The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. DAA appreciates the opportunity to provide feedback on the TGA consultation regulation impact statement on *Regulating the advertising of therapeutic goods to the general public*. 

Contact Person: [Redacted]  
Position: Senior Policy Officer  
Organisation: Dietitians Association of Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: [Redacted]  
Facsimile: 02 6282 9888  
Email: [Redacted]
DAA interest in this consultation

Accredited Practising Dietitians (APDs) may recommend or sell therapeutic goods such as vitamins and minerals. APDs provide services to clients/patients who may be using therapeutic goods prescribed by other healthcare practitioners.

DAA is concerned that public health risks in relation to the advertising of therapeutic goods to the general public should be managed.

Recommendations

The TGA should recognise professions, such as the Dietitians Association of Australia, which are self regulated in a comparable manner to those professions recognised under NRAS in relation to the regulation of advertising of therapeutic goods.

Discussion

Section 7 Advertising directed to health professionals states ‘Practitioners registered with national boards participating in the NRAS (National Registration and Accreditation Scheme) can be taken to be appropriately qualified, insured and subject to professional and ethical conduct requirements.’

Also ‘the TGA has no formal assurance that those groups of practitioners not included in the NRAS are able to exercise specialist judgement when either treating consumers with advertised therapeutic goods, or advising consumers about the use of advertised therapeutic goods’.

The second statement discriminates against Accredited Practising APDs (APDs) who are self regulated by the Dietitians Association of Australia with standards similar to those mandated by the Australian Health Practitioner Regulation Agency. This suggests a lack of understanding of the criteria used to include or exclude professions under NRAS.

The APD credential is the public guarantee of nutrition and dietetic expertise required by Medicare, Department of Veterans Affairs, private health funds, and for recognition under the Personally Controlled Electronic Health Record.

APDs have entry level competencies in health and nutrition which support safe and competent practice in relation to therapeutic goods such as vitamins and minerals. APDs have a long history of working safely in this area.

Attachments

Submissions to the Health Practitioner Prescribing Pathway (These provide further details relevant to this TGA consultation).

National competency standards for entry-level dietitians.
Dietitians Association of Australia

Health Professionals Prescribing Pathway (HPPP) in Australia

March 2013

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5,000 members and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all.

Contact Person: [Contact Information]
Position: Accreditation, Recognition and Education Services Manager
Organisation: Dietitians Association of Australia
Address: 1/8 Phipps Close, Deakin ACT 2600
Telephone: [Contact Information]
Facsimile: 02 6282 9888
Email: [Contact Information]
Sector represented: Non-government (not for profit)/Professional group/Regulatory body

General comment

DAA supports the development of a nationally consistent approach to prescribing by health professionals, particularly with a consistent platform by which health professionals, other than medical practitioners, may undertake prescribing of medicines consistent with their scope of professional practice. However, while we are aware of the reasons why the scoping of this project was limited to registered professions it is of significant importance that self regulated health professionals not registered under the National Registration and Accreditation Scheme have access to and may participate in any proposed pathways that result from this project in the future.

DAA are grateful for the opportunity to participate in HPPP, however the ongoing exclusion of self regulated professions, such as dietetics who operate with standards on a par or above those of the registered professions, does not meet the professed aims of delivering the strategies in the National Health Workforce Innovation and Reform Strategic Framework for Action 2011 – 2015. Not only are the self regulated professions disenfranchised by this, but patient safety and efficiency of patient care systems may be compromised.

Medicines relevant to dietetic practice include only one scheduled medicine: insulin. However the principles of prescribing could well be applied to a significant number of non scheduled items such as vitamins, minerals and other specialised nutrition products taken through the oral, enteral or parenteral route. These items are used for inborn errors of metabolism, renal disease, cystic fibrosis or other clinical needs as well as inadequate protein and energy intake leading to malnutrition costing the commonwealth >$100 million each year.
**Response to Step 1: Education & Training**

DAA supports congruence in both undergraduate and postgraduate curricula noting that the ethical, pharmacological and physiological components of *nutritional* prescribing are already part of accredited dietetic courses in Australia. Only students of accredited dietetics courses can apply for the Accredited Practising Dietitian (APD) credential. The DAA Code of Professional Conduct sets minimum national standards for accountable conduct which promotes the health of the public and engenders confidence in the services provided by members and non-member Accredited Practising Dietitians. As part of the APD program, dietitians are required to complete a Provisional Program with a minimum of one-year duration under the guidance of a full APD mentor. 5% of APDs are subject to an annual audit. The new prescribing model should be flexible and robust enough to meet the challenges of a changing workforce; Dietitians, like many other allied health professions, continue to move forwards in both advanced and extended scope of practice. Seventy-seven percent (77%) of surveyed DAA members said Dietitians should be able to prescribe, all of who stated this should be related to scope of practice or a defined list of acceptable products. DAA supports the contribution of the NPS competencies in prescribing and is open to the incorporation of elements of these into future versions of their entry-level competencies. DAA also believes that the establishment of postgraduate training in prescribing would be of benefit to members, both specific to their scope of practice or more broadly. DAA agrees that any such training and/or education should be across different modalities to ensure members outside of metro areas could achieve access and that any such programs should be multi-disciplinary and assessable, to provide assurances to the practitioner, the professional association and ultimately the consumer.

