

INDEX NO: Practice Direction 16.0  
SUBJECT: Diabetes Self-Management Education by RDs 16.19  
CURRENT REVISION APPROVED: April 25, 2018  
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### **Expected Outcome**

All people with diabetes, who are able, should be taught how to self manage their diabetes.<sup>1</sup> It is within the scope of practice of dietitians to provide diabetes self-management education. This education may include, but is not limited to, self monitoring of blood glucose, making appropriate dietary choices, incorporating an exercise regimen, using medications as recommended and insulin dose adjustment.<sup>1</sup>

### **Practice Direction**

Medical practitioners diagnose diabetes and provide the initial insulin prescription. Dietitians who are competent in this area, teach insulin dose adjustments based on this insulin order and in response to a variety of factors including:

- blood glucose measurements
- carbohydrate content of meals
- physical activity
- illness

While healthcare providers play an important role in delivery of self management education, patients/clients are largely responsible for the majority of their own diabetes management.<sup>1</sup> Improvements in A1C, blood glucose and quality of life, as well as a decreased requirement for insulin can be achieved when individuals with Type 1 or Type 2 diabetes receive education on matching insulin to carbohydrate content of meals and snacks<sup>2</sup> and to interpret their blood glucose levels to make appropriate insulin dose changes.

**It is the expectation of the College that any adjustments to the client's insulin dose is completed in collaboration with the client's medical practitioner.** Insulin is a schedule 2 drug. A prescription is not required to obtain insulin.

The College does not require dietitians to obtain their Certified Diabetes Educator (CDE) designation to practice in diabetes self management education, however, employers may require this certification, as well as other measures such as a mentorship program.

RDs wishing to provide diabetes self management education have a duty to assess whether they are competent to do so safely and effectively from both a professional and public protection point of view. RDs must consider:

- their knowledge, skills and attitudes to work in diabetes self management education. RDs must ensure they have the appropriate education, practical training and mentorship to provide safe, competent diabetes care.

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- the needs of the client. In some facilities and geographical locations, access to an interprofessional team may be through consult only, resulting in wait time and/or travel for assessment and treatment, potentially compromising the patient's health and nutrition status. In these situations, RDs and their employers may determine that it is in the client's best interests for the RDs on site to be trained to work to their full and authorized scope of practice. RDs have expertise in diabetes yet recognize that other disciplines have overlapping scopes of practice.
- the environmental factors in which care is provided, such as care setting and presence or absence other skilled professionals working in this area.
- the organizational supports, such as employer's consideration of workload and investment in training for practice in diabetes self management education.<sup>3,4</sup>

### **Definitions**

**A1C** - a blood test that checks the amount of sugar (glucose) bound to the hemoglobin in the red blood cells.<sup>5</sup>

**Certified Diabetes Educator (CDE)** - a health professional, committed to excellence in diabetes education, who has a sound knowledge base in diabetes care/management and education processes, as well as good communication skills and who has passed the Canadian Diabetes Educator's Certification Board (CDECB) exam.<sup>6</sup>

### **Regulatory Reference:**

The Registered Dietitians Act 2(a), (b), (c)  
Code of Ethics for Registered Dietitians 2.1, 2.2, 2.3

### **References**

1. Canadian Diabetes Association, Clinical Practice Guidelines 2013. <http://guidelines.diabetes.ca/browse/chapter7>
2. Canadian Diabetes Association, Clinical Practice Guideline, 2013. <http://guidelines.diabetes.ca/browse/chapter11>
3. College of Dietitians of Ontario. *Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario*. 2016.
4. College of Dietitians of Alberta (2013). College of Dietitians of Alberta Dysphagia Best Practice Guidelines: Addendum to the College of Dietitians of Ontario's Dysphagia Policy.
5. <https://www.healthlinkbc.ca/medical-tests/hw8432>
6. <http://www.cdec.ca/what-is-a-cde/what-is-a-cde/> . Accessed March 19, 2015

Adapted from CDBC Dietitians and Diabetes Self Management Education: Insulin Dose Adjustment