



Professional Board for Dietetics and Nutrition

Scheduled Nutrition Products

Prescription Rights Task Team

Terms of Reference

JUNE 2024

Definitions

Nutrition professionals: refers to all professionals registered with the Professional Board for Dietetics and Nutrition, i.e., Dietitians, Nutritionists and “Dietitian-Nutritionist (proposed professional)”.

Dietitian: A person who is registered as a dietitian with the Health Professions Council of South Africa.

Nutritionist: A person who is registered as a nutritionist with the Health Professions Council of South Africa.

Scheduled Substance: means any medicine or other substances prescribed by the Minister under section 22A of the the Medicine and Related Substances Act 101 of 1965.

Task Team: A committee or group appointed to study, put together a submission pack and report on scheduled nutritional products prescription guidelines for nutrition profession and make recommendations based on its findings.

The Board: Professional Board for Dietetics and Nutrition

1. Background/Context

- Dietitians and Nutritionists are regarded as experts in nutrition, as a result they are involved in the provision of expert nutrition advice/counselling to the healthy and those affected or infected by diseases.
- They have evidence-informed, scientific knowledge of nutrition, medical nutrition therapy and the composition and use of food and nutritional products. Dietitians use their dietetic knowledge, skills and judgement in variety of contents which includes promoting and protecting the public, directing and delivering medical nutrition therapy services and managing food and health systems.
- Number of studies have shown that when nutrition is prescribed by registered Dietitians patients have better clinical outcome. Early and appropriate nutrition interventions improve clinical resulting in shorter length of hospital stay. It is well established that malnutrition is associated with longer hospital length of stay and subsequently higher healthcare related costs.
- In South Africa 53.7% of patients were deemed to be at risk of malnutrition on admission; this was associated with a longer length of stay and increased mortality. Using the Malnutrition Universal Screening Tool (MUST), a 72.3% risk of malnutrition was observed in a South African public hospital setting. Nutrients can be provided through two main routes namely enteral (*regular diet, therapeutic diet or oral nutrition supplements or enteral tube feeding*), or through parenteral nutrition.¹
- Nutritional supplements/ solutions are schedule 0-3 depending on route of administration. Parental Nutrition products are up to schedule 3. Scheduled substances are regulated by the Medicine and Related Substances Act 101 of 1965.
- The Medicines and Related Substance Act, 1965 (Act 101 of 1965) refers to a person registered under the Health Professions Act, 1974 (Act 56 of 1974), *which includes a dietitian*, however, there is no provision in the Act and within schedule annexures which allow dietitian to prescribe above the schedule 0.
- Section 22A(14)(b) of the Medicine and related Substance Act 101 of 1965 states that registered practitioners other than medical practitioners and dentists may only

¹ Blaauw R, Achar E, Dolman RC, Harbron J, Moens M, Munyi F, Nyatefe D, Visser J. The Problem of Hospital Malnutrition in the African Continent. *Nutrients*. 2019 Aug 30; 11(9): 2028. doi: 10.3390/nu11092028.

prescribe medicine or schedule substances unless they are authorised to do so by their professional council.

- The Board is of the view that applying for prescribing rights for scheduled nutritional substances will be in line with National Drug Policy 1996 and World Health Organisations regarding advancing access and improving efficacy in health systems.²

- To authorise Dietitians to prescribe scheduled nutritional products the Board is required to apply for prescription rights from South African Health Products Regulatory Authority (SAHPRA) and the following are required. To apply for prescribing rights SAHPRA requires the following:³
 - clear identification of person registered with HPCSA, clear explanation of the competencies indicating conditions which would be appropriate to be diagnosed and managed by such person.
 - clear explanation with justification of the means of ensuring the competence.
 - detailed description of the curriculum
 - nature of the practical clinical training provided
 - Assessment of clinical competence
 - clear and justified list of the substances (schedule 1-6), linked to the list of conditions to be managed.
 - In addition to the above input should be sought from the appropriate board(s) to the area of clinical practice (Medical Board and Council of HPCSA)

2. Roles and functions of the Task Team

The Board's Scheduled Nutrition Products Prescription Rights Task Team will:

1. Engage and share the core competencies document with universities that are currently training Dietetics students.
2. Determine the number of universities that are interested in offering scheduled nutrition prescribing rights training.
3. Establish from the Universities what will be the competency assessment criteria, accreditation type, practical exposure, and duration of the course.