**Response to Step 2: Recognition from National Board of competence to prescribe**

DAA is a self-regulated profession with a robust and accountable governance system that overarches the span of education continuum from entry level to advanced practice. Entry-level competencies are set and accredited by the Australian Dietetic Council (ADC). Credentialing and the governance of the DAA Advanced Credentials – Advanced Accredited Practising Dietitian (AdvAPD) and Fellow of DAA are overseen by the Dietitians Credentialing Council (DCC), both are independent councils that provide high level strategic advice and recommendations to the DAA Board. DAA would advocate that all Dietetic prescribing competencies are linked to scope of practice and advanced practice and developed within the existing DAA governance structures and are clearly defined by the Board.

A majority of DAA members who were surveyed on this matter stated prescribing should be within a defined scope of practice, with competencies covered in both entry-level degrees and postgraduate qualifications. As indicated, both mechanisms are adequately governed by existing DAA governance framework.

DAA would work with other professions to ensure consistency across practitioners, aligning where feasible entry-level competencies, supervisory requirements and safety and governance procedures.

**Response to Step 3: Authorisation to prescribe**

DAA is the national peak body and as such it is well aware of jurisdictional differences in health regulation. DAA would work with prescribers to ensure their activities were safe, effective and within scope in all areas and would use its large network of state and territory based branches to communicate jurisdictional idiosyncrasies around any proposed prescribing models.
Response to Step 4: Prescribing within scope of practice

Acquiring and maintaining the APD credential requires the individual to conduct a range of CPD activities. Reflective practice and evidence-based interventions are the backbone of APD’s professional conduct. Surveyed DAA members feel strongly that any prescribing by Dietitians should be within their scope of practice. DAA supports their views and strongly believes that any prescribing rights are congruent with a clearly defined scope of practice – this includes the settings in which the practitioner works, jurisdictional requirements, the practitioner’s level of competence and the health needs of the consumer.

Underpinning any defined scope of practice should sit a strong governance structure. As previously discussed, the DAA Board is advised by two independent councils that cover training and education of Dietitians and subsequent credentialing once qualified. All APD’s are bound by the DAA code of conduct supported by robust auditing and disciplinary mechanisms that protect consumers and the APD credential. APDs are very well educated in all aspects of communication be that directed to consumers or other health care providers. APDs are at present the only non-registered profession granted access, on the basis of their credential, to the Personally Controlled Electronic Health Record (eHealth Record) enabling them to obtain an individual Healthcare Provider Identifier (HP-I) number. This is an official administrative ruling from the Department of Health and Aging (DoHA) and is testimony to the robust self-regulating processes of the DAA. This ruling continues to ensure patient safety by only allowing accredited and practising DAA members to access these records and offers a secure, effective and efficient method of communicating between health care providers on any prescribing activity.

Response to Step 5: Maintain and enhance competence to prescribe

Accredited Practising Dietitians are required to maintain their continued professional development in order to remain credentialed. DAA supports the notion that any prescriber should both maintain and enhance their competencies around their scope of practice. DAA already conducts a robust and regular audit of CPD activities and would use this mechanism with credentialed prescribers. DAA welcomes the use of the National Prescribing Competency Framework in informing competencies and guiding audits.

Safe Models of prescribing my health professionals

DAA supports the notion of a consistent terminology to describe prescribers across all health professionals and believes this to be integral to consumers’ confidence in qualified prescribers. Any such prescribing model should be congruent with existing elements of the health care system where possible to avoid complexity and promote a nationally consistent approach. The DAA also agrees that the interface of HPPP into other elements of the healthcare system, in particular e-health, is given appropriate priority.

The DAA acknowledge that categorising the “type” of prescriber enables differentiation in terms of skills, scope of practice and classification of items prescribed. We support keeping the number of prescriber categories as low as possible to protect consumers and believe that the autonomous, partially autonomous and protocol prescribing models go some way to achieve this. DAA would advocate that APDs, as experts in nutrition, would be autonomous prescribers for nutritional related products. DAA believes that suitably qualified APDs working within a defined scope of practice with appropriate post graduate training should be able to prescribe/adjust the S4 medication insulin under the partially autonomous category and after a period of adequate supervision become an autonomous prescriber of insulin.
DAA surveyed members on the HPPP and generated a significant response. It is clearly an area that APDs feel very strongly about and are already involved with. Thirteen per cent of those surveyed (n=504) were already prescribing under the governance of an autonomous prescriber, with 15% adjusting under the same governance structure. Forty per cent of those surveyed stated that patient access to services was either delayed or not available because they could not prescribe with 30% stating that patient access was delayed or not available because they could not adjust medication.

DAA is not advocating for APDs to prescribe all medications, but rather a limited number of medications, of which only one is scheduled, which would improve access to and enhance the delivery of patient care. DAA has a robust and evidence based curriculum, auditing, credentialing and governance based structure that is on par or better than many registered professions. APDs have a crucial role across the nation in metropolitan, rural and remote areas delivering evidence-based interventions that enhance patient care. The ability to prescribe a range of medications, limited to a defined scope of practice that is both audited and credentialed, is considered low risk when compared to the many benefits such a pathway could provide.
Draft Health Professionals Prescribing Pathway (HPPP)

Consultation questions

Submitting your feedback
Please review the draft HPPP paper (available as a pdf on the website www.hwa.gov.au/hppp) and provide your feedback in accordance with one of the preferred options below:

Option 1:
Provide your feedback using the consultation website www.hwaconnect.net.au/hppp

Option 2:
Complete your feedback using this form and email it to hppp@hwa.gov.au

Option 3:
Hard copy – send a printed copy of your completed form to:

Senior Project Officer
Health Professionals Prescribing Pathway Project
Health Workforce Australia
GPO Box 2098
Adelaide SA 5001
Feedback form

Instructions
Please provide responses using the template provided. The questions are designed to help you to focus your response and help HWA when analysing submissions. You do not need to answer every question and you are welcome to add any additional comments.

