



## **Prescribing Standards for Dietitians**

Nova Scotia Regulator of Dietetics

Published: June 3, 2026

*The Nova Scotia Regulator of Dietetics (NSRD) is the regulatory body for the profession of dietetics in Nova Scotia. In the public interest, the NSRD regulates dietitians and nutritionists to practice in a safe, ethical and competent manner.*

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**Note:** Prescribing drugs in outpatient, community, and long-term care settings requires dietitians to be recognized as prescribers within the provincial Drug Information System (DIS) to enable prescription processing in community pharmacies. The timeline for inclusion and recognition in the DIS remains undetermined. At present, dietitians in these settings are not recognized as prescribers within community pharmacies within Nova Scotia.

Recognition and operational implementation of prescribing privileges (including prescribing labs) within approved institutional settings (Appendix B) are subject to the internal processes and policies of each organization. It is the responsibility of employers to establish and maintain the necessary procedures and systems to enable authorized dietitians to prescribe within their practice environments.

In order for dietitians to prescribe laboratory tests (e.g. bloodwork), the employer must have an established agreement with the Nova Scotia Health laboratories and a defined pathway in place to facilitate requisition and result reporting. NSRD does not administer or oversee these operational arrangements.

## 1. Introduction to Prescribing – ‘Authorized prescriber’

### 1.1 Purpose and Context

When health care professionals (HCPs) work to their full professional scope, they enhance both the efficiency of the health care system and patients’ access to care. In doing so, they apply knowledge and skills gained through formal education, professional experience, and continuing development. For dietitians, this includes the ability to order and prescribe nutrition-related interventions, enabling timely, efficient, and comprehensive nutrition care.

Through the *Dietetics Regulations*, *NSRD Bylaws*, and these *Prescribing Standards for Dietitians*, the Nova Scotia Regulator of Dietetics (NSRD) authorizes dietitians to prescribe drugs, parenteral nutrition, other nutrition interventions, and laboratory tests to optimize nutrition status in approved employment settings. This document interprets and operationalizes the prescribing scope of practice for dietitians and sets out the standards of practice, competencies, and practice guidelines, and related policies that govern prescribing activities.

### 1.2 Definitions and Scope

In this document, prescribing refers to the reserved practice allowing a dietitian to independently prescribe drugs, parenteral nutrition, other nutrition interventions that require an authorized prescriber, and laboratory tests.

For the purpose of this document, “prescribing” includes the authority to independently order laboratory tests relevant to nutrition assessment and monitoring.

Only dietitians who hold the *Authorized Prescriber (AP)* designation may independently prescribe drugs, parenteral nutrition, laboratory tests, and other nutrition interventions where an AP is required. Prescribing authority is limited to activities that fall within the professional scope of practice, the dietitian's individual and employment scope of practice, and the competencies they have acquired through education and training. All prescribing must occur in collaboration with the interprofessional healthcare team, as appropriate for the specific practice setting and patient needs.

Dietitians must only prescribe where interprofessional collaborative relationships or relevant established protocols exist and within employer-approved practice settings. Dietitians in private practice are not authorized to prescribe but may make recommendations based on a comprehensive nutritional assessment.

### 1.3 Regulatory Framework, Accountability, and Oversight

Regulations, bylaws, standards, and related policies exist to guide safe, competent, and ethical dietetic practice. Because prescribing carries inherent risk of harm, these instruments guide dietitians to exercise professional judgment, critical thinking, and evidence-informed decision-making. Dietitians are accountable to:

- Practice in accordance with the *Dietetics Regulations*, NSRD Bylaws, and these *Prescribing Standards*;
- Comply with conditions or restrictions placed on their licence; and
- Maintain current knowledge of the *NSRD Standards of Practice* and *Code of Ethics*.

Dietitians must apply the Nutrition Care Process (NCP) when prescribing, ensuring that all interventions are clearly linked to a client's nutrition assessment and intended to optimize nutrition status; prescriptions must be justified, safe, and client-centred.

The NSRD authorizes and monitors prescribing practice to uphold safe, competent, and ethical care. As the profession and the health-care environment evolve, NSRD will review and update the standards, competencies, and practice guidelines to ensure they continue to represent the minimum expectations for safe and competent practice. Dietitians are required to use supporting tools and the NSRD Continuing Competency Program to reflect on their competence, identify learning needs, and ensure they are practising within their individual and employment scope.

### 1.4 Authorization and Limitations

Dietitians who are authorized prescribers may prescribe drugs, parenteral nutrition, laboratory tests, and other nutrition interventions, in accordance with the Authorized Drug Classifications for Dietitian Prescribing (Appendix A). Prescribing for dietitians is limited to drugs and nutrition interventions requiring an authorized prescriber that are used to address a nutrition-related concern, as identified through assessment and, where applicable, the nutrition diagnosis and does not include substances listed in the Controlled Drugs and Substances Act (e.g., narcotics, controlled drugs, benzodiazepines, and other targeted substances).

Prescribing activities may occur only within an NSRD approved organizations (Appendix B).

Dietitians are not authorized to act as original prescribers for insulin or other diabetes medications. They may adjust insulin doses when competent to do so, in collaboration with clients and other members of the interdisciplinary team, as outlined in Appendix E.

Dietitians may discontinue drugs or nutrition interventions that they have prescribed if they determine through assessment that the intervention is no longer required. They are not authorized to discontinue drugs prescribed by another prescriber.

