Prescribing Standards for Dietitians

Questions & Answers

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.

August 5 2026

The NSRD is committed to supporting dietitians and employers in the safe and effective implementation of prescribing authority. This Questions and Answers document has been developed in response to common inquiries received during the development of the Prescribing Standards for Dietitians. It provides additional clarification on regulatory expectations, authorization requirements, and the roles of dietitians and employers. As practice evolves, this resource may be updated to reflect emerging questions and changes in the practice environment.

Q: Are dietitians able to prescribe drugs in all practice settings, such as outpatient or community settings?

Currently, dietitians may prescribe drugs only in settings with an in-hospital pharmacy that does not require access to the Drug Information System (DIS). Prescribing in outpatient, community, and long-term care settings requires dietitians to be recognized within the provincial DIS to enable prescription processing in community pharmacies, which is not available to dietitians at this time.

Q: Do the prescribing standards apply to outpatient and community-based practice settings?

The NSRD Dietitian Prescribing Standards apply to all practice settings. However, dietitians are currently unable to prescribe in outpatient and community-based settings until the necessary provincial systems are available to support prescribing using community-based pharmacies.

Q: Are there differences in expectations or requirements for inpatient versus outpatient dietitian prescribers?

The same expectations and requirements outlined in the NSRD Dietitian Prescribing Standards apply across all practice settings. Regardless of setting, dietitians must meet the same requirements for authorization, competence, and safe prescribing practice. Implementation may vary based on available systems and organizational policies; however, the standards themselves are consistent across inpatient and outpatient environments.

Q: What is the process for becoming an authorized prescriber?

To become an authorized prescriber, dietitians must have a solid understanding of the Standards of Practice and Code of Ethics, as these documents set out the foundational professional expectations. The Prescribing Standards for Dietitians build on these requirements and provide guidance specific to prescribing.

In addition, dietitians must:

- Self-assess their knowledge and skills related to prescribing within their practice setting. Where gaps in knowledge or skills are identified, the dietitian must address those gaps before engaging in prescribing activities related to the identified area.
- Be employed within an approved organization (as outlined in Appendix B of the Prescribing Standards for Dietitians) and receive employer approval to practise as an authorized prescriber. Complete the Employer Approval Form that is located on the NSRD website.
- Seek a mentor who is an authorized prescriber (an RD(AP) is not required). The Mentor should be selected based on their ability to offer advice and guidance related to prescribing in a particular organization. The Mentor Agreement Form is located on the NSRD website.

- Complete the Prescribing Standards for Dietitians Quiz, located in the NSRD online portal.
- Apply to become an authorized prescriber through their NSRD online portal.
- Be knowledgeable about relevant Pharmacare programs, including the Formulary, and the Drug Information System.

Q: What if my employment area changes, or I need to add an additional employment area after submitting the application?

If your employment area changes, or if you wish to prescribe in an additional employment area, you are not required to resubmit a full application. However, you must notify NSRD before prescribing in any new or updated employment area. Dietitians must seek approval to prescribe in each employment setting for which they wish to prescribe within.

To do so:

- Complete a new Employer Approval From for the additional or updated employment area;
- Submit the completed form by email to practice@nsrd.ca, noting:
    - Whether this is an additional employment area or a replacement of a current employment area
    - How long you have been employed by this employer; and
- Ensure your employment information is up to date in your registrant profile prior to submitting

Upon receipt, NSRD will review the submission and confirm employer approval details directly with the employer. Your authorized prescriber profile will be updated once confirmation has been received.

Q: What do dietitians need to do to maintain their authorized prescriber designation?

To maintain their authorized prescriber designation, dietitians must annually declare their engagement in prescribing during renewal and ensure that at least one Continuing Competency Program (CCP) learning log goal relates to an area of prescribing.

If a dietitian has experienced a lapse in drug prescribing of one year or more, they are required to re-take the Prescribing Standards for Dietitians Quiz and reapply to become an authorized prescriber.

Q: What is the role of the Employer in dietitian prescribing?

Employers play a key role in facilitating dietitian prescribing within their organizations. To support access to care, employers determine whether prescribing will be recognized and authorized in their practice setting and establish the policies and procedures that support dietitian prescribing. Employer policies also define the circumstances, scope, and parameters under which nutrition prescription may occur.

Where prescribing of laboratory tests (such as bloodwork) is permitted, recognition for dietitians to order these tests must be arranged directly between the employer and the NSH/IWK laboratory. This is an employer–laboratory arrangement and is not facilitated by the NSRD.

Q: "I work in private practice, am I able to get prescribing authorization?"

Dietitians applying for prescribing authorization must work in one of the NSRD approved organizations (Appendix B, NSRD Prescribing Standards for Dietitians). Dietitians working in private practice settings are not authorized to engage in prescribing. However, they may continue to recommend drugs (to be prescribed elsewhere) and nutrition agents based on a comprehensive nutrition assessment.

Q: The application to become an authorized prescriber requires the completion of a mentorship agreement. Who qualifies as an acceptable Mentor?

