements for PMDip students.

Weaknesses/Challenges

- Student funding was identified as the most significant challenge for both current students and program graduates. This reflects the fact that students are not eligible for OSAP funding as MHSc students are. Although there was a temporary increase in seats for the MHSc program this year, it will be four years before there will be an opportunity for TMU to apply for more seats. Even then, it seems unlikely that there will be funding allocated for the PMDip program. Further, PMDip students do not receive pay or a stipend and have had to incur increasingly higher housing and other costs. As a result, there is an urgent need to provide financial support for students through bursaries or subsidized housing. It is therefore important for TMU faculty and staff to work with TMU Advancement to attain modest but sustainable funding (e.g., bursaries) for all students. PMDip is considered less expensive compared to other diploma programs in Ontario so there is potential for growth. However, the lack of funding is a significant barrier to program growth. Ineligibility for OSAP funding, limited bursaries and full-time placement hours, which limit student employment, conspire to render the PMDip potentially less attractive for potential applicants.
- Insufficient human resources: Adequate staff support is critical to ensure that the Practicum Coordinator will be able to continue to provide adequate support to the PMDip program. The PRT supports the Self Study recommendation (Section 2.8) that administrative support, which has not increased since the program was formed, be increased to full time. Further, if this program were to grow and partner with the School of Medicine, a program manager will be key in developing and maintaining new partnerships and transitioning the program.
- There is a decline in applications to the PMDip program from 177 in 2020/21 to 153 in 2021/22 with the trend continuing in current years. Hospital partners expressed concern about the decrease, but hospitals decide which and how many students they accept. Therefore, the decrease in total applications does not just reflect a decline in student interest in the program. Further, this is a trend across the province and the country resulting in more competition for students amongst programs to fill seats.

- There is a restricted selection of specialized hospital placements: Students can only choose one hospital in the application process. This means that:
 - If the student's chosen hospital does not wish to take them, they are not accepted into the program. This limits the student's access to the PMDip program as the determining factor for program acceptance lies with the hospital and not TMU.
 - PMDip students do not get to benefit from the variety of placements that MHSc students do. This model reflects the preference of the hospital partners, who contend that students get a stronger specialized clinical/nutrition care experience this way, particularly in critical care (enteral, parenteral, ICU, renal, pediatrics). Further, in interviews with hospital preceptors, it was clear that they perceive that PMDip students get more weeks of training in clinical compared to the MHSc. This is not the case, but this perception persists, in spite of the attempts of TMU Practice coordinator to educate hospital partners.
 - While we recognize the need for specialized skills and a highly trained workforce, the current program model is not the only way to achieve this goal. We therefore strongly support the proposed TMU pilot (Jan 2024) which will involve the MHSc students doing placements at North York General Hospital and other institutions. The aim is to determine if hospitals are receptive to taking students for shorter placements which could lead to PMDip students having opportunities to train at more than one hospital. Unity Health was also considering this, but a decision has not yet been made. Although not directly relevant to the PMDip program, entrenched thinking by hospital partners is a barrier to fully implementing the MHSc model.
- There is a need to strengthen opportunities to meet competencies in research: Currently, hospital partners meet this competency through "journal club" meetings, where students review and critique research papers with hospital preceptors. This is a good introduction but is unlikely sufficient to meet the research competencies identified in the new ICDEPs.
- The self-study speaks to issues of cultural safety in the program and EDIA issues were raised at different points throughout the site visit. However, hospital partners did not identify a comprehensive approach to providing opportunities to ensure sufficient Indigenous and EDIA content.
- Inconsistency of mentorship program in hospitals: Students spoke highly of the mentorship programs. Unity Health has a mentorship program, but it seems likely that they will discontinue their involvement

with the PMDip program. We encourage all existing and future partners to adopt mentorship programs to support student success and well-being.

