

Welcome to Reg Talks

Insulin Dose Adjustments for Registered Dietitians in Ontario



Honouring the traditional territories



Session Overview

Part 1: Context & Controlled Acts

**Part 2: The Position Statement & Practice
Guidelines**

Part 3: Scenarios & Guiding Questions

Part 4: Q & A



PROTECTING the Public

The College of Dietitians of Ontario regulates dietitians for public protection.

[LEARN HOW](#)

Providing education to dietitians about their professional obligations for practicing through delegation of controlled acts aligns with the College's public protection mandate.



College of Dietitians of Ontario

What Governs RD Practice

LAW

FACILITY
RESTRICTIONS

Registration

College
Requirements

GUIDELINE

REGULATIONS

Ethics

CONTROLLED ACTS

Standards



Part 1

Context and Controlled Acts



Controlled Acts

- **What are they?**
 - Health care actions that are considered potentially harmful if performed by unqualified people ([Regulated Health Professions Act, 1991](#))
- **How many?**
 - 14 Controlled Acts
 - Example: Prescribing



The *RHPA* permits delegations to transfer the authority to perform a controlled act to dietitians in appropriate circumstances



Poll Question 1

What is a delegation?

- a) A process where the authority to perform a controlled act can be transferred
- b) Defined in law
- c) Is a high-risk procedure



Poll Question 2

How is a delegation conferred (given)?

- a) Direct order (written or verbal for a specific client)
- b) Medical directives (orders for clients who meet criteria)
- c) a) and b)



Context

Why is this position statement required now?

- Ambiguity; needed clarification
- The College completed a thorough policy analysis to confirm this position statement and provide these practice guidelines, including:
 - Environmental scans
 - A focus group with dietitians practicing in diabetes and performing insulin dose adjustments
 - Several consultations with colleges most affected
 - Legal counsel,
 - Registrant, and system partner consultations





STANDARD FOR DIETITIANS PRACTICING THROUGH DELEGATION OF CONTROLLED ACTS

Approved by Council December 4, 2020.

INTRODUCTION

The College is committed to ensuring that dietitians in Ontario provide safe, quality care to clients.

The *Regulated Health Professions Act, 1991* (RHPA) identifies fourteen controlled acts that pose significant risk of harm to the people of Ontario ([View them here](#)). If a procedure involves controlled acts that are not authorized for dietitians, then the RHPA generally permits delegations to transfer the authority to dietitians to perform a controlled act in some situations. The delegation of controlled acts in appropriate circumstances can result in more timely delivery of health care and can promote optimal use of healthcare resources and personnel.

Five Standard Statements

The five standard statements below articulate the minimum level of performance expectations for dietitians when practising through the delegation of controlled acts.

Performance expectations articulated in these five standard statements may not apply to every area of dietetic practice; their application will depend on client/patient factors and the dietetic practice setting. In addition to complying with the *Professional Practice Standard for Dietitians Practising through Delegation of Controlled Acts*, dietitians should follow organizational policies. An [Interprofessional Guide on the Use of Orders, Directives and Delegation for Regulated Health Professionals in Ontario](#) is available on the Health Profession Regulators of Ontario website.

- [Terminology](#)
- [References](#)
- [Framework for Deciding to Practice Under Delegation](#)

PROGRAMS MENU

Quality Assurance

Registration

Practice Advisory

Practice Advisory Service

Standards & Guidelines

Legislation & By-Laws

Jurisprudence & Professional Practice Resources

Boundary Crossings

Client-Centred Care

Confidentiality & Privacy

Conflict of Interest

Consent

Collaboration and Communication

Ethics

Mandatory Reporting

Private Practice

Record Keeping

Scope of Practice & Controlled Acts

The 14 Controlled Acts

Virtual Care, Social Media & Technology



Part 2

The Position Statement and Practice Guidelines



Position Statement & Practice Guidelines

- **Position statement**
 - Intended to inform and clarify
- **Practice Guidelines**
 - Not intended to replace or be a substitute for clinical practice guidelines
 - To assist dietitians, their clients, colleagues and employers with suggestions from a regulatory perspective

Reminder these documents not used in isolation

(Standard for Practicing Through Delegation
of Controlled Acts)



Purpose of the Position & Practice Guidelines

To clarify:

1. The scope of practice of dietitians in Ontario
2. The difference between providing self-management education and prescribing
3. The College's expectations regarding managing risks and identifying and implementing the best protective solutions
4. The full role of a dietitian within the interprofessional diabetes care team.