Your details
Organisation or individual providing this feedback: Dietitians Association of Australia
Department (if applicable): Click here to enter text.
Contact person: [Redacted]
Position: Manger Accreditation, Recognition & Education Services
Telephone: [Redacted]
Email: [Redacted]

Confidentiality
Information provided in submissions will be collated into a final project report and any quotes included will not be attributed to individual organisations.

HWA would also like to provide respondents with the following options about publishing their submission on the HWA website.

Please select your preferred option below:

☒ Yes, I give permission for the organisation name to be published and submission uploaded on the HWA website.
☐ I give permission for the organisation name to be published but the submission cannot be uploaded onto the HWA website
☐ I do not give permission for organisation name to be published or for the submission to be uploaded on the HWA website.

Sector
Which sector do you represent?
☐ Education providers to the health workforce
☐ Consumer group
☐ Health service manager
☐ Carer group
☐ Health workforce planner
☐ Government – Commonwealth Agency
☐ Health workforce researcher
☐ Government – state or territory agency
☐ Aboriginal and Torres Strait Islander health service planners and/or providers
☐ Non-government (not for profit)
☐ Rural and remote health service planners and/or providers
☐ Non-government (private)
☒ Regulatory body
☐ Individual health professional
☒ Professional association or group
Please specify: Click here to enter text.
☐ Member of the public
☐ Other (please specify): Click here to enter text.
Questions about the draft pathway

Section 1 - The structure and design of the HPPP

In the first phase of the HPPP project, HWA actively sought information from a broad range of stakeholders about prescribing by health professionals. This helped to develop and design the draft HPPP (available as a pdf on the website www.hwa.gov.au/hppp). In designing this draft HPPP, HWA was keen to ensure the prescribing pathway had the following key components in its structure and design:

- The purpose of the HPPP – to support a consistent approach to safe and competent prescribing by health professionals.

- The principles of the HPPP – the principles are a set of statements upon which the prescribing pathway is built, and reflect the essential values and requirements of the prescribing pathway.

- The steps of the HPPP – the steps describe what a health professional is required to complete or hold to ensure safe and competent prescribing.

- The safety and quality tools of the HPPP – these tools assist the health professional to complete the steps of the HPPP and underpin the requirements for prevention of harm and improved patient outcomes.

- The prescribing models of the HPPP – the models described in the HPPP act as a guide to support the different approaches to prescribing that may occur in different settings in the health system.

- The roles and responsibilities of the HPPP – the roles describe who has a responsibility in supporting each step in the pathway.

Question 1a:
Does the structure of the proposed HPPP adequately cover the essential requirements needed for a prescribing pathway? If not, what aspects of the HPPP need to change and why?
Yes, the pathway appears to outline the core requirements for a prescribing pathway

Note – this question is not aimed at the detail of each of the components in the HPPP as this is covered in later sections of the paper.

Question 1b:
Is the design of the HPPP logically presented and easy to read? If not, what aspects of the design need to change and why?
The diagram is clear and outlines the steps and mechanisms behind the pathway in a visually appropriate way.

Section 2- The principles of the HPPP

The principles of the HPPP are a set of statements upon which the prescribing pathway is built and reflect the essential values and requirements of prescribing. The draft principles of the HPPP are designed to cover:

- the importance of the health, safety and well being of people who are being prescribed medicines by health professionals

- the accountability of a health professional in the prescribing pathway

- the importance of a health professional to prescribe within their recognised scope of practice
• the importance of the prescribing of medicines occurring within a quality framework

• the importance of health professionals working together / in partnership.

Question 2:
Do the stated principles of the HPPP adequately describe the foundation for an effective prescribing pathway?
Yes, the needs of consumers and their confidence in those prescribing is essential. Accountability, defining and auditing against scope of practise are also important. Prescribing within scope of practice and within a quality framework will hopefully address point 1. Multidisciplinary approaches to this pathway are essential, however the HPPP should consider the value and expertise offered by many non-registered professions in this space in particular their role in improving access to patient services around Australia.

If not, why should the current principles be amended and how?
Health professionals working together in partnership should not be just be those registered under the National Registration Scheme.

Section 3 - The steps of the HPPP
The steps of the HPPP describe what a health professional is required to complete or hold to ensure safe and competent prescribing. There are five steps within the draft HPPP:

• Complete education and training - the health professional completes prescribing education and training that is consistent with their scope of practice and the models of prescribing they are involved in, and demonstrates acquisition of the essential knowledge and skills of prescribing.

• Obtain recognition from the National Board of competence to prescribe - the prescriber seeks and receives recognition of their competence to prescribe from their National Board, in accordance with the standards specified by the National Board.

• Ensure authorisation to prescribe - the prescriber is authorised to prescribe medicines by the relevant legislation and/or regulation provided by the state or territory in which the professional practices.

• Prescribe medicines within scope of practice - the health professional prescribes within a safe model of prescribing and works collaboratively with the healthcare team for quality care of the person receiving treatment.