Opportunities

- Building Research into Capstone Project: As part of the SWOT analysis in the program self-study report, the program discusses reviewing the timing of courses, including front loading course work to summer months or first semester, to improve workload for students and reduce interruptions to practicum courses.
 - The PRT agrees that there is an opportunity to utilize and enhance the capstone project in the NC8300 course to provide more opportunities for students to meet the research competencies. Currently, research competencies are met through a one day/week journal club; this takes away from practicum time in the hospital setting. Redirecting the time allotted for journal club in the hospitals and replacing it with enhanced practice-based research activities within their NC8300 project would allow students to remain abreast of current literature while honing research skills and knowledge dissemination and reduce disruption to hospital placements. This may make better use of limited resources and provide enhanced research training with faculty. For example, at Brescia, Diploma students complete research placements with preceptors either in the hospital setting or with faculty 'preceptors' at the university.
- Enhancing Indigenous Health and Equity, Diversity, Inclusion and Accessibility (EDIA) in the Program:
 - The PMDip self-study, faculty, staff and students spoke to issues of EDIA through attention to cultural competencies, cultural safety and serving the needs of an extremely diverse metropolitan Toronto community. Program faculty and staff were reflective about the homogenous nature of the dietetic profession, attending to its Euro-centric, middle-class and cis-gender female character.
 - The PRT did note that alumni and students appeared to be racially diverse, although this was never explicitly discussed. Given the inequitable treatment received by Black, Indigenous, racialized, newcomer, 2SLGBTQ, disabled and low-income patients in Ontario, and in the GTA in particular, greater attention between the interplay between social relationships and health care disparities in clinical settings may be warranted. For example, the GTA has a significant number of social and health programs in place to support the diverse health needs of its population. Since the PMDip program is housed in the city core,

it could enhance its EDIA efforts to consider the impact of dietetic practice on health disparities by linking with some of these programs. As well, the PMDip partnership includes at least one downtown hospital, offering an opportunity to develop an urban Indigenous health focus. This may have the added benefit of working towards decolonizing the dietetic profession.

- Build Capacity to Continue to Grow the Program

- With the anticipated opening of the TMU School of Medicine in 2025, new opportunities for placements at locations such as William Osler Hospital, as well as outside of traditional hospitals, emerge. This would move the control of PMDip students' training more fully to the School of Nutrition, reducing the reliance on the current hospital partnership. A partnership between the PMDip program and the School of Medicine is more likely to develop if there is an additional manager who can act as a practice lead. This would create more diverse placements and would have the added benefit of increasing the control that TMU has over the PMDip program. This has been done successfully at the Northern Ontario Dietetic Internship Program, which is affiliated with the medical school in Thunder Bay: they don't recruit students from their undergraduate programs but rely on provincial and national recruitment. Developing this partnership would enable the PMDip program to continue the program with adequate placements for student learning.
- Students and hospital staff were vocal on issues related to income inequality produced through the PMDip program. While the tuition cost is lower than other pathways into dietetics, the financial pressures were profound. Because the PMDip is a cost recovery program, without designated graduate seats, its students are not eligible for financial aid. Limited bursaries in the range of \$1000 per award are available through TMU and have been held by past and present students.
- Finally, if the PMDip program increased its control over the delivery of the program, they could incorporate an Urban Indigenous Health perspective, including placements initially and, perhaps, eventually creating a component of the program dedicated to Indigenous Health.

SUMMARY OF PRT RECOMMENDATIONS, GRADUATE PROGRAM AND YSGPS RESPONSES, AND IMPLEMENTATION PLAN

A report on the progress of these initiatives will be provided in the Follow-up Report which will be due in one year from the date of Senate approval.

PRT Recommendations	PRT Rationale	Dietetics Program Response	Dean of Faculty of Community Services Response	Proposed Program Action	Program Timeline and Responsibility/Lead	YSGPS Response
<p>Recommendation 1: Work with TMU Advancement Services to attain funding for PMDip students</p>	<p>PMDip students are not currently eligible for OSAP funding, and it is unlikely that this is going to change in the near future because of the structure of graduate school funding in Ontario. A lack of funding was identified as a significant EDIA issue and should be addressed immediately.</p>	<p>Our program has already begun discussing alternate approaches regarding this recommendation with the Dean of Faculty of Community Services (FCS) and Yates School of Graduate and Postgraduate Studies (YSGPS). We have discussed a pilot approach for winter 2024 which involves rolling 15 PMDip student positions into our MHSc. These 15 temporary seats were granted for a winter 2024 cohort. These students will have access to OSAP and more student awards. They will continue to get the same hospital/nutrition care experience as our PMDip students. We will</p>	<p>Given that budget cuts and the current financial climate will continue to be a challenge at TMU for some time, we do not anticipate increasing funding support to the program anytime soon. Donor funding is never a guarantee, even with the support of University Advancement. We will continue to work with the program to assess and support alternative models/approaches to meet PMDip students' funding needs, such as possibilities for expanding the MHSc program with another cohort of students who would have applied to the PMDip program.</p>	<p>Continue working with the Dean of FCS and YSGPS to implement and evaluate a winter 2024 cohort pilot where 15 PMDip student positions are transferred into our MHSc program. These 15 students will have access to OSAP and more student awards.</p> <p>Evaluate the outcome of the pilot over the Winter semester. Based on the result of the pilot, we will assess whether these 15 MHSc seats can be made permanent within program.</p> <p>Promote available TMU bursaries among PMDip students during orientation.</p>	<p>Fall 2024 - Expand the eligibility for the Patricia Jensen award to all graduate nutrition students. This has now been approved and will be implemented in Fall for PMDip students to apply to.</p> <p>Fall 2025 - Assess the outcome of the MHSc pilot (April 2025), which will then inform next steps.</p>	<p>YSGPS continues to advocate for increased student funding and reduced graduate program tuition. Noting that graduate student funding from the University is currently significant, it encourages the program to look into ways to increase contributions from other sources.</p> <p>This recommendation is related to the additional recommendation #5 below. YSGPS has been working with the program to pilot of increasing the domestic intake of the related MHSc in Nutrition Communication program and reducing the PMDip intake. The performance of the pilot is being evaluated.</p> <p>YSGPS will also assist the program in coordinating with TMU's newly named Assistant Vice-President, International to facilitate converting the PMDip program into</p>