## 2. Roles and Responsibilities

### **Role of NSRD**

In the public interest, the NSRD regulates dietitians and nutritionists to practice in a safe, ethical and competent manner. In line with this mandate, the NSRD is accountable to:

- license dietitians and authorize prescribers,
- implement regulatory standards and guidelines for prescribers, and
- act when a dietitian does not engage in safe, ethical and competent practice.

### **Role of the Employer**

To optimize access to care, employers recognize and authorize the use of prescribing within their organization and established policies and procedures to support dietitian prescribing. Employment policies further identify the circumstances and parameters to direct nutrition prescription.

Recognition for a dietitian to prescribe laboratory tests (such as bloodwork) must be arranged directly between the employer and the NSH/IWK laboratory. This process is an employer-laboratory arrangement and is not facilitated through the NSRD. The NSRD's role is limited to authorizing prescribers and setting standards; it does not manage or approve recognition agreements with laboratories.

### **Role of the Prescriber**

The role of an authorized prescriber is to support a client's access to the health system. When engaging in prescribing, a dietitian must:

- thoroughly understand their professional, individual and employment scope of practice,
- have a clear understanding of the NSRD Code of Ethics and Standards of Practice and prescribe according to these ethical standards,
- understand their accountability as a self-regulated health professional,
- retain the required prescriber certification as applicable to their employment scope (e.g., Certified Diabetes Educator), and use professional judgement to self-assess their prescribing competence, identify knowledge gaps relevant to their employment scope of practice and develop a learning plan to fill these gaps through the continuing competency program.

- use your professional judgement, along with these prescribing standards and the guidance provided in Appendix A, to determine whether a drug or nutrition intervention is within your authorized scope of dietetic practice. Ensure that prescriptions are specifically intended to address a nutrition-related problem (as determined through the assessment and/or nutrition diagnosis process).

## 3. Authorization to Prescribe

### 3.1 Purpose

This section outlines the process by which a dietitian in Nova Scotia may become authorized to prescribe drugs, parenteral nutrition, other nutrition interventions and relevant laboratory tests that support nutrition assessment and monitoring. It describes the eligibility requirements, application process, and maintenance expectations for the Authorized Prescriber (AP) designation.

### 3.2 Eligibility Criteria

To be eligible for authorization to prescribe, a dietitian must:

- Be a registrant in good standing with the NSRD;
- Practice within an NSRD-approved organization or setting (see Appendix B);
- Work in a direct client-care role within an employment setting that authorizes dietitians to prescribe and is supported by established employer policies and procedures;
- Work in an interprofessional collaborative care setting; and
- Demonstrate the knowledge, skill, and judgment required to safely prescribe within their area of practice.

### 3.3 Application Process

To obtain authorization to prescribe, dietitians must complete the application process outlined below. This process ensures applicants meet the eligibility and competency requirements for safe prescribing practice.

- 1. Confirm Eligibility:** Before applying, the dietitian must confirm employment in an NSRD-approved organization, obtain employer approval to prescribe, and identify an acceptable mentor who holds prescribing authority (Appendix F). The mentor is not required to be a dietitian.
- 2. Completion of the Prescribing Standards for Dietitians Quiz:** Dietitians must successfully complete the *Prescribing Standards for Dietitians Quiz* prior to applying. Successful completion demonstrates understanding of the regulatory and practice standards. Following completion, the dietitian is responsible for seeking mentorship and educational opportunities, if applicable, to achieve and maintain competency.

3. **Submit an Application:** Dietitians must submit an *Application for Authorization to Prescribe* to the NSRD for review and approval. Applications must include evidence of employment in an approved organization and confirmation of an identified mentor.
4. **NSRD Review and Approval:** The NSRD reviews applications to confirm eligibility, competence, and practice-setting requirements. Upon approval, the dietitian is granted the *Authorized Prescriber (AP)* designation. Dietitians must include the identifier “RD(AP)” and license number on all prescriptions.

At present, dietitians may only prescribe drugs, parenteral nutrition and nutrition interventions within hospital settings where prescriptions are filled by hospital pharmacies. Prescribing through community pharmacies will be available once access to the Drug Information System (DIS) and Medavie Blue Cross systems is established.

Dietitians must indicate their prescribing designation “RD(AP)” on all written prescriptions.

If a dietitian has not engaged in prescribing activities for one or more years, they must retake the Prescribing Standards for Dietitians Quiz and reapply for authorization before resuming prescribing activities.

### 3.4 Authorized Prescriber Designation

Dietitians who have met all eligibility and application requirements and have been approved by the NSRD will be granted the **Authorized Prescriber (AP)** designation.

Authorized Prescribers must be clearly identifiable when prescribing or documenting in medical records. The following identifier is required:

#### **Registered Dietitian – Authorized Prescriber “RD(AP)”**

When writing a prescription, dietitians must include both the RD(AP) identifier and their NSRD license number.

This designation confirms the dietitian’s authority to prescribe within their professional and employment scope of practice and ensures accountability and traceability of prescribing activities.

Authorized Prescribers may also prescribe laboratory tests when it is within their professional and employment scope of practice, where such testing directly supports nutrition assessment or monitoring.

### 3.5 Maintaining Authorized Prescriber Designation

To maintain authorization, dietitians must:

- Remain a registrant in good standing with the NSRD;
- Continue to practice in a direct client-care role within an approved organization;
- Engage in continuing education and learning related to prescribing activities; and
- Document prescribing related learning activities in their Continuing Competency Program (CCP) learning log each year.