Position Statement

It is the position of the College of Dietitians of Ontario that a dietitian with the required knowledge and competence **can provide education to clients** living with diabetes who are **self-adjusting their insulin** dosage.

However, where the education becomes instructions with ***specific* recommendation to alter the dose** of the insulin, that advice **amounts to prescribing** or modifying a prescription for insulin and **requires a delegation** from a healthcare professional authorized to perform the controlled act of prescribing (e.g. a physician).



Principles

- Distinguishing between providing self-management education vs. prescribing
- Ensuring knowledge, skill and judgment
- Dietitian's role is defined by the needs of the client, the interprofessional resources and the healthcare setting in which dietetic services are provided



Insulin is a Schedule II drug

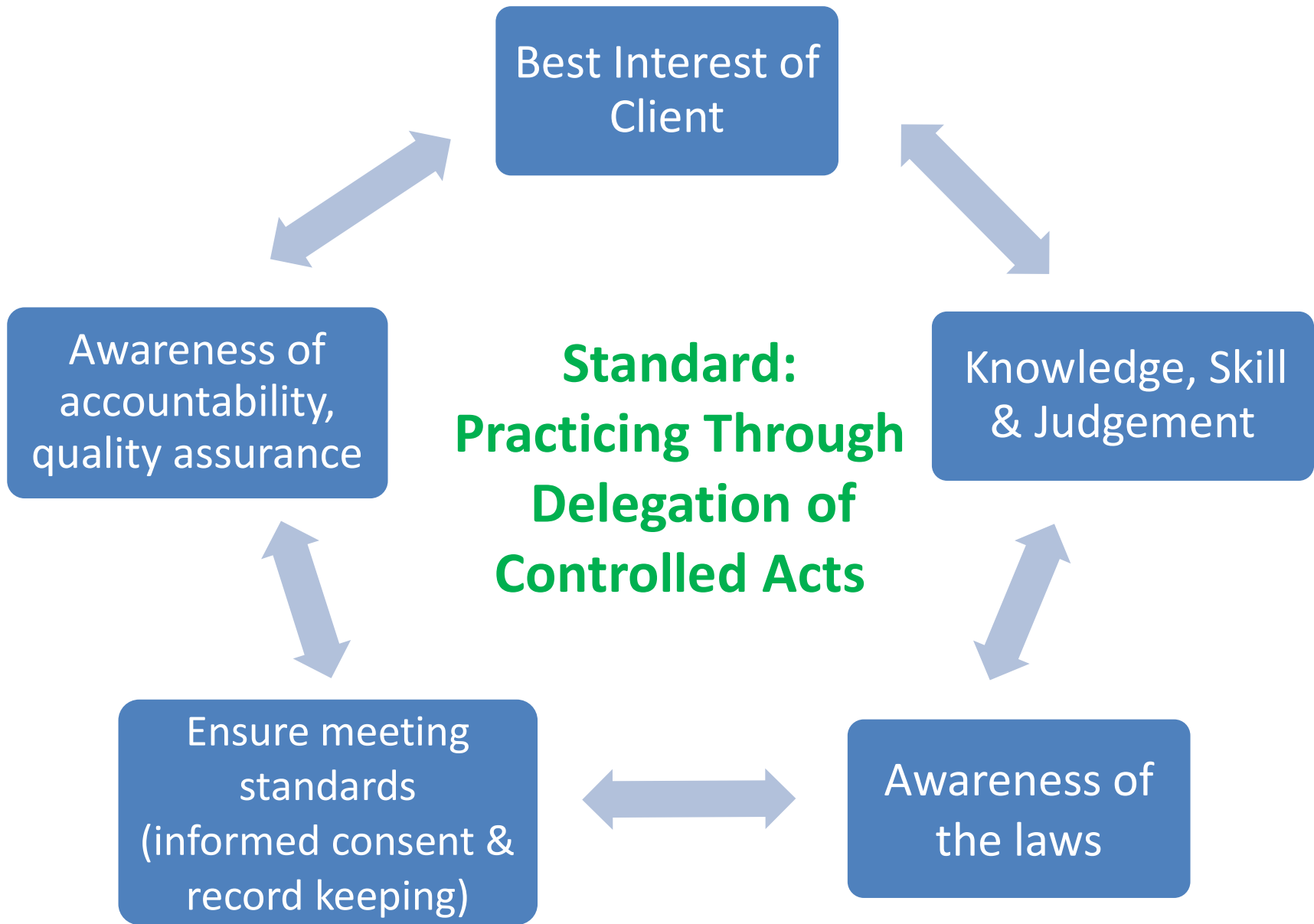


Need to refresh on scheduled drugs in Canada? <https://www.napra.ca/>



College of Dietitians of Ontario

www.pixabay.com



Poll Question 3

If you have a Certified Diabetes Educator (CDE) certification, do you need a delegation to perform insulin dose adjustments?