• Maintain and enhance competence to prescribe – the health professional maintains and develops their competence to prescribe medicines within their scope of practice, according to the requirements of their profession and employment.

The descriptions in the steps must accurately describe the basic requirements of a health professional to safely and competently prescribe, recognising the broad range of settings in which prescribing occurs. Each step must contain enough detail to ensure the step covers the broad range of circumstances that may occur when prescribing, whilst avoiding excessive or irrelevant detail. It is important to note that, when the HPPP is finalised, more detail in each step may be provided through supporting documents such as guidelines.

It is also important that the terminology used in these steps is clear, concise and understandable by all stakeholders in prescribing, including the general public.

Question 3:
Do the steps listed in the draft HPPP cover the basic requirements of a health professional to safely and competently prescribe?
As a self regulated profession we do not have a National Board, however we have similar process in place that are on par or better than many registered professions. Authorisation to prescribe after a defined period of training/education is essential. We have outline this further in the attached additional documentation.

If not, how should the steps and their descriptions be amended?
Click here to enter text.

Section 4 - The safety and quality tools of the HPPP
During the first phase of the consultation, HWA and stakeholders identified a range of safety and quality tools of the HPPP to assist the health professional to complete the steps of the HPPP. Tools also assist in ensuring an appropriate level of consistency in prescribing.
Some of the tools that can assist the steps may need to be reviewed for possible adaptation to the requirements of the HPPP. For example, the draft HPPP has identified the Prescribing Competency Framework, developed by NPS MedicineWise, as being an important tool for supporting a health professional to complete the first step of the HPPP. However, more work may be needed to develop an assessment guide for the Prescribing Competency Framework to support effective education of health professionals.

Question 4:
Do the safety and quality tools listed in the draft HPPP support the relevant steps of the HPPP and the prescribing process?
The NPS is a good place to start and could be easily incorporated into many aspects of health professionals training, both at undergraduate and postgraduate levels. There are still other factors that need to be considered as professions move into eHealth. More work is required in this space, but NPS goes some way to highlighting the many ethical and practical challenges facing a prescriber.

What amendments are needed to the safety and quality tools listed in the draft HPPP and why? (Please be specific)
Click here to enter text.

Section 5 - Prescribing models in the HPPP
The prescribing models listed in the HPPP describe current and potentially future arrangements for prescribing. They are designed to provide guidance and context for the steps of the HPPP, and reflect the range of different prescribing scenarios by which different health professionals may be part of the prescribing process. The prescribing models need to account for:

- the capability of the health professional
- the level of autonomy in different models of prescribing.

Question 5:
Do the prescribing models provided in the HPPP adequately provide context and guidance for the prescribing pathway?
The 3 levels of prescribing are adequate. They should provide consumers and other health professionals with a clearer understanding of what each practitioner is authorised and capable of doing. This is discussed in greater detail in our attached additional submission.

Why or why not?
Click here to enter text.

Section 6 - Roles and responsibilities of the HPPP
The steps in the HPPP rely on a broad range of stakeholders fulfilling roles and responsibilities. The prescriber, the patient or consumer, their carers, jurisdictions, health professions, regulators and education providers all have roles to play in the pathway. These roles need to
be adequately defined in the prescribing pathway to ensure clarity of the responsibilities for safe and effective prescribing.

**Question 6:**
Does the draft HPPP accurately reflect the roles and responsibilities of all stakeholders in the prescribing process?
The pathway is clearly defined, but needs to reflect the non-registered professions. More info is provided in our additional attachment.

If not, what further detail is required and why?
Click here to enter text.

**Section 7 - Implementation of the HPPP**
HWA is keen to ensure a national prescribing pathway can be successfully implemented, and that critical implementation issues are identified, assessed and addressed. During the project, key implementation issues raised have included:
- addressing legislative and regulatory inconsistencies covering prescribing
- effective communication between patients, consumers, and other health professionals
- how technology can be used in the HPPP, including the Personally Controlled Electronic Health Records
- funding models
- reporting, risk management and evaluation requirements.

**Question 7:**
What are the additional implementation issues for the proposed HPPP?
Allowing non-registered professions to engage with this model.

Why are these critical and how can these be appropriately addressed?
These are critical as many services are provided by these professions around Australia. In our additional submission Dietitians have already reported delayed access or non-existant patient services caused by Dietitians not be able to prescribe/adjust medications. The HPPP needs to reflect the diverse range of professionals working in Health. The non-registered professions should however be able to demonstrate equivalent or superior processes to those of Registered Professions before being permitted to adopt the HPPP.

**Section 8 - Extra Information**

**Question 8:**
Please make any further comments that might assist with development of the final HPPP
See attached document.

