



## Vitamins & Minerals & the RD Scope of Practice

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Recommending vitamin and mineral supplements, as part of a nutrition care plan, has always been within the dietitian's scope of practice. There have recently been some changes to legislation and to the national drug schedules which have some impact on dietetic practice. This article answers FAQs and provides updated information about the authority mechanisms involved in making recommendations or offering samples of vitamin, mineral and other nutritional supplements.

The controlled act which may affect how RDs propose supplements to their clients is Controlled Act 8. It refers to, "Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept". Effective June 4, 2008, the *Drug and Pharmacies Regulation Act* has redefined "drug" to mean:

- any substance or preparation containing any substance,*
- (a) manufactured, sold or represented for use in,*
    - (i) the diagnosis, treatment, mitigation or prevention of a disease, disorder, abnormal physical or mental state or the symptoms thereof, in humans, animals or fowl, or*
    - (ii) restoring, correcting or modifying functions in humans, animals or fowl,*
  - (b) referred to in Schedule I, II or III,*
  - (c) listed in a publication named by the regulations, or*
  - (d) named in the regulations,*

*but does not include,*

- (e) any substance or preparation referred to in clause (a), (b), (c) or (d) manufactured, offered for sale or sold as, or as part of, a food, drink or cosmetic,*
- (f) any "natural health product" as defined from time to time by the Natural Health Products*

*Regulations under the Food and Drugs Act (Canada), unless the product is a substance that is identified in the regulations as being a drug for the purposes of this Act despite this clause, either specifically or by its membership in a class or its listing or identification in a publication,*

- (g) a substance or preparation named in Schedule U,*
- (h) a substance or preparation listed in a publication named by the regulations...*

### DIETETIC PRACTICE & NAPRA SCHEDULES

To fully understand how Controlled Act # 8 pertains to dietetic practice, it is important to know what is meant by "Schedule I, II or III" in the definition of a drug.

"Schedule I,II, or III" are categories of drugs under the *National Association of Pharmacy Regulatory Authorities* (NAPRA) national drug scheduling model, which specifies the condition of sale for the different categories of drugs.

Schedule I drugs require a prescription for sale and are provided to the public by the pharmacist following the diagnosis and professional intervention of a practitioner.

Schedule II drugs require professional intervention from the pharmacist at the point of sale and possibly referral to a practitioner. While a prescription is not required, the drugs are available only from the pharmacist and must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection (behind the counter).

Schedule III are available without a prescription and are to be sold from the self-selection area of the pharmacy which is operated under the direct supervision of the pharmacist (over the counter).

Unscheduled drugs can be sold without professional supervision, because adequate information is available for

the client to make a safe and effective choice.

Some vitamins and minerals are only considered scheduled drugs above a certain dose. For example iron is considered a schedule II drug in doses over 30 mg.

### **CONSULT THE NAPRA WEBSITE**

To determine whether a particular product is listed under one of the national drug schedules, consult the NAPRA website (<http://www.napra.org/sortdrug.asp>). The search feature allows you to search by drug name (e.g., Iron) or by the name of the product (e.g., "Materna").

The NAPRA schedules are updated regularly. For the most current information regarding any product, it is best to consult the NAPRA website rather than relying on print articles or resources which may be out of date. For example, when CDO's last article on this topic was printed in 2004, Materna was listed as a schedule II drug. It is now unscheduled.

### **CAN I RECOMMEND VITAMIN/MINERAL OR OTHER NUTRITIONAL SUPPLEMENTS TO MY CLIENTS?**

It is important to distinguish between recommending and prescribing. Prescribing, in the context of the *Regulated Health Professions Act* (RHPA) refers to a written order which authorizes the dispensing of a drug that requires a prescription (Schedule I).

A dietitian who recommends a particular vitamin or mineral supplement, along with a recommended dose, is not prescribing. It is well within the dietetic scope of practice to complete a nutritional assessment and develop a nutrition care plan for a client which includes a vitamin or mineral supplement. As long as the supplement is not listed under Schedule I (requiring a prescription), a dietitian can make this type of recommendation.

### **CAN I PROVIDE MY CLIENTS WITH SAMPLES OF VITAMINS AND MINERALS?**

To determine if you can legally provide samples of a vitamin or mineral supplement, you will need to check the NAPRA drug schedules. If the product appears on any of the drug

schedules (I,II, or III), then providing a sample would be considered dispensing under the RHPA. A dietitian could only distribute samples of these products under the authority of a medical directive, with delegation of the controlled act of dispensing a drug. If the product is unscheduled, the dietitian can legally provide samples.

As a health care professional, the client is placing their trust in you that the product you are giving them is safe. If you provide samples of vitamins, minerals, nutritional supplements or other products, it is your responsibility to ensure their safety and integrity. To do this, store the product safely and securely, keep clear records of the origin and distribution trail of the product and record how the product was stored and secured.