- a) Yes
- b) No

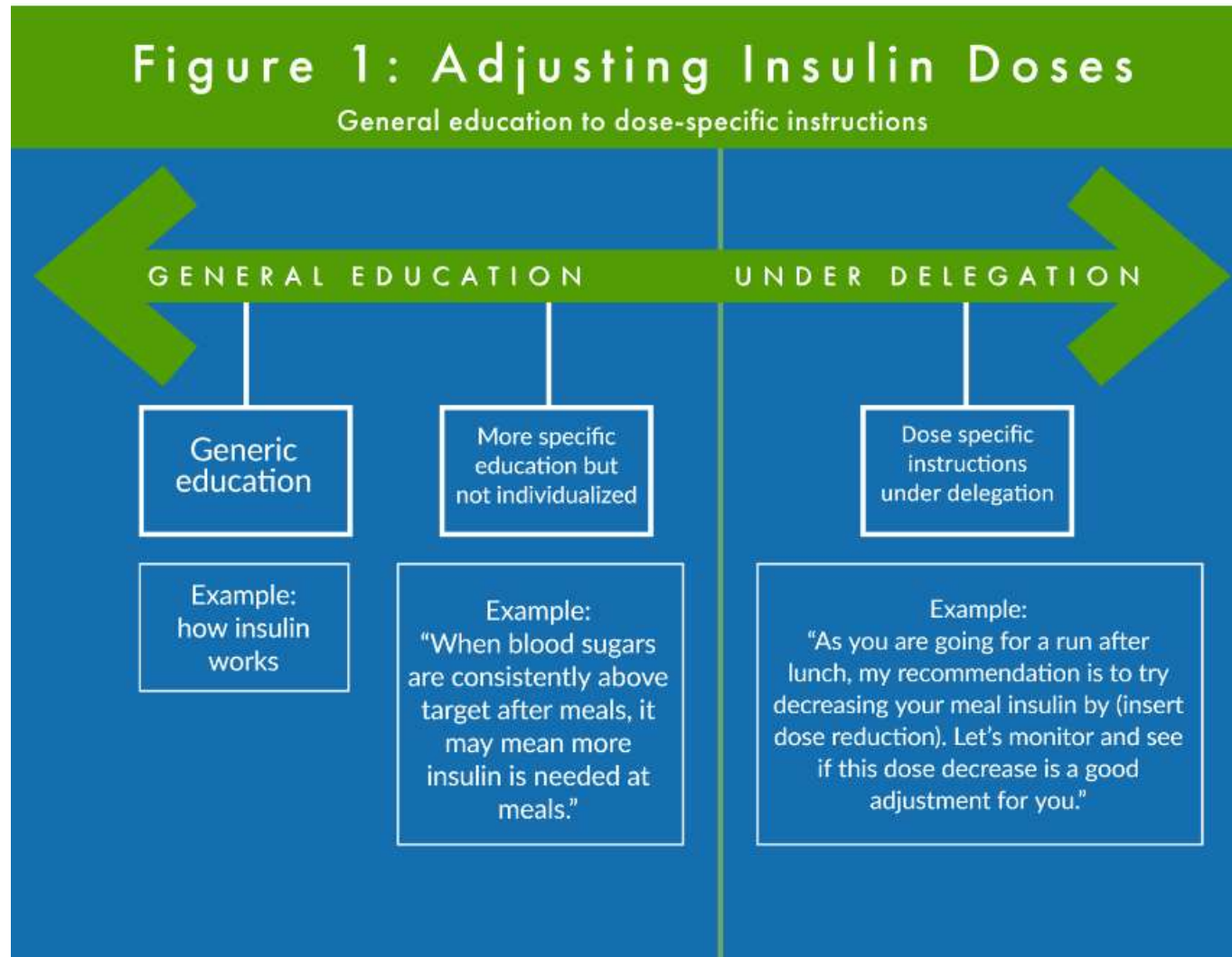


Clarifying educating vs prescribing

- Providing general education to clients about diabetes and its management, including self-management, is not a controlled act



How specific can educational guidance be before it becomes the task of prescribing?





Part 3. Scenarios & Guiding Questions





Scenario 1

A dietitian is providing education to a client living with diabetes who has discussed self-managing their insulin doses with their endocrinologist. The dietitian has a medical directive to adjust insulin doses.

What should the dietitian consider?



Questions to ask yourself...

1. *Has the physician/prescriber recommended and given instructions/advice about self-management to client?*
2. *Does client have the ability and interest to self-manage?*
3. *Do I have the knowledge and skill to provide education to adjust insulin dosages and timing?*
4. *What is in the client's best interest?*
5. *Any organizational considerations to consider (collaborative care, practice setting specific legislation), etc.?*



Figure 1: Adjusting Insulin Doses

General education to dose-specific instructions

GENERAL EDUCATION

UNDER DELEGATION

Generic education

Example:
how insulin works

More specific education but not individualized

Example:
"When blood sugars are consistently above target after meals, it may mean more insulin is needed at meals."