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		<p>evaluate the outcome of this change over the Winter semester. Based on the result of the pilot, we will advocate to make these 15 MHSc seats permanent within the faculty</p> <p>The PMDip still remains a less expensive option and shorter program for students who do not want a master's degree. We want to continue offering the PMDip as another viable option for students to become dietitians. However, the PMDIP model, in training students to become clinical dietitians with our clinical partners, may not be the best model given other expanding competencies that students need to meet (mentioned elsewhere) as hospitals do not have the resources to expand their</p>	<p>Converting the PMDip program into a model for training internationally trained dietitians is a promising model and our Associate Dean of Graduate Studies/Internationalization will support the program in this endeavour.</p>	<p>We have reached out to a long-time donor to request that we expand the eligibility for the Patricia Jensen award to all graduate nutrition students. Currently this award is only for MHSc Nutrition Communication students. This change has been approved and this award will be available to PMDip and MHSc students in Fall 2024</p>		<p>a model for training internationally trained dietitians.</p>

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		<p>program to address these competencies. Therefore, we have discussed with the Dean/Associate Dean the idea of adapting the PMDip program into a model for training internationally trained dietitians to obtain their experiential learning competencies for professional practice.</p> <p>We will also continue to seek funding support for our existing PMDip students. Limited bursaries in the range of \$1000 per award are available through TMU and have been held by past and present students. However, historically, many of our PMDip students have not received this award. More can be done to promote these bursaries during orientation and</p>				

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		make sure our partners are aware of this.				
<p>Recommendation 2: Human Resources</p>	<p>We know that the PMDip program has adequate support through the Ancillary fees.</p> <p>This is appropriate given that most of the program is delivered off campus. As the PMDip program is phased into the MHSc, staffing resources should be consistent with increased needs. We endorse the recommendation in the self-study report that a full time management and 0.5 administrative support positions be added. They need staffing coordination to support high quality graduates through both curriculum and placement. These are complex placements which require a lot of support staff, burnout is likely.</p>	<p>We are in transition in obtaining a full time Program Administrator (PA) for the Graduate Program. The Dean of FCS is briefed on the situation, and we have hired a part time PA for the summer to assist with the winter cohort. We expect to have a full time PA for the program by the end of August 2024.</p> <p>Having a full-time PA is in line with other departments within the faculty with similar graduate enrolment. Furthermore, given the demand and current growth of the program we are long overdue for a full-time PA.</p> <p>We have briefed the Dean of FCS regarding a MAC Experiential Learning Manager. A job</p>	<p>We will continue to assess the human resource needs of the program. As we review and discuss changes to the PMDip program, we will also undertake a review of administrative supports and make changes as necessary. A meeting is scheduled with the Program (Director and GPD) and YSGPS on Feb 26, 2024, to review the pilot cohort for the MHSc program. Human resources will also be discussed at that time.</p>	<p>In communication with the Dean of FCS about obtaining a full time Program Administrator (PA) for the Graduate Program and hiring a part time PA for the summer to assist with the MHSc winter cohort.</p> <p>A job description has been drafted for a MAC Experiential Learning Manager that will be funded through open electives revenue sharing and the graduate program ancillary fees.</p>	<p>March 2024 to assess initial resource needs related to MHSc pilot.</p>	<p>Resources for such staffing is outside the purview of YSGPS, but we are supportive of finding ways to ensure adequate administrative support for a high-quality graduate student experience that stays proportionate with growth or other program changes.</p>