**Thank you**
Health Workforce Australia thanks you for taking the time to provide your perspective and advice.

# National Competency Standards for Entry Level Dietitians in Australia

## Foundation Units of Competency

<table>
<thead>
<tr>
<th>Unit 1</th>
<th>Underlying knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates knowledge sufficient to ensure safe practice</td>
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</table>

## Core Units of Competency

<table>
<thead>
<tr>
<th>Unit 2</th>
<th>Nutrition Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstrates effective and appropriate skills in listening and communicating information, advice, education and professional opinion to individuals, groups and communities</td>
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</table>

<table>
<thead>
<tr>
<th>Unit 3</th>
<th>Collection, analysis and assessment of nutrition/health data</th>
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<tbody>
<tr>
<td></td>
<td>Collects, organises and assesses data relating to the health and nutritional status of individuals, groups and populations</td>
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</tbody>
</table>

## Critical Practice

<table>
<thead>
<tr>
<th>Unit 4</th>
<th>Individual Case management</th>
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<tbody>
<tr>
<td></td>
<td>Manages client centred nutrition care for individuals</td>
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<table>
<thead>
<tr>
<th>Unit 5</th>
<th>Community and Public Health Nutrition and Advocacy for Food Supply</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Plans, implements and evaluates nutrition programs with communities or populations as part of a team</td>
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<table>
<thead>
<tr>
<th>Unit 6</th>
<th>Food Service Management</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Manages components of a food service to provide safe and nutritious food</td>
</tr>
</tbody>
</table>
## Unit 1  Underlying Knowledge

Demonstrates knowledge sufficient to ensure safe practice

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Applies current knowledge of the theory of human nutrition and dietetics and related practice to a level which supports safe practice</td>
<td>Performance criteria have not been defined for the Elements in Unit 1 as it is a knowledge based competency</td>
</tr>
<tr>
<td>1.2 Describes personal, social, cultural, psychological, environmental, economic and political factors influencing food and food use, food habits, diet and lifestyle</td>
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</tr>
<tr>
<td>1.3 Demonstrates knowledge of foods and food preparation methods used in the practice community</td>
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<tr>
<td>1.4 Relates knowledge of food science to nutrition and dietetics</td>
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<tr>
<td>1.5 Describes and compares food service systems</td>
<td></td>
</tr>
<tr>
<td>1.6 Describes food systems, food use, and food and nutrition policy</td>
<td></td>
</tr>
<tr>
<td>1.7 Applies the basic principles of education theory as it applies to nutrition and dietetic practice</td>
<td></td>
</tr>
<tr>
<td>1.8 Demonstrates or employs effective communication and counselling strategies as they apply to nutrition and dietetic practice</td>
<td></td>
</tr>
<tr>
<td>1.9 Relates theories of organisation, management and marketing to nutrition and dietetic practice</td>
<td></td>
</tr>
<tr>
<td>1.10 Describes and compares theories of health promotion, program planning, and management and public health</td>
<td></td>
</tr>
<tr>
<td>1.11 Conducts or uses nutrition research methodology, research principles and evidence-based practice including qualitative and quantitative research methods</td>
<td></td>
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<tr>
<td>1.12 Applies the National Physical Activity Guidelines in practice</td>
<td></td>
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<tr>
<td>1.13 Applies principles of learning theory</td>
<td></td>
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<tr>
<td>1.14 Applies clinical reasoning theory</td>
<td></td>
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</tbody>
</table>
## Unit 2  
**Nutrition Communication**

Demonstrates effective and appropriate skills in listening and communicating information, advice, education and professional opinion to individuals, groups and communities

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
</tr>
</thead>
</table>
| 2.1  Translates technical nutrition information into practical advice on food and eating | 2.1.1 Uses food composition data, food regulations and codes of practice, nutrient reference tools and food guides to identify food options, which meet nutrition needs  
2.1.2 Develops and uses specific tools to assist food choices and preparation  
2.1.3 Interprets nutritional information and communicates it using socially and culturally appropriate language  
2.1.4 Explains the relationship between dietary intake and development and management of disease |
| 2.2 Identifies and develops education resource material | 2.2.1 Sources appropriate existing material to support the development of education resources  
2.2.2 Develops education material that is evidence-based, culturally sensitive, and pitched at the appropriate literacy level, to meet the needs of the target group  
2.2.3 Develops engaging nutrition education material using a mode that meets the needs of the target group |
| 2.3  Communicates with individuals, groups, organisations and communities from various cultural socio-economic, organisational and professional backgrounds to enable them to take actions to improve nutrition and health outcomes applying the principles of learning theory | 2.3.1 Uses appropriate verbal and non-verbal communication  
2.3.2 Listens and provides feedback that encourages participation and engagement  
2.3.3 Communicates in a way which respects customs of other cultures, using socially and culturally appropriate strategies  
2.3.4 Uses an interpreter appropriately to communicate nutrition and health information  
2.3.5 Presents an accurate, clear and logical message that is targeted to the audience when speaking publicly |
| 2.4  Develops and delivers education sessions for small groups | 2.4.1 Develops, implements and evaluates nutrition education plans for a variety of target groups  
2.4.2 Provides appropriate rationale for educational approach based on evidence  
2.4.3 Uses a variety of presentation techniques  
2.4.4 Displays innovation implementing nutrition education plans  
2.4.5 Displays group facilitation skills |
## Unit 3  
### Collection, analysis and assessment of nutrition/health data
Collects, organises and assesses data relating to the health and nutritional status of individuals, groups and populations