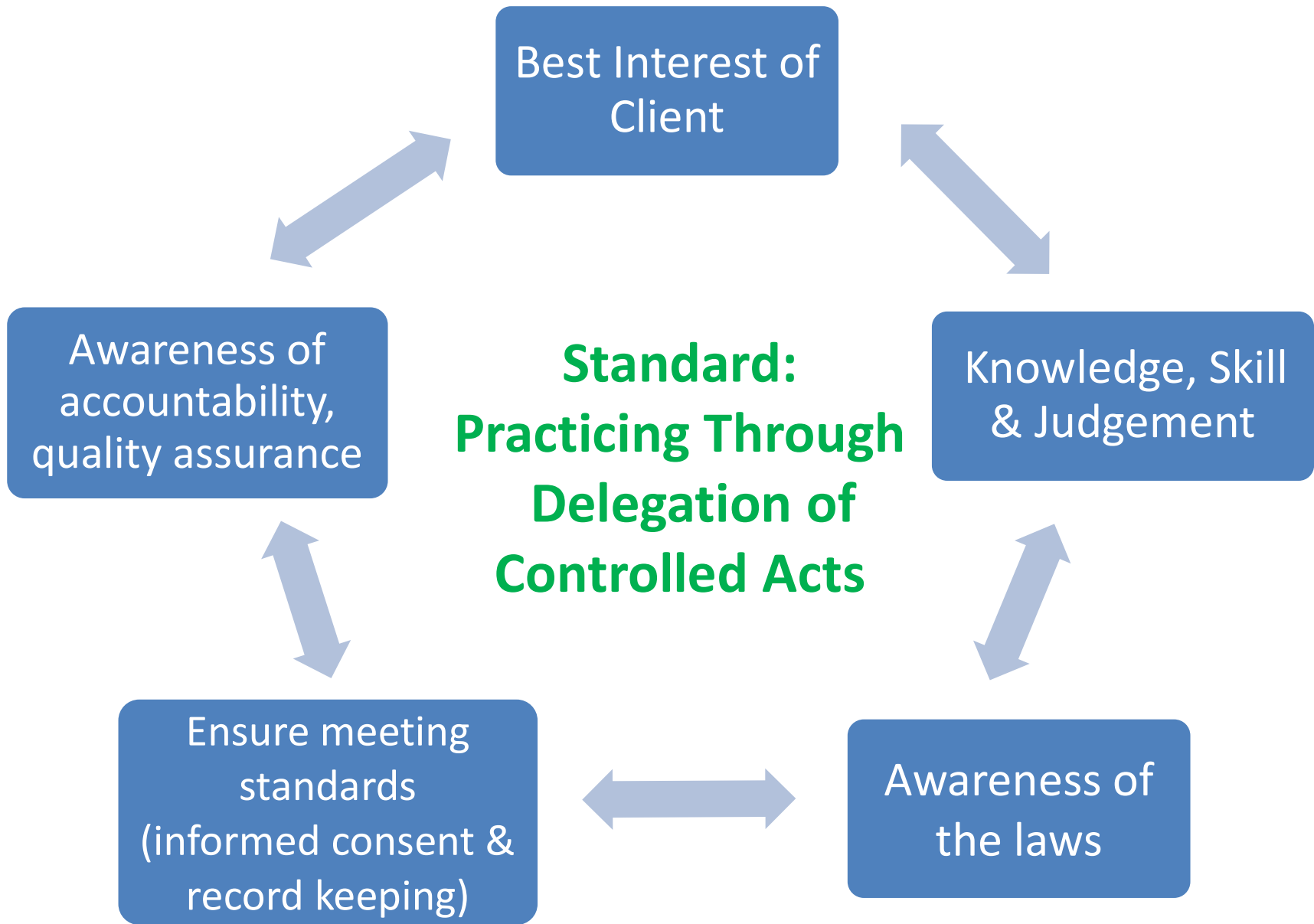
Dose specific instructions under delegation

Example:
"As you are going for a run after lunch, my recommendation is to try decreasing your meal insulin by (insert dose reduction). Let's monitor and see if this dose decrease is a good adjustment for you."

Questions to ask yourself...

1. *Do I need a delegation?*
2. *How will it be conferred?*
 - *Via direct order (verbal or written)*
 - *Via medical directive (orders that pertain to any client that meets the criteria set out in the directive)?*
3. *Am I meeting Standards (e.g. Informed consent for assessment and/or treatment, Record Keeping)?*
4. *Am I aware of accountability, quality assurance and delegation processes in my practice setting?*







Scenario 2

A dietitian is providing education to a client living with diabetes who has experienced low blood sugars over several days. The dietitian does not have a delegation currently.

What should the dietitian consider?



Questions to ask yourself...

1. *Has the physician/prescriber recommended and given instructions/advice about self-management to client?*
2. *Does client have the ability and interest to self-manage?*
3. *Do I have the knowledge and skill to provide education to adjust insulin dosages and timing?*
4. *What is in the client's best interest?*
5. *Any organizational considerations to consider (collaborative care, practice setting specific legislation), etc.?*



Figure 1: Adjusting Insulin Doses

General education to dose-specific instructions

GENERAL EDUCATION

UNDER DELEGATION

Generic education

Example:
how insulin works

More specific education but not individualized

Example:
"When blood sugars are consistently above target after meals, it may mean more insulin is needed at meals."

Dose specific instructions under delegation

Example:
"As you are going for a run after lunch, my recommendation is to try decreasing your meal insulin by (insert dose reduction). Let's monitor and see if this dose decrease is a good adjustment for you."

Questions to ask yourself...

