

# Is adjusting insulin within the dietetic scope of practice?



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**Adjusting insulin is not within the dietetic scope of practice. A dietitian can adjust the insulin for a client only if the appropriate authority mechanisms are in place.**

The answer is no. While many dietitians have the competence necessary to adjust insulin, prescribing a drug is a controlled act under the *Regulated Health Professions Act (RHPA)*. Making adjustments to insulin would mean making a change to a prescription, and should be interpreted as prescribing under the RHPA. Currently, dietitians are not authorized to perform any of the controlled acts. This means that a dietitian can adjust the insulin for a client only if the appropriate authority mechanisms are in place.

The College and Dietitians of Canada have made a joint submission to the Health Professions Regulatory Advisory Council recommending that dietitians be authorized to make adjustments to the dose of insulin and oral hypoglycemic medications that have already been prescribed by a physician or another authorized healthcare practitioner. This recommendation recognizes the role that dietitians are already playing in many organizations across the province under the authority of medical directives or other mechanisms.

## DEVELOPING A MEDICAL DIRECTIVE

If you are considering developing a medical directive to authorize dietitians in your organization to adjust insulin, include all relevant members of the interprofessional team in the process. In addition, the medical directive should address communication mechanisms (i.e. what should be communicated, to whom, when, and how).

For more information on authority mechanisms, medical directives, orders and delegation, refer to Chapter 4 of the *Jurisprudence Handbook for Dietitians in Ontario (2008)* at [www.cdo.on.ca](http://www.cdo.on.ca) > Resources. As well, the Federation of Health Regulatory Colleges (FHRCO) has developed an *Interprofessional Guide to Orders, Directives, and Delegation for Regulated Health Professions in Ontario*. You can access the guide at: <http://mdguide.regulatedhealthprofessions.on.ca/why/default.asp>. It contains definitions, templates and step-by-step guides to developing medical directives, and will be your most helpful resource.

## TEACHING A CLIENT HOW TO ADJUST THEIR OWN INSULIN

Dietitians have also asked if a medical directive is required to teach a client how to adjust their own insulin. Teaching a client who is fully aware that they have diabetes how to adjust their own insulin for changes in activity, food intake and in response to self-blood glucose

monitoring (SBGM) is not a controlled act and is within the dietetic scope of practice. There is no need to develop a medical directive.

As with any other activity, the dietitian must first ensure that they have the appropriate knowledge, skills and judgment to proceed. Additionally, it is important to verify that the

treatment plan includes the goal of self-management of insulin intake. This approach may not be appropriate for every client. All members of the health care team need to know who will be doing the teaching and that the client will be coached on how to adjust their insulin for diet and other factors.

## Professional Practice Scenario

### Soliciting Clients

Jill was a dietitian in private practice. When she decided to retire, she arranged for her colleague, Sharon, to assume her office location and custody of her client files. When Sharon assumed the practice, she decided to contact each one of the clients personally to let them know that she has taken over Jill's practice and to suggest that they consider making an appointment to see her. Are there any concerns with this plan?

This may be a fast way for Sharon to build a client base, but there are three issues to consider with this approach:

1. As the Health Information Custodian for her own practice, Jill had a responsibility to ensure that her clients were aware of what would happen to their health records and how they could access them after she retired. Jill's clients, then, should already be aware that Sharon has assumed Jill's office and taken custody of their health records. They should also know when this took place. **Unless Jill failed to fulfill her duty as a custodian, there should be no need for Sharon to contact Jill's clients to let them know that she has assumed custody of their client files.**
2. Consent, privacy of personal health information and transparency are the fundamental principles informing the collection and use of client information. When the clients received services from Jill, they may not have consented to "marketing" communications. The information was collected by Jill for reasons related to their care and for

usual dietetic client contact. **Unless clients expressly consented to receiving marketing communications, Sharon should only be contacting clients who are in the midst of a treatment program about coming in for treatment.**

3. The third issue is with Sharon asking clients personally to consider making an appointment. This amounts to personal solicitation of business. The College's proposed advertising regulation is clear that members may not, "contact or communicate with, or cause or allow any person to contact or communicate with potential patients, either in person or by telephone, in an attempt to solicit business" ([www.cdo.on.ca](http://www.cdo.on.ca) > Resources > Regulations). Again, this is different from personal contact with a client in the midst of a treatment program.

We have all received a knock at the door or a telephone call from someone who is trying to sell a product or service. It is hard to say "No" to someone who is standing in front of you or speaking to you directly. **While the purpose of advertising is to disseminate information about the services that you provide, direct, personal contact is prohibited because there is a risk that a person may feel pressured to accept a service that they do not want or need.**

There are still many ways for Sharon to advertise her private practice, such as yellow pages ads, flyers, direct mail of an informational nature or website. As long as she avoids direct, personal contact with the clients, she can be creative.