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Collects food intake and food systems data</td>
<td>3.1.1 Uses dietary methodology to collect retrospective, current and prospective food and nutrient intakes for individuals which identify nutrient and food intake patterns as required by the situation</td>
</tr>
<tr>
<td></td>
<td>3.1.2 Identifies appropriate dietary methodology to collect retrospective, current and prospective food and nutrient intakes for groups and populations which identify nutrient and food intake patterns as required by the situation</td>
</tr>
<tr>
<td>3.2 Collects health and medical, social, cultural, psychological, economic, personal and environmental data</td>
<td>3.2.1 Identifies and records health and medical, social, cultural, psychological, physical activity, economic, personal and environmental data, which are necessary to plan nutritional management</td>
</tr>
<tr>
<td></td>
<td>3.2.2 Uses a variety of sources to obtain health and medical, social, cultural, psychological, economic, personal and environmental data, taking into account ethical issues</td>
</tr>
<tr>
<td>3.3 Provides assessment of food intake data</td>
<td>3.3.1 Selects a suitable method and level of detail for assessing intake of foods and nutrients identified by referral, the client, previous history or epidemiological data</td>
</tr>
<tr>
<td></td>
<td>3.3.2 Is able to estimate nutrient intake for individuals using food composition tables and/or databases and compare with Nutrient Reference Values (NRVs) or estimated requirements</td>
</tr>
<tr>
<td></td>
<td>3.3.3 Is able to interpret nutrient intake for groups and populations using food composition tables and/or databases and compare with Nutrient Reference Values (NRVs) or estimated requirements</td>
</tr>
<tr>
<td></td>
<td>3.3.4 Uses food guidance systems to contribute to the assessment of the client’s dietary intake</td>
</tr>
<tr>
<td>3.4 Provides assessment of nutritional status</td>
<td>3.4.1 Selects suitable methods for assessment of anthropometry and body composition</td>
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<td></td>
<td>3.4.2 Is able to interpret anthropometric and body composition and nutritional assessment data using appropriate reference ranges</td>
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<td>3.4.3 Recognises clinical signs of malnutrition</td>
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<tr>
<td>3.5 Assesses and assigns priorities to all data</td>
<td>3.5.1 Accurately interprets dietary, health, medical, anthropometric, and body composition data against standards relevant to the nutritional issues</td>
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<td></td>
<td>3.5.2 Makes judgements about potential impact of health and medical, social, cultural, psychological, economic, personal and environmental factors on nutrition</td>
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<td></td>
<td>3.5.3 Integrates assessment data in order to assign priorities for nutrition and resource planning</td>
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<tr>
<td>3.6 Draws justifiable conclusions from all data</td>
<td>3.6.1 Defines nutrition problems/diagnoses as a prelude to planning management</td>
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<td>3.6.2 Documents the collection, analysis and assessment process as a basis for planning</td>
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</table>
**Unit 4: Individual Case Management**  
Manages client-centred nutrition care for individuals

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
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</thead>
</table>
| 4.1  
Undertakes screening and assessment to identify and prioritise those at nutritional risk | 4.1.1 Demonstrates awareness of the range of validated nutrition screening and assessment tools available, including strengths and limitations  
4.1.2 Identifies and uses appropriate validated tools in nutrition screening and assessment  
4.1.3 Includes appropriate follow-up timeline |
| 4.2  
Determines nutritional status using assessment data | 4.2.1 Interprets available documentation to identify problems  
4.2.2 Assesses anthropometric and other body composition data  
4.2.3 Assesses clinical, biochemical and other biomedical parameters  
4.2.4 Assesses dietary intake, food habits, mental health and well-being issues, physical activity and lifestyle habits |
| 4.3  
Makes appropriate nutrition diagnoses | 4.3.1 Organises, interprets and prioritises data to undertake nutritional diagnoses  
4.3.2 Refers to all available evidence to inform clinical judgement  
4.3.3 Formulates and prioritises nutrition diagnoses |
| 4.4  
Prepares plan for achieving management goals in collaboration with client or carer and other members of health care team | 4.4.1 Determines realistic goals for nutritional management in collaboration with client and other members of health care team  
4.4.2 Identifies nutrition outcome measures and performance indicators  
4.4.3 Develops dietary prescriptions and formulates meal plans and feeding regimens consistent with nutrition goals  
4.4.4 Communicates food service and supply needs of individual clients to appropriate persons  
4.4.5 Considers discharge planning and/or referral to other services |
# Unit 4: Individual Case Management (continued)