1. *Where am I on the “Adjusting Insulin Doses Spectrum”?*
 - *Am I providing general education about diabetes and how insulin works? (General Education)*

OR

- *Am I providing general statements about when a client should consider adjusting dosages when an authorized prescriber has already instructed clients to modify their dosages? (e.g. Typically, when a client sees this type of blood sugar pattern, they reduce their nightly basal insulin so they can reach their target blood sugar) (More specific but not individualized)*

OR

- *Am I giving specific dosage instructions to an individual client within a particular situation? (Specific, Under Delegation)*



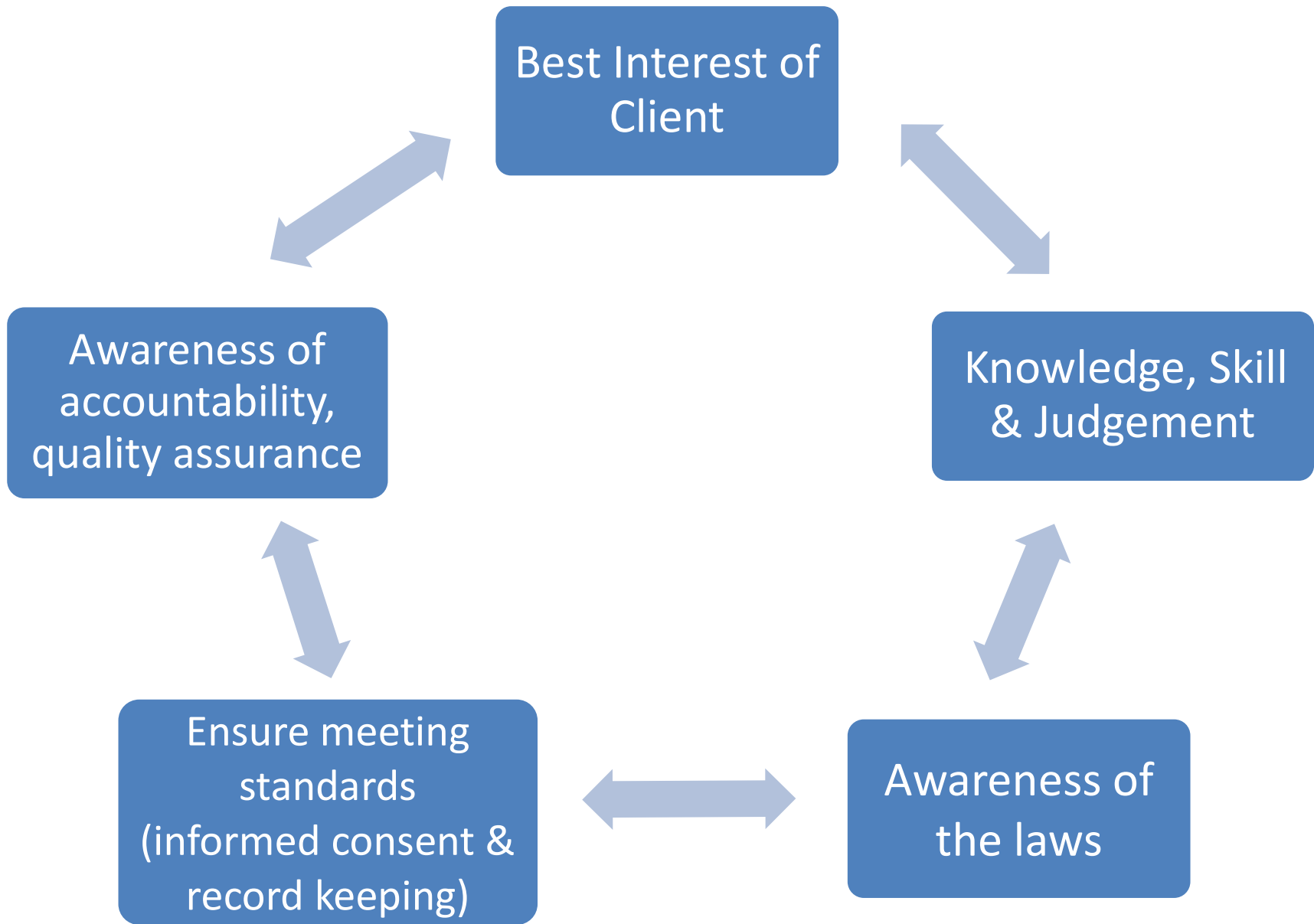
Questions to ask yourself...