At a minimum, a dietitian engaging in prescribing must include one CCP goal and associated learning activities relevant to nutrition prescription in their annual renewal cycle.

Dietitians must also declare their engagement in prescribing activities annually as part of the NSRD registration renewal process.

Authorization to prescribe may be suspended if a dietitian ceases to meet eligibility criteria, including employment in an approved practice setting.

If a dietitian has not engaged in prescribing activities for one or more years, they must retake the Prescribing Standards for Dietitians Quiz and reapply for authorization before resuming prescribing activities.

### 3.6 Practice Settings and Restrictions

Dietitians may prescribe only within NSRD-approved organizations or practice settings that have been assessed as appropriate for prescribing activities. These settings must have the necessary infrastructure, policies, and interprofessional supports to enable safe practice (Appendix B).

Dietitians are not authorized to prescribe drugs listed under the Controlled Drugs and Substances Act and its Regulations, including narcotics, controlled drugs, exempted codeine products, benzodiazepines, and other targeted substances.

Prescribing must occur in the context of addressing a nutrition-related problem identified through assessment, consistent with the principles of the Nutrition Care Process, and within the boundaries of the dietitian's professional competence and employment role.

Dietitians in private practice are not authorized to prescribe but may make recommendations consistent with the standards outlined in this document.

## 4. Standards of Practice

These standards set out the minimum requirements for safe and competent prescribing by dietitians, including the prescribing of drugs, parenteral nutrition, laboratory tests, and other nutrition interventions that require a dietitian to be an authorized prescriber. These standards must be interpreted in conjunction with NSRD's Standards of Practice and Code of Ethics.

Dietitians are accountable to prescribe safely, competently, ethically, and within the limits of their professional, individual, and employment scope of practice. They are responsible for recognizing and accepting the impact of prescribing decisions on client outcomes, health system sustainability, and interprofessional collaboration.

Prior to prescribing, dietitians should evaluate all appropriate non-prescription nutrition interventions and confirm that any prescription provided is specifically related to the client's nutrition assessment.

### Standard 1: Responsibility and Accountability

Dietitians are accountable to clients, employers, the profession, and the public for the safe, appropriate, and effective prescribing of drugs, parenteral nutrition, laboratory tests, and related nutrition interventions requiring an authorized prescriber.

Dietitians must:

- 4.1.1 Prescribe only within their legislated, individual, and employment scope of practice and competence.
- 4.1.2 Prescribe only for clients within their professional circle of care.
- 4.1.3 Ensure a clear nutrition rationale for every prescription.
- 4.1.4 Use evidence-informed, cost-effective, and client-centered decision-making.
- 4.1.5 Collaborate and communicate effectively with interprofessional care team members regarding prescriptions, monitoring and evaluation, as appropriate to the clinical setting.
- 4.1.6 Adhere to applicable legislation, employer policies, and NSRD standards and bylaws.
- 4.1.7 Recognize and avoid actual or perceived conflicts of interest when prescribing or ordering, in accordance with the NSRD *Code of Ethics*.

### Standard 2: Knowledge-Based Practice

Dietitians apply current, evidence-informed knowledge, skill, and judgment to ensure safe and effective prescribing.

Dietitians must:

- 4.2.1 Apply relevant clinical practice guidelines and evidence related to nutrition care and pharmacotherapy.

- 4.2.2 Understand client conditions, disease states, and pathology influencing nutrition status.
- 4.2.3 Understand drug and nutrient mechanisms, indications, contraindications, side effects, and interactions.
- 4.2.4 Apply appropriate use and interpretation of laboratory tests in nutrition assessment, monitoring and evaluation.
- 4.2.5 Consider available dosage forms, timing, and administration factors relevant to the client's situation.
- 4.2.6 Access current drug information, prescribing references, and resources, and understand drug schedules and classifications.

### Standard 3: Client-Centered Care and Communication

Dietitians establish and maintain professional and therapeutic relationships using a client-centered approach to prescribing.

Dietitians must:

- 4.3.1 Obtain informed consent and discuss the purpose, benefits, risks, and alternatives of the prescribed intervention or test.
- 4.3.2 Communicate in clear, understandable language regarding use, monitoring and evaluation.
- 4.3.3 Respect client preferences, values, and cultural contexts in prescribing decisions.
- 4.3.4 Document rationale, education provided, and the client's understanding of the prescription or test.

### Standard 4: Collaboration and Interprofessional Practice

Dietitians collaborate with other health professionals to optimize care and ensure continuity and safety of prescribing decisions.

Dietitians must:

- 4.4.1 Collaborate and consult with other prescribers or team members when decisions extend beyond their competence or scope.
- 4.4.2 Communicate with the patient and interprofessional team on any relevant information about prescriptions, test results, and nutrition plans in a timely and coordinated manner.
- 4.4.3 Establish clear processes for monitoring and evaluation and transfer of care where applicable.

### Standard 5: Documentation, Monitoring and Evaluation

Dietitians monitor and evaluate client response to prescribed drugs, parenteral nutrition, laboratory tests and other nutrition interventions requiring an authorized prescriber, and act appropriately on findings.

Dietitians must:

- 4.5.1 Review existing and recent laboratory results before prescribing new tests to avoid unnecessary duplication.
- 4.5.2 Establish or follow a defined process for tracking, receiving, and acting on test results, including critical values.
- 4.5.3 Document test results, interpretation, and actions taken.
- 4.5.4 Communicate abnormal or critical findings to the appropriate health care provider and determine a follow-up plan.
- 4.5.5 Document all prescribing activities, including rationale, client education, and interprofessional communication.