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		description has been drafted for this position. We need to finalize the revenue sharing options from our open electives and need to increase graduate program ancillary fees to fund this position. This position will have both graduate and undergraduate responsibilities. As well, bring additional support to the existing 2.0 FTE Practicum Coordinators.				
Recommendation 3: EDIA related	The PRT agrees with the Self-Study Report that EDIA can and should be enhanced in the PMDip program. Throughout the site visit, students, alumni, staff, and partners spoke to the diversity of the GTA and to the income barriers faced by students. However, how EDIA was integrated into student recruitment, selection,	We recognize the importance of enhancing the EDIA within the curriculum. EDIA content is also included in the new ICDEPs (competencies). We are in year three of an anti-black racism (ABR) module that we developed for our MHSc. We revise the module yearly based on student feedback and recently	The plans for improving EDI related content in the PMDip program are judicious. It is understood that with the majority of PMDip students being rolled into the MHSc program in winter 2024, where EDI content is already embedded, that this recommendation will be largely addressed. However, the program is applauded on plans to	We currently have an ABR module that was developed for the MHSc program. We will expand and transform the module into a pressbook for PMDip students. We have applied and received funding from the Faculty of Community Services (FCS) Anti-Black Racism Curriculum Development Fund. Feb 2024 and were awarded -	Fall 2024 to roll out Anti-Black Racism Pressbooks module to PMDip students. Further content in this area will be assessed following the MHSc pilot and to be implemented in Fall 2025	The benefits of measures to address diversity and accessibility in research, education, and clinical practice are tremendous. YSGPS commends the Program and Faculty on their current and proposed initiatives to further integrate EDIA into the curriculum and develop additional resources and is happy to help in any way that it can to continue and enhance such activities.

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	<p>and education/training, including hospital placements, was largely unaddressed in the review and the site visit. There are opportunities for TMU to work with partner hospitals to develop an EDIA lens in the program. This will set up the PMDip to take on a leadership role as dietetic programs undergo similar transitions across the country.</p>	<p>received funding to expand and transform the module into a pressbook that we can share as an open access resource with our PMDip students. If the PDMip is rolled into the MHSc this curriculum is already embedded into the program.</p> <p>We have started an Anti-Indigenous racism module in dietetics, and we are in discussion with the Northern Dietetics Internship Program to complete this module together. We will seek more university funding to expand these efforts to develop, evaluate and continue to revise this content.</p> <p>Pulling students away from placement for in-class learning has been a challenge. However, we</p>	<p>seek further university funding to further enrich the curriculum with EDIA content. One such funding option is our FCS ABR Curriculum Development Fund.</p>	<p>\$9,965. We have also applied for funding from 2024-2025 Learning and Teaching Grant Application Form: Project title: Anti-Black Racism in Dietetic Practice.</p> <p>We are collaborating with the Northern Dietetics Internship Program an Anti-Indigenous racism module in dietetics. We will seek more university funding to develop, evaluate, and revise this content.</p> <p>We plan to review NC8300 to better integrate EDI and clinical practice. Potentially creating EDI related assignments to discuss issues of food sovereignty and food access as we do in NC8109 (Food Policy Course) in the MHSc program.</p> <p>We will have a better idea of how to proceed</p>		

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		<p>can propose developing a course and front load it for the PDMDip students and only offer two semesters of placement. Or we can integrate this content as a bootcamp as we have done with the clinical bootcamp.</p> <p>We plan to review NC8300 to better integrate EDI and clinical practice. Potentially creating EDI related assignments to discuss issues of food sovereignty and food access as we do in NC8109 (Food Policy Course) in the MHSc program. Furthermore, EDI is already embedded in the capstone project in NC8300. Students conduct a needs assessment, develop, implement and evaluate an intervention, in low</p>		<p>with these plans after results from our pilot to merge the PMDip into the MHSc</p>		

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		<p>income/high needs areas in Toronto.</p> <p>Given that PMDip enrollment is down to 7 students next year due to hospital partners' interest in reserving practical training spots for the MHSc pilot, we plan to merge our PMDip and MHSc cohorts into one NC8300 section. We are in discussion with our hospital partners to confirm this plan.</p> <p>Our hospital partners currently have limited resources to offer placements to students each year. They are not able to support the same number of PMDip students in addition to MHSc students. Furthermore, two hospital partners (North York General Hospital and Unity Health</p>				