Manages nutrition care for individuals

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
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<tbody>
<tr>
<td><strong>4.5</strong></td>
<td>Uses client-centred counselling skills to facilitate nutrition and lifestyle change and supports clients to self manage</td>
</tr>
<tr>
<td><strong>4.5.1</strong></td>
<td>Considers an environment conducive to effective counselling</td>
</tr>
<tr>
<td><strong>4.5.2</strong></td>
<td>Assists client to clarify issues, identify the barriers to resolution of the problem, and identify appropriate goals and strategies</td>
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<tr>
<td><strong>4.5.3</strong></td>
<td>Negotiates client oriented goals and strategies</td>
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<tr>
<td><strong>4.5.4</strong></td>
<td>Provides information and/or referral if necessary, and responds to client concerns</td>
</tr>
<tr>
<td><strong>4.5.5</strong></td>
<td>Evaluates process and outcomes of counselling with client and/or others including family members and carers</td>
</tr>
<tr>
<td><strong>4.6</strong></td>
<td>Implements nutrition care plan in collaboration with client or carer and other members of health care team</td>
</tr>
<tr>
<td><strong>4.6.1</strong></td>
<td>Selects the most suitable strategy in terms of feasibility and client outcome</td>
</tr>
<tr>
<td><strong>4.6.2</strong></td>
<td>Implements nutrition plan and a system for monitoring and review with client and other health care team members</td>
</tr>
<tr>
<td><strong>4.6.3</strong></td>
<td>Promotes physical activity guidelines in care plan with client and other health care team members</td>
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<tr>
<td><strong>4.6.4</strong></td>
<td>Participates in multi-disciplinary team activities (such as case conferencing) to achieve nutrition goals</td>
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<tr>
<td><strong>4.7</strong></td>
<td>Monitors progress of the individual's condition and care and adapts plan as necessary</td>
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<tr>
<td><strong>4.7.1</strong></td>
<td>Implements the evaluation strategies identified in the nutritional care plan</td>
</tr>
<tr>
<td><strong>4.7.2</strong></td>
<td>Gathers data throughout the care process so that an individual's progress can be monitored against performance indicators</td>
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<tr>
<td><strong>4.7.3</strong></td>
<td>Determines a timeline for follow-up of clients as necessary</td>
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<tr>
<td><strong>4.8</strong></td>
<td>Documents and communicates all steps of the process</td>
</tr>
<tr>
<td><strong>4.8.1</strong></td>
<td>Maintains clear and concise records, in accordance with the organisation's policy and legal requirements, of all facets of the nutrition care process</td>
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<tr>
<td><strong>4.8.2</strong></td>
<td>Formulates unambiguous instructions for other personnel involved in the delivery of nutrition care</td>
</tr>
<tr>
<td><strong>4.8.3</strong></td>
<td>Communicates the nutrition care plan to other members of the healthcare team as appropriate, including referring practitioners</td>
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<tr>
<td><strong>4.8.4</strong></td>
<td>Maintains statistics and other reports required of the organisation</td>
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### Unit 5: Community & Public Health Nutrition and Advocacy for Food Supply
Plans, implements and evaluates nutrition programs* with groups, communities or populations as part of a team (*Program refers to programs, projects or pilots)

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
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</table>
| 5.1 Conducts a needs assessment | 5.1.1 Uses qualitative and/or quantitative methods to collect and analyse data to identify and inform program development and nutrition issues  
5.1.2 Identifies individual, socio-economic, cultural and environmental determinants, including equity and social justice issues  
5.1.3 Identifies, consults and engages key stakeholders and partners  
5.1.4 Reviews relevant literature  
5.1.5 Assesses and critically reviews priorities for action and strategy development based on assessment of data and available capacity  
5.1.6 Clearly articulates and justifies conclusions and recommendations for action |
| 5.2 Assesses opportunities to improve nutrition and food supply in a community or population group | 5.2.1 Applies existing standards to identify opportunities to improve an aspect of the food supply  
5.2.2 Applies food legislation and regulations to evaluate an aspect of the food supply  
5.2.3 Assesses the nutrition implications of changes to the food supply on individuals, groups and populations including the impact on vulnerable groups  
5.2.4 Identifies socio-cultural and environmental determinants of the food supply, relevant to the nutrition issue  
5.2.5 Assesses and assigns priorities for action based on assessment of data and available capacity  
5.2.6 Clearly articulates and justifies conclusions and recommendations for action |
| 5.3 Plans nutrition programs with the population group | 5.3.1 Identifies and contributes to the development of community and organisational capacity for program management and implementation  
5.3.2 Develops program plans, that are relevant to the target group, which consider the social determinants of health  
5.3.3 Develops program plans that incorporate goals, objectives and strategies relevant to identified determinants and needs assessment findings  
5.3.4 Develops program plans that incorporate process, impact, outcome evaluation  
5.3.5 Develops program plans that incorporate a communication strategy  
5.3.6 Uses appropriate behaviour change, health promotion, social marketing, communication, community development and public health policy frameworks in the planning of nutrition programs  
5.3.7 Demonstrates consideration of resource implications for community/public health programs  
5.3.8 Considers the sustainability of the program |
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<tr>
<th>Elements</th>
<th>Performance criteria</th>
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</table>
| **5.4** Develops plans to provide safe and nutritious food | 5.4.1 Identifies goals for addressing nutrition issues in collaboration with stakeholders, where possible  
5.4.2 Proposes modifications to improve nutrition and food standards including a practical time-frame  
5.4.3 Identifies benefits, costs and potential savings, both economic and health related  
5.4.4 Demonstrates consideration of sustainability issues, environmental and economic  
5.4.5 Identifies risks and develops a basic risk management plan for a safe and nutritious food supply |
| **5.5** Implements nutrition programs with the population group | 5.5.1 Contributes to the implementation of a nutrition program  
5.5.2 Modifies the implementation plan to accommodate changes |
| **5.6** Makes recommendations on food and nutrition policy | 5.6.1 Develops recommendations to improve food and nutrition policy in an aspect of the food supply  
5.6.2 Advocates to improve nutritional quality or safety or food accessibility in an aspect of the food supply |
| **5.7** Evaluates nutrition programs with the population group | 5.7.1 Contributes to process, impact and outcome evaluation plans to determine the effectiveness and efficiency of a nutrition program  
5.7.2 Critically reflects and makes recommendations about the nutrition program based on evaluation data |
| **5.8** Documents and disseminates all steps of the process | 5.8.1 Maintains clear and concise records of all program components  
5.8.2 Considers confidentiality of information and records  
5.8.3 Communicates outcomes of nutrition programs to relevant internal and external stakeholders  
5.8.4 Provides handovers to relevant personnel as required in relation to program |
**Unit 6: Food Service Management**