A mentor may be an authorized prescriber from any regulated health profession. This may include a dietitian who is already an authorized prescriber, or another health care provider with prescribing authority such as a physician, a nurse practitioner, or a pharmacist. The mentor should be willing to offer professional knowledge and expertise relevant to the role of a prescriber, which may include:

- Discussing and collaborating on the dietitians initial prescribing orders
- Answering questions
- Providing resources
- Assisting in problem solving relevant to prescribing
- Locating resources related to prescribing.

Q: How long is mentorship expected to continue after initial authorization?

A minimum period of mentorship of 9 months is required; however, mentorship should be individualized and ongoing until the authorized prescriber is able to practice independently and safely.

Mentorship should continue as needed to support the dietitian in developing confidence and competence in prescribing, in alignment with the NSRD Dietitian Prescribing Standards. The duration may vary based on individual experience, practice setting, employer requirements, and complexity of care.

Q: What is meant by working in an interprofessional collaborative care setting, and does this require providers to be physically co-located?

Interprofessional collaboration does not require providers to be physically co-located. The nature of collaboration may vary depending on the practice setting, team structure, and the dietitian's role and duration within the team. It is important for the dietitian to understand the collaboration mechanisms and expectations within their practice environment.

Q: Once a Dietitian is approved as an authorized prescriber by the NSRD, what do they need to include in documentation to clarify their role?

All prescriptions (including laboratory requisitions) should include both the RD(AP) identifier and the prescribers NSRD license number. This designation confirms the dietitians authority to prescribe within their professional and employment scope of practice, and ensures accountability and traceability. When charting relevant to a prescription, the RD's chart notes should also include this information. An example is Beaver Ingram, RD(AP), NSRD# 9632.

Q: What education does a dietitian authorized prescriber needs to provide to their clients?

An RD(AP) must educate their clients regarding the use of drugs and agents prescribed. This should include information regarding the reason for the prescription, importance of adherence to the prescription plan, potential side effects, signs and symptoms of adverse effects, potential drug interactions, and the risks associated with changing or discontinuing a dose.

When prescribing laboratory tests, the dietitian should also provide education on the purpose of the test, any preparation required (e.g. fasting), and how results will be communicated and used to inform care.

Clients should be supported to make informed decisions, including the right to accept or refuse a prescription or test, and an understanding of the potential risks of refusal.

Q: What are the requirements for the Continuing Competency Program (CCP) for those who are authorized prescribers?

Dietitians who are authorized prescribers must engage in, and document learning activities related to nutrition prescription on the Continuing Competency Program (CCP) learning log each year. Dietitians who prescribe are required to complete at least one annual CCP goal, along with relevant learning activities, related to an area of nutrition prescription that aligns with their practice setting.

Some examples of relevant learning goals are listed below, with the relevant standard and indicator listed. Each goal should aim to have a minimum of 3 related learning activities as part of an annual CCP submission.

Example 1: [Standard 10, Indicator (a)] I will enhance my knowledge on current drug and nutrition agents used to increase appetite.

Example 2: [Standard 7, Indicator (d)] I will increase my understanding of best practices in prescribing parenteral nutrition.

Example 3: [Standard 5, Indicator (c)] I will increase my understanding of interprofessional team members roles in prescribing.

Q: How can dietitians increase their technical skills and knowledge related to prescribing?

Building technical skills, such as understanding pharmacology, therapeutic decision-making, and safe prescribing practices, is essential for dietitians preparing to prescribe. There are many options for continuing education to increase knowledge and skills related to prescribing. Some options to explore for further education include:

- Dietetics associations, such as Dietitians of Canada or American Society for Parenteral and Enteral Nutrition (ASPEN), may offer related education opportunities including webinars, courses, journal access, and PEN access to support knowledge development in clinical nutrition and prescribing of drugs.
- RxFiles, a Canadian drug information resource provided by the University of Saskatchewan, may offer educational information related to drug information.
- Universities may offer online and in person courses in pharmacology and other related areas for health professionals.
- In some circumstances, employers may offer internal training or education.

Q: Can the NSRD provide a list of all drugs and nutrition agents that can be prescribed by a dietitian?

Appendix A of the NSRD Prescribing Standards for Dietitians offers a formulary for drugs and nutrition agents that can be prescribed by a dietitian. As drugs are frequently changing, the NSRD includes categories of drugs and agents relevant to nutrition findings rather than specific names of drugs and nutrition agents.

Q: Is it necessary to be familiar with all possible drugs that a dietitian prescriber may be authorized to prescribe?

A dietitian who is an authorized prescriber should be familiar with the appropriate drug classifications that fall within the dietetic scope of prescribing, as they apply to their employment setting and as outlined in Appendix A of the NSRD Prescribing Standards for Dietitians.

When engaging in the act of prescribing, the dietitian must be knowledgeable of the drug being prescribed including indications, contraindications, actions, interactions, side effects, and adverse effects of pertinent drugs. The dietitian must also be knowledgeable of the drug schedules and where to access drug schedule information, drug-drug and drug-food interactions, and the available dosage forms for the drug or agent and the recommended dosage, as well as the importance of relevant administration factors such as timing.