1. *Do I need a delegation?*
2. *Will it be conferred via direct order (verbal or written) or via medical directive?*

Other considerations:

- *Meeting Standards (e.g. Informed consent for assessment, treatment, Record Keeping)*
- *Risk management – accountability processes*
 - 1) *Am I aware of accountability, quality assurance and delegation processes in my practice setting?*





Poll Question 4

Can an RD take a verbal order for a medication adjustment?

- a) Yes
- b) No
- c) It depends



Poll Question 5

Can a dietitian perform a controlled act in an emergency situation?

- a) Yes
- b) No





Scenario 3

A dietitian does not have a Certified Diabetes Educator (CDE) certification. Can they provide self-management education or adjust insulin doses under a delegation (direct order or directive)?

What should the dietitian consider?



Questions to ask yourself...

1. *Has the physician/prescriber recommended and given instructions/advice about self-management to client?*
2. *Does client have the ability and interest to self-manage?*
3. *Do I have the knowledge and skill to provide education to adjust insulin dosages and timing?*
4. *What is in the client's best interest?*
5. *Any organizational considerations to consider (collaborative care, practice setting specific legislation), etc.?*



Figure 1: Adjusting Insulin Doses

General education to dose-specific instructions

GENERAL EDUCATION

UNDER DELEGATION

Generic education

Example:
how insulin works

More specific education but not individualized

Example:
"When blood sugars are consistently above target after meals, it may mean more insulin is needed at meals."

Dose specific instructions under delegation

Example:
"As you are going for a run after lunch, my recommendation is to try decreasing your meal insulin by (insert dose reduction). Let's monitor and see if this dose decrease is a good adjustment for you."

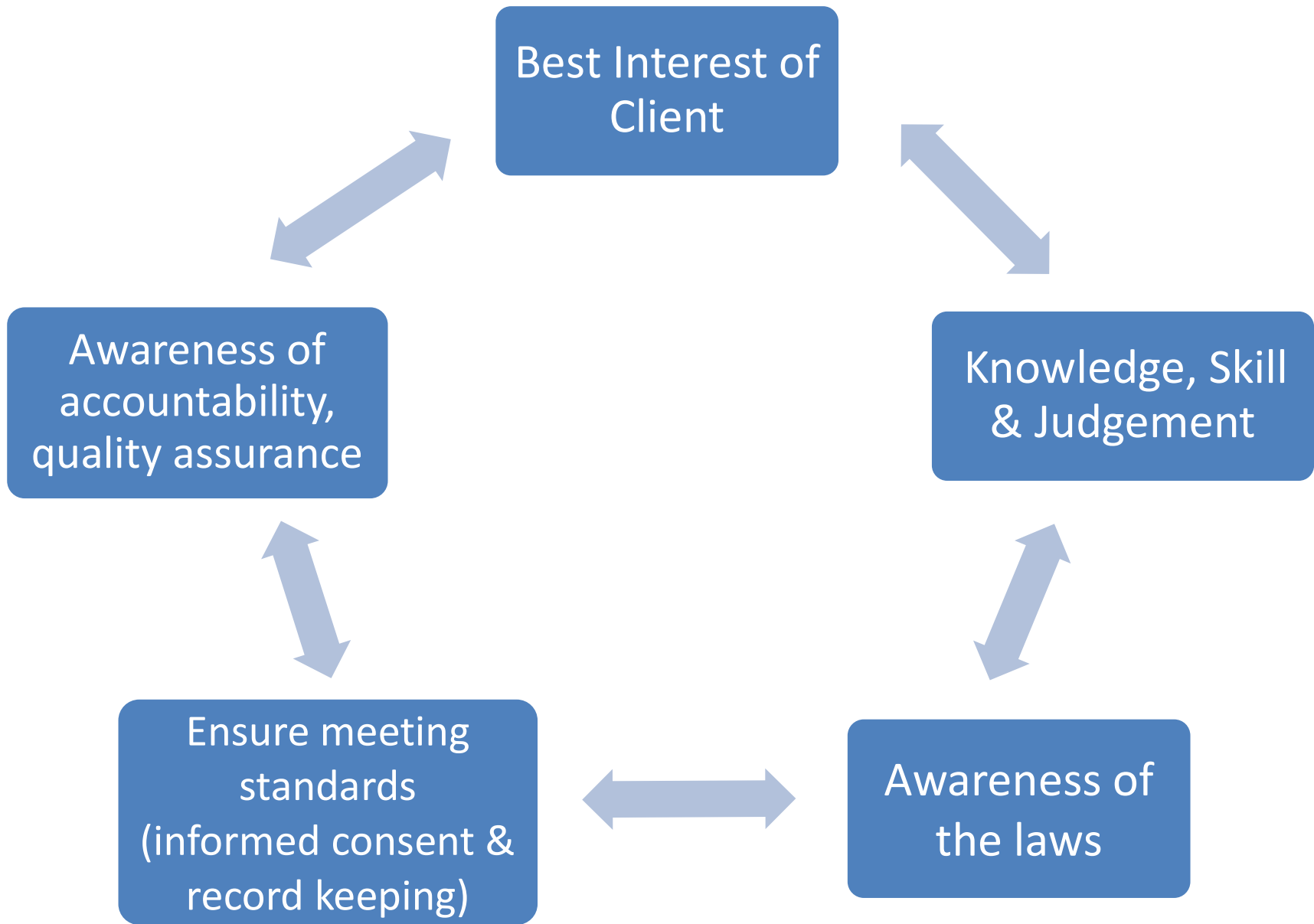
Questions to ask yourself...