## Standard 6: Professional Integrity and Self-Regulation

Dietitians are responsible for maintaining competence and practicing with integrity in all prescribing activities.

Dietitians must:

- 4.6.1 Engage in ongoing learning related to prescribing as part of the NSRD Continuing Competency Program.
- 4.6.2 Regularly self-assess their competence to prescribe safely and effectively.
- 4.6.3 Not prescribe for themselves, family members, or close personal or professional relationships where a conflict of interest or boundary issue could arise.
- 4.6.4 Maintain accurate and current registration, updated employment information, and contact information with the NSRD.
- 4.6.5 Follow *Choosing Wisely Canada* and other best-practice frameworks to support responsible resource utilization.

## Standard 7: Safety and Response to Critical Results

Dietitians must ensure timely and appropriate action in response to critical or abnormal test results and adverse outcomes.

Dietitians must:

- 4.7.1 Establish and follow protocols for identifying, communicating, and responding to critical or abnormal results.
- 4.7.2 Document all actions taken, including communication with the client and health care team.
- 4.7.3 Develop and communicate a clear follow-up plan for ongoing monitoring.
- 4.7.4 Ensure a system is in place to receive critical results for a test being ordered, including but not limited to:
  - 4.7.4.1. ensuring the dietitian, or an appropriate designated provider/service, is available to receive and act on critical results as they become available, and having a formal plan in place for timely response; and

- 4.7.4.2. making after hours and emergency contact information available to the facility processing the test to support timely contact with the dietitian, or an appropriate designated provider/service, in the event of a critical test result.
- 4.7.5 Ensure timely communication of critical results to the appropriate health care provider(s), especially when results fall outside the dietitian's scope or when urgent follow-up is required.

## 5. Prescribing Competencies

Dietitian Authorized Prescribers are accountable to apply the knowledge, skills, and judgment required to safely and effectively prescribe drugs, laboratory tests, parenteral nutrition, and other related nutrition interventions where an AP is required. Competencies reflect the integration of professional, ethical, and evidence-informed practice and align with the Dietetics Regulations, NSRD Bylaws, and the Prescribing Standards for Dietitians.

### 5.1 Foundational Competencies

Dietitians demonstrate foundational knowledge and critical thinking skills required to make safe and evidence-informed prescribing decisions.

Dietitians must:

- 5.1.1 Demonstrate comprehensive knowledge of human nutrition, pharmacology, and pathophysiology relevant to prescribing for nutrition care.
- 5.1.2 Integrate current evidence and clinical guidelines to inform safe prescribing and monitoring decisions.
- 5.1.3 Apply the Nutrition Care Process to guide critical thinking, clinical reasoning, and documentation.
- 5.1.4 Recognize individual and employment scope of practice and seek guidance or referral when client needs exceed competence or authority.
- 5.1.5 Use these *Prescribing Standards for Dietitians* and NSRD's Continuing Competency Program to self-assess competence and identify learning needs.

### 5.2 Clinical and Prescribing Competencies

Dietitians apply specialized knowledge and judgment to determine when and how prescribing interventions will support the client's nutrition assessment.

Dietitians must:

- 5.2.1 Conduct comprehensive nutrition assessments to determine the need for drug, parenteral nutrition, laboratory tests, or other nutrition interventions.
- 5.2.2 Select appropriate prescribing interventions that directly relate to the nutrition assessment.

- 5.2.3 Calculate, initiate, titrate, and discontinue prescriptions for drugs, parenteral nutrition, or other nutrition interventions within established policies and protocols.
- 5.2.4 Interpret client data and laboratory results to inform prescribing decisions and monitor effectiveness.
- 5.2.5 Identify and manage potential nutrition–drug and drug–drug interactions.
- 5.2.6 Monitor for therapeutic response and adverse reactions, adjusting or discontinuing therapy when indicated.
- 5.2.7 Apply risk-mitigation strategies and clinical judgment to ensure client safety throughout the prescribing process.

### 5.3 Laboratory and Monitoring Competencies

Dietitians integrate laboratory testing and monitoring into prescribing practice to ensure safe and effective client care.

Dietitians must:

- 5.3.1 Determine when laboratory testing is needed to assess or monitor nutrition-related problems, as identified through assessment and, where applicable, the nutrition diagnosis.
- 5.3.2 Select appropriate laboratory tests in accordance with clinical need, employment policy, and scope of practice.
- 5.3.3 Interpret and integrate laboratory data into nutrition care and prescribing decisions.
- 5.3.4 Respond appropriately to abnormal or critical laboratory results, following organizational policies and procedures for timely notification, communication, and follow-up, and consult or refer as needed.
- 5.3.5 Document rationale, orders, and interpretation of laboratory results in the client record, consistent with employer policies.

### 5.4 Interprofessional, Communication, and Collaboration Competencies

Dietitians collaborate and communicate effectively with clients, families, and members of the health-care team to support safe and coordinated prescribing practice.

Dietitians must:

- 5.4.1 Collaborate with physicians, pharmacists, nurses, and other team members in prescribing, monitoring, and evaluating care, as appropriate for the clinical setting.
- 5.4.2 Communicate clearly and respectfully with clients and colleagues regarding rationale, risks, benefits, and follow-up plans for prescriptions and lab testing.
- 5.4.3 Obtain informed consent prior to prescribing or ordering laboratory tests.
- 5.4.4 Provide accurate, timely documentation of prescribing decisions and communicate therapy changes to relevant team members.
- 5.4.5 Engage in shared decision-making that supports client autonomy and understanding of nutrition interventions.