Q: Do dietitians need to be authorized prescribers (RD(AP)) to order or recommend enteral nutrition or make changes to nutrition supplements?

Dietitians do not need to be authorized prescribers (RD(AP)) to order or recommend therapeutic diets, nutrition supplements, or enteral nutrition.

Dietitians who are not authorized prescribers can independently assess, recommend, and manage enteral feeding regimens and nutrition supplements, provided this is within their individual competence, employment scope of practice, and in accordance with employer policies.

However, when a nutrition product is prescribed (e.g. for insurance coverage or pharmacy dispensing), an authorized prescriber (RD(AP)) designation may be required, depending on the context, product classification, and applicable policies.

Q: Will enteral nutrition or related products be included in future authorized prescriber requirements?

At this time, enteral nutrition does not require authorized prescriber (RD(AP)) designation. As practice evolves, the NSRD will continue to review and update prescribing standards to reflect changes in practice environments, health system processes, and regulatory requirements. This may include consideration of how certain nutrition products, including enteral nutrition or related products, are incorporated into prescribing frameworks in the future. Changes to prescribing requirements will be communicated to registrants in advance of a change.

Q: A dietitian can order a texture modified diet, therapeutic diet, or adaptive eating utensils without becoming an authorized prescriber. If the patient has health insurance, can the cost of the adaptive aid/utensil/equipment be covered under their insurance?

There are many forms of nutrition support that do not require a prescription and are within a dietitians scope to order without becoming an authorized prescriber. In some instances, a client may be able to get coverage for these supports, either through public or private health insurance, if they are prescribed rather than recommended. In this case, the dietitian would need to be an authorized prescriber to write a prescription for these supports.

Q: How can the dietitian prescriber determine if a drug or nutrition support will be covered by pharmacare for a client residing in Long Term Care, when preparing a prescription and considering financial coverage?

The pharmacare formulary located on the Nova Scotia Pharmacare website details which drugs and devices are financially covered under the Pharmacare Programs.

Q: What is the dietitian's role in adjusting insulin and other diabetes drugs, and why can dietitians not act as original prescribers?

Dietitians are not authorized to act as original prescribers of diabetes drugs under the NSRD Dietitian Prescribing Standards. Initiation of diabetes pharmacotherapy involves complex medical management, ongoing monitoring, and regulatory considerations.

However, insulin dose adjustment is considered part of diabetes self-management education. Dietitians may adjust insulin doses within their individual competence, in collaboration with the client and interprofessional team, and in accordance with employer policies or guidelines. This activity does not require prescribing authorization unless a prescription is written to adjust insulin through a prescription.

Adjustment of non-insulin diabetes drugs classified as Schedule I drugs may be performed by dietitians only where they are authorized prescribers and meet additional requirements (e.g. CDE designation), as outlined in the standards. Dietitians cannot initiate these drugs.

Dietitians must follow employer policies and practice in accordance with the Diabetes Canada Clinical Practice Guidelines. Please refer to the Insulin Dose Adjustment and Diabetes Self-Management Practice Direction and the Prescribing Standards for Dietitians for more guidance.

Q: Do dietitians require authorized prescriber (RD(AP)) designation to order bloodwork?

Dietitians must be an authorized prescriber to independently order/prescribe laboratory tests. There are scenarios where dietitians are authorized to order laboratory tests under a medical delegation, which continues to be acceptable practice and does not require a prescriber designation.

Q: What laboratory tests are dietitians authorized to prescribe under the prescribing standards?

Dietitians who are authorized prescribers (RD(AP)) may prescribe laboratory tests that are relevant to nutrition assessment, monitoring, and management, in accordance with the Prescribing Standards for Dietitians.

As outlined in Appendix C, a dietitians ability to prescribe laboratory tests depends on the practice setting and requires employers to have appropriate policies and processes in place to support safe and effective test ordering, result management, and follow-up. As a result, the specific laboratory tests a dietitian may prescribe can vary by clinical environment and organizational policy. Dietitians must understand and comply with the applicable standards related to laboratory test prescribing before ordering.

Q: Do dietitians need to search for preexisting bloodwork before ordering?

Dietitians must assess clinical relevance and ensure results are not otherwise available before ordering. Reviewing available laboratory information helps avoid unnecessary duplicate testing, reduces burden on clients and the health care system, and supports efficient use of resources. When considering whether to order a test, dietitians should use professional judgment to determine whether existing results are sufficient to inform nutrition assessment, monitoring, or treatment decisions. Dietitians must also follow any employer policies, procedures, or protocols related to laboratory test ordering and result review.

Q: What qualifies as a "critical test result," and do all "critical" results require immediate dietitian intervention?

"Critical test results" are 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. Dietitians must follow employer-defined critical values lists and protocols. It is the responsibility of the Dietitian to understand the thresholds relevant to their practice setting for the laboratory tests they may be requesting, and to ensure a process is in place for escalation of critical results, follow-up nutrition care, and documentation.