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		<p>Toronto) have decided to not continue with the PMDip program due to internal decision making to align dietetics training with all other health disciplines that they support. For these reasons we will see a decline in PMDip enrollment for the 2024-2025 academic year.</p> <p>We will continue to monitor enrollment data for both PMDip and MHSc programs.</p>				
<p>Recommendation 4: Enhance the research component of PMDip.</p>	<p>The NC 8300 capstone project provides some competencies which are supplemented by journal club activities offered through the hospitals. This is not ideal, as this increases the responsibilities for preceptors. There are barriers to achieving research competencies in hospital settings due to</p>	<p>Given our PMDip students' accreditation exams success, there is clear evidence that they are achieving their research competencies. The PRT team also stated in their report: <i>"The Canadian Dietetic Registration Examination (CDRE) for PMDip exceeds the provincial (73.2%) and</i></p>	<p>The explanation provided by the program regarding this recommendation is understood. We support the program's position on this.</p>	<p>No further action will be taken on this recommendation.</p>	<p>N/A</p>	<p>YSGPS supports the position of the program and Faculty on this recommendation.</p>

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	<p>limited resources. Leveraging a partnership with the School of Medicine could provide opportunities for students. We support TMUs recommendation to review the timing of the courses including front loading NC 8300 into the first term as this would create the opportunity to enhance the research component in the NC 8300 capstone project.</p>	<p><i>national (75.4%) rates at 81.8%. Based on this evidence, the review committee is therefore confident that the content of the program has, to date, met all required competencies).</i>" (PRT Report - Bottom of Pg. 3).</p> <p>The research competency for entry level dietetics is for practice-based research, not intensive research programs. As such, this research competency is the responsibility of our hospital partners. Accordingly, all partners have journal clubs and focus on how research is applied and interpreted for clinical practice. In NC8300 students are exposed to evaluation research (conducting a needs assessment, developing,</p>				

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		<p>implementing, and evaluating within their capstone projects)</p> <p>In addition, the PMDip is a master's diploma not a master's degree where more of a focus is on procedural research skills. It is important to note, that of the 200 dietetic competencies only 5 are dedicated to research.</p>				
<p>Recommendation 5: Gradually integrate the PMDip into the MHSc practicum program</p>	<p>The number of students enrolling in the PMDip program is declining, in part due to a lack of student funding. In contrast, more students are choosing the MHSc program, in part because of increased funding availability. PMDip staff are implementing a pilot in January 2024 whereby a total of 50 students (from both the PMDip and the MHSc programs) will complete placements. We</p>	<p>We are currently piloting an extra cohort of 15 MHSc students in the winter of 2024. Our PMDip partners are involved and have dedicated student positions to assess a new MHSc nutrition care steam model.</p> <p>The Dean of FCS and Associate Dean of YSGPS are supportive of this pilot and have approved a second year of the pilot by adding 15 additional seats to the MHSc</p>	<p>We support the current pilot to integrate PMDip students into the MHSc program. Further discussions will help understand how the PMDip program can be effectively adapted to grow international student enrolment.</p>	<p>The program has begun a pilot to integrate 15 PMDip students into the MHSc program starting in winter 2024. We will assess this new MHSc nutrition care steam model to decide on next steps.</p>	<p>Fall 2025</p>	<p>YSGPS will coordinate with the program when it assesses the outcome of the 2nd year of its pilot to provide advice and feedback that builds upon a successful first year of this initiative.</p>

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	<p>recommend that this pilot be evaluated and that PMDip faculty and staff consider expanding it to more hospitals in the short term. In the long term, we recommend that TMU consider transitioning the PMDip students into the MHSc practicum program.</p>	<p>program for a winter 2025 cohort. We are happy to report that as of March 20, 2024 all 50 domestic seats have been filled. We are also able to accept 6 International students as a result of balancing the domestic intake between the two cohorts to accommodate our classroom sizes.</p> <p>The Dean of FCS and Associate Dean of YSGS are well aware of this pilot. A meeting is already scheduled in late February 2024 to discuss the initial implementation of the pilot and its future in terms of seat allocation and student offers for the 2024/25 school year. This pilot will provide some evidence to steer the direction of how the PMDip (clinical internships) are delivered in the future.</p>				