² SAHPRA, Scheduling of substances for prescribing by authorized prescribers other than medical practitioners or dentists, Nov 2019.

³ SAHPRA, Scheduling of substances for prescribing by authorized prescribers other than medical practitioners or dentists, Nov 2019.

4. From the inputs and proposed curricula received from universities, task team to put together a detailed description of the proposed prescribing rights curriculum, which will be included in the submission pack to SAHPRA.
5. Engage all the boards (in particular the Board(s) that prescription of nutritional products falls under their clinical practice) with the intention of getting support/ endorsement/ buy in to proceed with acquiring rights to prescribe scheduled nutritional products.
6. Should experts from other fields including but not limited to Medical, Pharmacology, Health Economics be required the task team to make recommendation to the Board.
7. Complete and submit the final submission pack which is inclusive of the requirements listed above to enable the Board to apply to South African Health Products Regulatory Authority (SAHPRA) for approval.
8. Post submission to SAHPRA, task team to avail themselves for further engagement with SAHPRA should need be.
9. Upon approval by SAHPRA, the task team to formulate an implementation plan, which includes engaging but not limited to Professional Associations, Medical Aids, Board of Health Founders, Pharmacy Council and Nursing Council.

3. Role of individual Team members

The role of the individual members of the Task Team includes:

- Attending regular meetings as required (3 per year) and actively participating in the team's work.
- Attend *ad hoc* meetings with external stakeholders as determined by the Task Team.
- Represent the interests of the Professional Board for Dietetics and Nutrition as appropriate.
- Demonstrate a genuine interest in the initiatives and the outcomes being pursued by the Task Team and thus make an active contribution to the discussions, debates, adhering to agreed timelines, and other activities/decisions of the Task Team.
- Be accountable to the Professional Board for Dietetics and Nutrition and its Committees.

4. General

4.1. Membership

As the continuation of Phase 3, the DNB Prescription Task Team shall be comprised of five (5) members, including but not limited to.

- Experienced dietitian from public (At-least 5 years at tertiary hospital)
- Experienced dietitian from private practice (At - least 5 years in private practice, with ICU experience)
- National Department of Health Representative (preferably, the person who represents the Nutrition Directorate at SAPHRA)
- Academic representative with good knowledge of critical care nutrition and understanding pharmaco-nutrition concepts.
- Board representative.

Any experts/ other members may be co-opted in the task team following a resolution by the Board.

Members can resign from the task team by giving a three-month notice period to the Professional Practice Committee (PPC).

4.2. Chair/Convenor

The board representative will chair the Task Team. Meetings will be convened by the Chair and supported by the DNB Secretariat.

Should a dispute arise within the team, the matter may be referred to the Board. The resolution of the Board will be final.

4.3. Agenda items

All agenda items will be forwarded to Secretariat by close of business 21 working days prior to the next scheduled meeting.

The agenda, with attached meeting papers, will be distributed at least 14 working days prior to the next scheduled meeting.

4.4. Minutes and meeting papers

The minutes of each Task Team meeting will be prepared by Secretariat.

Full copies of the minutes, including attachments, will be provided to all Task Team members no later than 14 working days following each meeting.

The Secretariat should minute all meetings and retain all copies of working documents.

4.5 Quorum requirements

A quorum will be half (50%) the regular membership plus one (four members).

4.6 **Frequency of meeting and reporting**

This Task Team is a limited time group, and it is envisaged that the tasks one to seven (1 to 7) will be completed between twelve to eighteen (12/18) months from the date of appointing the task team. Task team is expected to convene their first meeting not later than twenty-one (21) days from date of appointment. One meeting per quarter is recommended to ensure that task team adheres to the task and the timelines. Furthermore, it is recommended that for the finalisation of the submission pack a face-to-face meeting be held.

Functions/Tasks eight and nine (8 to 9) are subject to the approval by SAHPRA.

Written draft reports will be submitted to the PPC prior to all PPC Meetings. This item will remain as a standing agenda item on the agenda of the PPC until the functions of the task team are complete.

A final draft of the document will be submitted to Professional Board by April 2025 for discussion and or approval at the Professional Board Meeting where task team members will be invited to report to the Board. Pending discussions from the April 2025 Board meeting a final document to be submitted to the Board by July 2025 for the Board to submit to SAHPRA.

4.7 **Life span of the Task Team**

The Task Team is expected to complete its work within 12 to 18 months from date of appointment and expected to hand over the final report at the June/July 2025 Board meeting.