## 5.5 Leadership, Quality Improvement, and Resource Stewardship Competencies

Dietitians contribute to the ongoing improvement of prescribing practices through leadership, quality assurance, and responsible resource use.

Dietitians must:

- 5.5.1 Contribute to the development, implementation, or evaluation of organizational policies supporting safe prescribing practices, as appropriate for the employment setting.
- 5.5.2 Engage in audit, peer review, or quality-assurance activities to evaluate prescribing outcomes as appropriate.
- 5.5.3 Demonstrate resource stewardship by considering cost, accessibility, and sustainability when prescribing or ordering laboratory tests.
- 5.5.4 Advocate for system improvements that enhance client access to nutrition-related prescribing services.

## 5.6 Professional, Ethical, Legal, and Regulatory Competencies

Dietitians practise in accordance with all relevant legislation, regulations, standards, and ethical principles.

Dietitians must:

- 5.6.1 Practise within applicable legislation, NSRD standards, employer policies, and NSRD Codes of Ethics.
- 5.6.2 Maintain accountability for all prescribing decisions and related client outcomes.
- 5.6.3 Respect client privacy, confidentiality, and informed choice.
- 5.6.4 Recognize and manage conflicts of interest that may arise in prescribing practice.
- 5.6.5 Maintain documentation that supports transparency, continuity, and accountability of care.

## 6. Practice Guidelines

The practice guidelines provide practical direction for dietitians authorized to prescribe drugs, parenteral nutrition, laboratory tests, and other nutrition interventions where an authorized prescriber is required. They are intended to guide the application of the Standards of Practice and competencies for Authorized Prescribers and to support consistent, safe, and evidence-informed practice across settings.

These guidelines must be read in conjunction with employer policies and procedures governing prescribing and laboratory ordering.

## 6.1 Documentation and Record Keeping

Dietitians authorized prescribers must maintain clear, accurate, and timely documentation for client safety, continuity of care, and accountability.

Dietitians must:

- 6.1.1 Document the clinical rationale for prescribing, including nutrition assessment findings and goals.
- 6.1.2 Record all prescriptions, laboratory orders, and related communications in the client health record in accordance with employer and NSRD standards.
- 6.1.3 Include the authorized prescriber identifier “RD(AP)” and license number on all prescriptions.
- 6.1.4 Record details of client education, nutrition counseling delivered, and consent obtained for prescription written.
- 6.1.5 Record monitoring and evaluation plans, follow-up, and client response to prescribed interventions.
- 6.1.6 Ensure that documentation is legible, dated, and signed in compliance with organizational policies and record-keeping standards.

## 6.2 Continuing Competence and Professional Development

Ongoing learning is essential to ensure safe and effective prescribing practice.

Dietitians must:

- 6.2.1 Engage in regular self-assessment to identify learning needs related to prescribing and laboratory monitoring.
- 6.2.2 Maintain competence through formal and informal educational opportunities, reviewing the *Prescribing Standards for Dietitians*, and pursuing independent study in areas such as pharmacology, nutrition support, or relevant disease states.
- 6.2.3 Document learning activities and goals related to prescribing within the NSRD Continuing Competency Program (CCP) annually.
- 6.2.4 Complete at least one CCP goal and associated learning activities directly related to prescribing within their practice area.

## 6.3 Mentorship

Mentorship supports safe skill development and integration of prescribing practice.

Dietitians must:

- 6.3.1 Collaborate with experienced prescribers (e.g., physicians, pharmacists, dietitian authorized prescribers) for guidance in complex clinical situations.

- 6.3.2 Participate in shared learning and peer collaboration related to prescribing practice, such as existing communities of practice, interprofessional discussions, or case reviews, to support ongoing competence.
- 6.3.3 Support mentorship opportunities for peers and colleagues once competent and experienced in prescribing.

## 6.4 Lapse in Prescribing Practice

To ensure safety and competence, dietitians must re-establish current knowledge and skills before resuming prescribing practice after a lapse.

Dietitians must:

- 6.4.1 Complete the Prescribing Standards for Dietitians Quiz after a lapse of one or more years in prescribing practice.
- 6.4.2 Reapply to NSRD for authorization to prescribe following successful quiz completion.
- 6.4.3 Engage in additional learning or mentorship, as required, to restore competency.
- 6.4.4 Declare prescribing activity annually on the renewal application.

## 6.5 Ethical and Professional Conduct

Dietitians must uphold ethical and professional standards in all prescribing activities.

Dietitians must:

- 6.5.1 Prescribe only within the legislated, individual, and employment scope of practice.
- 6.5.2 Base prescribing decisions on clinical need and client benefit.
- 6.5.3 Not prescribe for themselves, family members, or others with whom they have close personal relationships, where doing so could represent a conflict of interest.
- 6.5.4 Respect client autonomy, informed consent, privacy, and confidentiality at all times.
- 6.5.5 Use professional judgment to identify when consultation or referral to another prescriber is necessary.
- 6.5.6 Consider cost-effectiveness, access, and system sustainability when making prescribing decisions.

## 6.6 Quality Assurance and Continuous Improvement

Dietitians contribute to the ongoing quality and safety of prescribing practices within their organizations and the profession.

Dietitians must:

- 6.6.1 Participate in quality assurance activities related to prescribing as necessary (e.g., audits, peer review, or outcome evaluations).