### **WHAT ABOUT PRODUCTS WITH A NATURAL HEALTH PRODUCT NUMBER?**

The *Natural Health Products Regulations*, under the federal *Food and Drugs Act*, were developed to regulate the manufacture, clinical trials, labeling, packaging, and reporting with respect to natural health products. The products under these regulation include vitamins, minerals, herbal remedies, homeopathic medicines, probiotics, amino acids and essential fatty acids. The definition of drug in the *Drug and Pharmacies Regulation Act* specifically excludes natural health products from the definition of drug. This means that the controlled act related to prescribing, dispensing, selling or compounding a drug would not apply to any of these products, unless they appeared on one of the NAPRA schedules.

### **CAN I PROVIDE SAMPLES OF OTHER PRODUCTS, LIKE ENTERAL NUTRITION PRODUCTS, LACTAID®, OR BEANO®, THAT HAVE A DRUG IDENTIFICATION NUMBER (DIN)?**

The controlled act prohibits the dispensing of a "drug, as defined in the *Drug and Pharmacies Regulation Act*". There is no mention in the controlled act of DINs. You should check the NAPRA website to make sure that any sample you wish to provide your clients is not listed on one of the national drug schedules. Currently, these products do not appear on any of the NAPRA schedules, so you can legally provide samples.

**IN THE HOSPITAL WHERE I WORK, WHY HAVE WE BEEN ADVISED THAT WE NEED A MEDICAL DIRECTIVE TO ORDER A MULTIVITAMIN FOR PATIENTS, IF THE MULTIVITAMINS ARE NOT SCHEDULED DRUGS?**

The *Public Hospitals Act* states that only a physician, dentist, midwife or registered nurse in the extended class may write an order for treatment or for a diagnostic procedure. Even though it is not a controlled act to order the multivitamin, you would still need to have a medical directive which would authorize you to order the multivitamin within a hospital setting.

**I WORK IN HOME CARE. SOME OF MY RENAL CLIENTS USE CALCIUM CARBONATE PILLS AS PHOSPHATE BINDERS PRESCRIBED BY THEIR PHYSICIANS. CAN I RECOMMEND FOR MY CLIENTS TO CHANGE THE DOSE OR TIMING OF THEIR CALCIUM CARBONATE PILLS, OR WOULD THIS BE CONSIDERED PRESCRIBING?**

Some clients receive a prescription from their physician for non-prescription medications so that they can claim the costs of the products on their private health insurance plans, or for income tax purposes. The controlled act would not apply to this situation; calcium carbonate is not a Schedule I drug. This means that you can legally recommend that your client make a change to the timing or dose of the calcium carbonate pills. Under some circumstances, it might be important to ensure that you communicate this change to the physician.

**Resources**

**Regulated Health Professions Act**, S.O. 1991, Prohibitions, Section 27(2). [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

**Drug and Pharmacies Regulation Act** R.S.O. 1990, Chapter H.4, Part I: General, Interpretation, Section 1.(1). [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

**National Association of Pharmacy Regulatory Authorities (NAPRA)**, Drug Schedules. <http://www.napra.org/sortdrug.asp>

**Public Hospitals Act R.S.O. 1990**, c.P.45 Regulation 965, Hospital Management, Orders for Treatment, Section 24. [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca)

**Food and Drugs Act R.S. 1985**, c. F-27, Natural Health Products Regulations (SOR/2003-196). [www.laws.justice.gc.ca](http://www.laws.justice.gc.ca)

"Vitamins and Mineral. Prescribing or Recommending? Scheduled? DIN or NPN?" *résumé*, Summer 2004, p. 4. [www.cdo.on.ca](http://www.cdo.on.ca) > Resource Room > Publications

## Transition to Electronic Records in Long-Term Care

**The long-term care home where I work is preparing to implement RAI-MDS. Will I be able to meet College requirements for record-keeping when using this system?**

The *Resident Assessment Instrument Minimum Data Set 2.0* (RAI-MDS 2.0) is a standardized, electronic, common assessment instrument. All long-term care homes in Ontario will eventually use this system to assess resident's needs and develop individualized care plans.

The Ministry of Health and Long Term Care's *Common Assessment Project Team* has been working hard to ensure that the new MDS system will allow dietitians and other regulated health professionals to meet their record-keeping obligations. The *Project Team* consulted with the College in the early development stages of their resources. The College will review the products that are developed. The end result will be that RDs will be able to meet their record-keeping obligations when using the MDS system.

In developing resources, the Project Team will consult the dietetic standards for Ontario which are the *Professional Standards for Dietitians in Canada*, *Professional Misconduct Regulation*, *Proposed Regulation for Records Pertaining to Members' Practice*, and the *Record-Keeping Guidelines*.

Although these standards and regulations are not specific to long-term care or any other area of practice, dietitians will need to review them in the context of their long-term care practice.

As the MDS project progresses, the College will work with the *Common Assessment Project Team* to ensure that dietitians are aware of their professional responsibilities and requirements. Look for articles in future issues of *résumé*, as well as resources and education materials from the Ministry.

In the fall of 2008, the CDO Workshop will not address the MDS project specifically, but will discuss general questions and concerns from dietitians about electronic forms of documentation. This workshop may be very helpful to dietitians working in long-term care as they prepare to make the transition to MDS record-keeping.