1. *Do I need a delegation?*
2. *Will it be conferred via direct order (verbal or written) or via medical directive?*

Other considerations:

- *Meeting Standards (e.g. Informed consent for assessment, treatment, Record Keeping)*
- *Risk management – accountability processes*
 - 1) *Am I aware of accountability, quality assurance and delegation processes in my practice setting?*





Poll Question 6

Which of the following include performance expectations when practicing under delegation of a controlled act?

- a) Must be in best interest of client and the dietitian must have the competence (knowledge, skill and judgment)
- b) Must obtain client informed consent and the dietitians must be aware of legislation in their practice setting
- c) Must inform the delegating healthcare professional of any actions the dietitian took to manage any adverse event(s)
- d) All of the above



Summary

We encourage dietitians to work with their employers and consider:

- client needs
- personal competence (knowledge and skill)
- interprofessional care
- professional obligations (e.g., legislation specific to your practice setting and organization specific policies)
- risk management, including confirming liability insurance coverage



Resources



Insulin Dose Adjustment Position Statement and Practice Guidelines:
<https://collegeofdietitians.org/professional-practice-resources/scope-of-practice/insulin-adjustments-position-statement-guidelines.aspx>

Delegation Standard:
<https://www.collegeofdietitians.org/professional-practice-resources/scope-of-practice-controlled-acts/practising-through-delegation-of-controlled-acts.aspx?viewmode=0>

STANDARDS & GUIDELINES

- [Standard for Dietitians Practicing Through Delegation of Controlled Acts](#)

Resources

Citizen Advisory Group: <https://citizenadvisorygroup.org/>

Health Profession Regulators of Ontario (HPRO): Guide to Directives & Delegation:

<https://www.regulatedhealthprofessions.on.ca/md-guide-home.html>

List of Controlled Acts set out in the RHPA:

<https://www.collegeofdietitians.org/practice-advisory/jurisprudence-professional-practice-resources/dietetic-scope-of-practice-the-controlled-acts/the-14-controlled-acts.aspx>





Please do not hesitate to contact us:

Practice Advisors & Policy Analysts

diane.candiotto@collegeofdietitians.org
samantha.thiessen@collegeofdietitians.org

Director of Professional Practice

carole.chatalalsingh@collegeofdietitians.org

416-598-1725; 1-800-668-4990

OR

practice.advisor@collegeofdietitians.org

Ext. 397



College of Dietitians of Ontario



Part 4: Q & A