- 6.6.2 Collaborate with employers, when appropriate, to review and refine prescribing-related policies and procedures.
- 6.6.3 Report adverse events or prescribing errors in accordance with organizational protocols and learn from these occurrences to improve practice.
- 6.6.4 Advocate for improvements in systems and processes that enhance safe, client-centered nutrition-related prescribing, as relevant.

## 7. Glossary of Terms

**Authorized Prescriber** - A health care provider who is authorized by legislation to prescribe drugs, parenteral nutrition, laboratory tests, and other nutrition interventions requiring prescription.

**Collaboration** - Working together with one or more members of the health care team, each of whom makes a unique contribution toward achieving a common goal. Collaboration is an ongoing process that requires effective communication among members of the health care team and a clear understanding of the roles of the individuals involved in the collaboration process (NSCN, 2022).

**Critical Test Results** - Any test results for which delays in reporting can result in serious adverse outcomes for patients and that may require intervention by a health care provider prior to routine laboratory report review (Nova Scotia Pharmacy Regulator, 2025).

**Guideline** - Guidelines are recommendations that support dietitians in their practice and in decision-making.

**Health Care Professionals** - Providers from different disciplines, often including both regulated health professionals and unregulated professionals, who collaborate to provide client care.

**Nova Scotia Regulator of Dietetics (NSRD)** - The provincial regulatory body for dietitians and nutritionists in Nova Scotia. This organization is referred to as 'the Regulator' throughout this document.

**Nutrition Assessment** - Nutrition assessment is a systematic approach to collect, classify, and interpret relevant data needed to identify nutrition-related problems, their causes, and their significance (AND, 2018).

**Nutrition Care Process (NCP)** - A standardized process for providing care. There are four steps in the process: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation (AND, 2018).

**Nutrition Diagnosis** - The specific nutrition problem that can be resolved or improved through a nutrition intervention (AND, 2018).

**Nutritional Status** - the state of the body in relation to nutrient consumption, nutrient needs and the ability of the body to digest, absorb, and use nutrients.

**Diabetes Drug** - Drug that lowers glucose levels in the blood.

**Original Prescriber** - The prescriber who authorized the original prescription.

**Parenteral Nutrition** - The intravenous administration of nutrients including dextrose; amino acids; lipid injectable emulsions (ILE); electrolytes; vitamins and trace elements that are delivered by a central venous route (into large diameter vein, usually the superior vena cava adjacent to the right atrium) or a peripheral venous route (into a peripheral vein, usually of the hand or forearm). (ASPEN 2018).

**Prescribing** – Prescribing is an act in which an authorization, in writing or otherwise, is communicated directly to a pharmacist, certified dispenser or other person authorized by regulations, by a person authorized by law to prescribe drug, parenteral nutrition, or nutrition interventions.

**Prescription** – A written order or script for a drug, parenteral nutrition support or nutrition interventions that require authorized prescribers.

**Professional Judgement** - Applying knowledge, skills, and experience, in a way that is informed by professional standards, laws, and ethical principles, to develop an opinion or decision about what should be done to best serve clients.

**Professional Misconduct** – “Includes such conduct or acts relevant to the practice of a regulated health profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional including

- a) failing to maintain the standards for the practice of dietetics,
- b) failing to maintain the standards of practice;
- c) failing to adhere to any codes of ethics adopted by the regulatory body;
- d) abusing a person verbally, physically, emotionally or sexually;
- e) misappropriating property, including drugs, belonging to a client or an employer;
- f) inappropriately influencing a client to make or change a legal document;
- g) abandoning a client;
- h) neglecting to provide care to a client;
- i) failing to exercise appropriate discretion with respect to the disclosure of confidential information;
- j) falsifying records;
- k) inappropriately using licensing status for personal gain;
- l) promoting for personal gain any drug, device, treatment, procedure, product or service that is unnecessary, ineffective or unsafe;
- m) publishing, or causing to be published, any communication that is false, fraudulent, deceptive or misleading;
- n) engaging or assisting in fraud, misrepresentation, deception or concealment of a material fact when applying for or securing registration or a licence or taking any examination provided for in [the Regulated Health Professions Act], including using fraudulently procured credentials; and

- o) taking or using a designation or a derivation or abbreviation thereof, or describing the person's activities as being part of the practice of a regulated health profession in any communication, including verbally, unless the referenced activity falls within the practice of the profession" (Regulated Health Professions Act, 2023).

**Schedule I Drugs** – The drugs and medicines in this Schedule are the drugs listed in *Schedule I of the National Drug Schedules*, which are part of Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities and require a prescription as a condition of sale (NAPRA, n.d).

**Schedule II Drugs** – The drugs and medicines listed in this Schedule are the drugs *listed in Schedule II of the National Drug Schedules*, which are part of Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, and do not require a prescription as a condition of sale but are only available from a pharmacist or a certified dispenser (NAPRA, n.d).

**Schedule III Drugs** – The drugs and medicines listed in this Schedule are the drugs *listed in Schedule III of the National Drug Schedules*, which are part of Canada's National Drug Scheduling System published by the National Association of Pharmacy Regulatory Authorities, and do not require a prescription as a condition of sale but are sold from the self-selection area of the pharmacy (NAPRA, n.d.).

