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### **Regarding: Dietitian Scope of Practice**

Thank you for providing this opportunity to respond to the proposed changes in dietitians.

I am writing this letter to specifically respond to the proposed Controlled Act # 8 - Prescribing or dispensing, specifically for the adjustment of insulin and oral hypoglycemic regimens.

Dietitians play a vital role in improving patient outcomes. Problems arising from nutritional issues are unique enough to require a dedicated member to address such things. However, just as nutritional complexities require special attention, so do other aspects of patient management. Physician, physiotherapists, occupational therapists, nurses, pharmacists - all are rigorously schooled and trained to provide the best care possible in their respective fields.

With a disease such as diabetes, it is critical that management of issues be handled by the most suitably qualified professional. Adjustments to insulin and oral hypoglycemic agents, may be necessitated by a myriad of factors and can have a profound effect on overall patient care. Such pharmacotherapeutic intervention requires a thorough understanding of pharmacology and drug interactions, physiology, and related disease states and processes. As a Certified Diabetic Educator, I can confidently state that more focused training and education is required in order for any other health professions to receive such a change in scope of practice.

More so, the level of competence is not the only factor to consider. Changes to the patient's non diabetic medication (both prescription and non-prescription) can cause the need for insulin or oral hypoglycemic adjustments and vice versa. Depending on the setting, this information may not be available to dietitian in a comprehensive or timely manner.

The rationale for this expansion of scope is to contribute to patient self management and safety by preventing hypoglycaemia and reducing the risk of long term complications. I agree that self management will lead to better outcomes but having another health care professional making the changes is not self management. Furthermore, if the physician feels the original dose or different is more appropriate, will the orders of the physician not override dietitian? Will this not lead to greater confusion for the patient and the health care team?

I echo the sentiments of H. B., BSc.Phm, RPh and Shelley McKinney, RPh, MBA with respect to the proposed Controlled Act #8. Let me reiterate that this letter does not comment negatively or positively on any other proposed changes.

I would like to close by stating that I am not opposed to changes in scope of practice. Well thought out and well executed change is good. Just as with nurse practitioners, in order to expand prescribing privileges to non-physician professionals, we need to ensure that rigorous standards are met and special qualifications created.

Thank you for allowing the opportunity discuss my concerns.

Sincerely

Reshma Dole BSc.Phm,Rph CDE