**Scope of Practice** – The roles, functions and accountabilities which members of a profession are legislated, educated and authorized to perform. In Nova Scotia, the scope of practice of dietitians is defined within the Dietitians Regulations (2025)

**Employment Scope of Practice** – An employment scope of practice encompasses practice functions that a dietitian has been hired to perform. This scope is based on an individual job description, employer policies, guidelines, and job-specific education completed by the dietitian.

**Individual Scope of Practice** – The roles, functions and accountabilities that an individual is educated and authorized to perform. An individual scope of practice can vary and is reflective of a dietitian's practice experience, education and competence.

**Standards of Practice** - The minimal professional practice expectations approved by a board for a registrant of a particular designation in a setting or role (Regulated Health Professions Act, 2023).

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## 9. Appendices

### Appendix A: Authorized Drug Classifications for Dietitian Prescribing

This table outlines examples of *nutrition assessment findings* that may indicate a need for prescribing and the corresponding therapeutic groups (drug classifications) that fall within the authorized scope for dietitian prescribers. The table presents categories of medications and the circumstances in which they may be prescribed, rather than listing individual drug names, as specific products and formulations change over time.

Prescribing decisions must be based on a comprehensive nutrition assessment, professional judgment, and the dietitian's individual competence. All prescribing must be carried out in accordance with the *Prescribing Standards for Dietitians*, employer policy, and the dietitian's scope of practice.

| NUTRITION ASSESSMENT FINDINGS  | THERAPEUTIC GROUP  |
|--|--|
| Energy or Nutrient Deficiency / Malnutrition                               | <ul style="list-style-type: none"> <li>• Vitamin and mineral preparations</li> <li>• Appetite Stimulants (includes progestogens with indication for appetite stimulation)</li> <li>• Parenteral or enteral nutrition formulations</li> <li>• Diabetes supplies such as blood glucose monitoring devises and insulin pump supplies</li> </ul> |
| Energy Imbalance / Overweight / Obesity                                    | <ul style="list-style-type: none"> <li>• Anti-obesity preparations, excluding diet products</li> <li>• Diabetes supplies such as blood glucose monitoring devises and insulin pump supplies</li> <li>• Drugs used in diabetes* (<i>Restrictions apply - See Appendix E</i>)</li> </ul>   |
| Fluid and Electrolyte Imbalance  | <ul style="list-style-type: none"> <li>• Intravenous fluids (includes electrolyte and dextrose solutions)</li> <li>• Enteral and parenteral nutrition formulations</li> <li>• Drugs for the treatment of hyperkalemia or hyperphosphatemia</li> </ul>  |
| Macronutrient and Micronutrient Intake Deficiency or Utilization Disorders | <ul style="list-style-type: none"> <li>• Vitamin and mineral preparations</li> <li>• Enteral and parenteral nutrition formulations</li> <li>• Medium-chain triglyceride (MCT) oil or other essential fatty acid preparations</li> </ul>  |

|  |   |
|--|---|
| Gastrointestinal Dysfunction Affecting Nutrient Intake or Absorption | <ul style="list-style-type: none"> <li>• Drugs for acid-related disorders</li> <li>• Antiemetics and antinauseants</li> <li>• Drugs for constipation or diarrhea,</li> <li>• Antipropulsives, propulsives, silicones, digestives, digestive enzymes</li> <li>• Enteral and parenteral nutrition formulations</li> </ul> |
| Altered Metabolic or Biochemic Parameters Related to Nutrition       | <ul style="list-style-type: none"> <li>• Drugs for the treatment of hyperkalemia, hyperphosphatemia</li> <li>• Vitamin and mineral preparations</li> </ul>  |
| Feeding and Swallowing Difficulties                                  | <ul style="list-style-type: none"> <li>• Diagnostic contrast agents</li> <li>• Propulsives</li> </ul>   |
| Nutrition Impact from Substance Use (e.g. Alcohol)                   | <ul style="list-style-type: none"> <li>• Vitamin and mineral preparations</li> </ul>  |
| Parenteral or Enteral Nutrition Management Needs                     | <ul style="list-style-type: none"> <li>• Enteral or parenteral nutrition prescriptions; including energy, micronutrient, macronutrient, and fluid distribution</li> </ul>   |
| Lactation and Feeding Concerns                                       | <ul style="list-style-type: none"> <li>• Galactagogues</li> <li>• Propulsives</li> </ul>  |

<sup>1</sup> see Appendix E: Requirements to Adjust Insulin and Other Diabetes Drugs

\*Schedule 1 Drugs. Note: All drugs deliver via PN/IV are considered Schedule 1 drugs

Appendix B: Approved Organizations for RD Authorized Prescribing

| <b>NSRD Approved Organizations for RD Prescribing Authorization</b> |   |
|---|---|
| <b>Authorized Organizations</b>                                     | <ul style="list-style-type: none"><li>• Health authorities in Nova Scotia (eg. Tajiƙeimik, NSH, IWK)</li><li>• Continuing Care facilities (eg., licensed long term care facility including residential care facility and nursing homes)</li></ul> |

## Appendix C: Laboratory Tests for Dietitian Prescribing

The specific laboratory tests that a dietitian authorized prescriber may prescribe will vary depending on the clinical setting, area of practice, and employer policy. Employers are responsible for determining which tests fall within the scope of a dietitian authorized prescriber's role within their employment setting and for establishing policies and procedures to support safe and appropriate prescribing.

The NSRD does not define or limit the types of tests that may be ordered; however, dietitian authorized prescribers are expected to exercise professional judgment, ensure testing aligns with their competence and scope of practice, and adhere to the NSRD Standards of Practice and Code of Ethics, and the Prescribing Standards for Dietitians.

When considering the appropriateness of ordering laboratory tests, dietitian authorized prescribers are encouraged to reference evidence-informed resources, such as *Choosing Wisely Canada*, to support responsible and clinically indicated testing.

## Appendix D: Prescribing Documentation Requirements

Prescribing activities must be documented as part of the client health record. Documentation should provide a clear record of the clinical reasoning, prescribing decision, and follow-up plan, enabling other health care providers to understand the rationale for the prescription and ensure continuity of care.

The method of documentation (electronic or paper-based) is determined by the organization or practice setting. All documentation must be comprehensive, accurate, dated, and signed, in accordance with employer and NSRD record-keeping standards. Documentation must align with employer policies and professional judgement.

Information in the patient record should include, as applicable, the following:

### **Client and Prescription Information:**

- Client identifiers (name, date of birth, health card number, contact information)
- Relevant medical or nutrition-related conditions, allergies, or contraindications
- Anthropometric data (e.g. weight, height) and other pertinent findings, as appropriate
- Prescription details:
  - Prescribed drug name, strength, and form
  - Dosage route, frequency, duration, and quantity/refills
  - Directions for use
  - Name, designation, and license number of prescribing dietitian (RD(AP))

### **Clinical Rational and Assessment Summary:**

- Date of prescribing decision
- Nutrition problem or indication for prescribing
- Key assessment findings supporting the decision, such as:
  - Nutrition-focused physical findings and relevant laboratory results
  - Nutrition diagnosis or relevance to nutrition status
  - Relevant comorbidities, medications, or treatments influencing nutrition care
- Rationale for prescription and intended outcome(s)

### **Client Communication and Follow-Up**

- Summary of client education and instructions (purpose, use, monitoring, precautions)
- Confirmation of informed consent
- Follow-up and monitoring plan
- Communication or collaboration with other health care providers

### **Monitoring and Continuity of Care**

- Documentation of client progress and response to the prescribed intervention
- Updates from laboratory or clinical monitoring, as appropriate

- Adjustments, discontinuations, or changes to prescriptions
- Record of communications or referrals to support continuity of care

## Appendix E: Requirements to Adjust Insulin and Other Diabetes Drugs

Insulin dose adjustment is a component of diabetes self-management education. Dietitians engaging in insulin dose adjustment must practice within their individual competence and collaborate with clients and members of the interdisciplinary team.

Insulin is classified as a Schedule II drug. The Certified Diabetes Educator (CDE) designation or other insulin dose adjustment-specific certification, is not required to practice within the diabetes self-management or insulin adjustment scope of practice. However, employers may require additional certifications or qualifications. Dietitians who adjust other non-insulin diabetes medications classified as Schedule I drugs must hold a CDE and be authorized prescribers before engaging in this activity. Dietitians cannot act as the original prescribers of diabetes medications.

Dietitians performing insulin dose adjustment must ensure they possess the necessary education, training, and competence to do so, and must practise in accordance with the NSRD Standards of Practice and Code of Ethics. Dietitians must comply with employer policies, guidelines, and certification requirements related to insulin and other diabetes medication dose adjustments. All practice in this area must be consistent with the current Diabetes Canada Clinical Practice Guidelines.

The National Association of Pharmacy Regulatory Authorities (NAPRA) National Drug Schedules database offers information related to schedule 1 drugs, : <https://napra.ca/national-drug-schedules/>. Examples of schedule 1 drugs related to diabetes may include, but are not limited to, oral hyperglycemic medications, GLP-1 receptor agonists, SGLT2 inhibitors, DPP-4 inhibitors, and thiazolidinediones.

## Appendix F: Mentorship Requirements for Dietitian Prescribers

Mentorship is a required component of the authorization process for becoming an authorized prescriber (RD(AP)) and is intended to support safe, competent, and confident prescribing practice.

An eligible mentor must be an authorized prescriber from any regulated health profession. A mentor does not need to be a dietitian. Acceptable mentors include, but are not limited to:

- A dietitian who holds authorized prescriber (RD(AP)) designation
- A physician
- A nurse practitioner
- A pharmacist
- Any other regulated health provider with prescribing designation

The mentor must have been acting as a prescriber for a minimum of nine months previously before becoming a mentor of the eligible RD(AP). The mentor should be selected based on their knowledge, expertise, and ability to provide relevant guidance within the dietitian's specific organization and practice setting.

### **Duration of Mentorship**

A minimum period of nine (9) months of mentorship is required. Mentorship should be individualized and may extend beyond nine months until the authorized prescriber is able to practice independently and safely, which may vary based on the dietitian's individual experience, practice setting, and the complexity of care provided.

### **Mentorship Expectations**

A mentor supporting a dietitian prescriber should be willing to offer expertise and knowledge relevant to the role of a prescriber. They are not expected to offer expert knowledge related to dietetic practice or patient care. Mentor responsibilities may include:

- Discussing and collaborating on the dietitians initial prescribing orders
- Answering questions related to prescribing practice
- Providing resources relevant to safe and competent prescribing
- Assisting in problem-solving related to prescribing decisions
- Locating additional resources related to prescribing as needed

Mentorship is a professional relationship intended to build the dietitians confidence and competence in prescribing in alignment with the Prescribing Standards.

Prior to beginning the mentorship period, the dietitian and their identified mentor must complete the Mentor Agreement Form and submit it as part of the application to become an authorized prescriber through the NSRD registrant portal.