Manages components of a food service to provide safe and nutritious food

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<th>Elements</th>
<th>Performance criteria</th>
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</table>
| 6.1 Assesses opportunities to improve nutrition and food standards within a food service institution* | 6.1.1 Uses qualitative and/or quantitative methods to collect and analyse data to identify food service and/or nutrition issues  
6.1.2 Applies existing standards to evaluate available nutrients and nutritional adequacy and recommends strategies to improve nutrition in general and in therapeutic menus  
6.1.3 Assesses the nutrition implications of food service systems on individuals and groups  
6.1.4 Applies food legislation and regulations to develop and evaluate food service systems to maintain food safety  
6.1.5 Identifies, consults and engages stakeholders and partners, where possible  
6.1.6 Assesses, and assigns priorities for action based on assessment of data and available capacity  
6.1.7 Clearly articulates and justifies conclusions and recommendations for action  |
| (Food service institution refers to an environment where clients are nutritionally dependent) | | |
| 6.2 Develops plans to provide safe and nutritious foods in a food service institution | 6.2.1 Identifies goals for addressing food service issues in collaboration with stakeholders, where possible  
6.2.2 Proposes modifications to improve food service including a practical time-frame  
6.2.3 Identifies benefits, costs and potential savings, both economic and health related  
6.2.4 Demonstrates consideration of sustainability issues, environmental and economic  
6.2.5 Identifies risks and develops a basic risk management plan  |
| 6.3 Implements activities to support delivery of quality nutrition and food standards within a food service | 6.3.1 Ensures nutrition information provided about food, recipe or menu is accurate  
6.3.2 Prepares meal plans for individuals and groups, which meet nutritional, personal, cultural, sociological, psychological, socioeconomic needs and specific health needs, taking into account the ordering, preparation, service, availability and distribution of food  
6.3.3 Applies these meal plans for groups in an institutional, commercial or community foodservice setting  
6.3.4 Provides advice on appropriate ingredients and alternatives to achieve nutritional goals for general, diverse or therapeutic diets  
6.3.5 Formulates, modifies or standardises recipes for general, diverse or therapeutic diets that are relevant to the production and distribution system within a food service  
6.3.6 Recognises and supports the role of food service personnel in the delivery of nutrition care  
6.3.7 Provides accurate and clear information to food service personnel and other health carers to allow implementation of plans  |
| 6.4 Evaluates and disseminates results of activities | 6.4.1 Evaluates outcomes using standard benchmarks and procedures, where appropriate  
6.4.2 Critically reflects on evaluation data in the context of plans, goals and implementation activities, where possible  
6.4.3 Reports outcomes of activities to internal and external stakeholders, where possible, where appropriate  
6.4.4 Communicates to effect practice change if required |
## Unit 7: Research and Evaluation
Integrates research and evaluation principles into practice

<table>
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<tr>
<th>Elements</th>
<th>Performance criteria</th>
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<tbody>
<tr>
<td>7.1</td>
<td>Adopts a questioning and critical approach in all aspects of practice</td>
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<td>7.1.1 Formulates a clear understanding of the nature of a practice problem</td>
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<td>7.1.2 Applies an evidence-based approach to practice</td>
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<td>7.1.3 Identifies and selects appropriate research methods to investigate and resolve practice problems</td>
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<tr>
<td></td>
<td>7.1.4 Applies valid and relevant conclusions and recommendations to practice</td>
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<tr>
<td>7.2</td>
<td>Evaluates practice on an ongoing basis</td>
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<td></td>
<td>7.2.1 Monitors and reviews the ongoing effectiveness of practice and modifies it accordingly</td>
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<td>7.3</td>
<td>Applies the research process using appropriate research methods, ethical processes and procedures and statistical analysis</td>
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<td></td>
<td>7.3.1 Critically reviews the literature</td>
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<td>7.3.2 Utilises ethical procedures in the research process</td>
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<td></td>
<td>7.3.3 Identifies and selects appropriate research methods to investigate and resolve practice problems</td>
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<td></td>
<td>7.3.4 Collects and interprets information, including qualitative and quantitative data</td>
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<td>7.3.5 Documents outcomes of research using the research process</td>
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<tr>
<td>7.4</td>
<td>Applies evaluation findings into practice</td>
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<td></td>
<td>7.4.1 Applies evidence and judgement to food and nutrition issues</td>
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<td>7.4.2 Disseminates outcomes of research in professional and scientific fora</td>
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# Unit 8: Management and Organisation

Applies management principles in the provision of nutrition services, programs and products

<table>
<thead>
<tr>
<th>Elements</th>
<th>Performance criteria</th>
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</table>
| 8.1 Applies organisational skills in the practice of nutrition and dietetics | 8.1.1 Manages workload and resources to complete tasks within required timeframes  
8.1.2 Applies the principles of personnel management, using principles of human resource management and industrial relations  
8.1.3 Allocates resources (time, personnel, other) according to established priorities  
8.1.4 Performs and manages administration tasks effectively (e.g. makes appointments, responds to referrals, maintains records and statistics) |
| 8.2 Applies management principles in the practice of nutrition and dietetics | 8.2.1 Applies the strategic or organisational planning process to the nutrition and dietetics service  
8.2.2 Develops a case to justify program, service, product, or procedure  
8.2.3 Understands and performs simple budgeting and cost control measures |
| 8.3 Applies quality management principles to all aspects of professional practice | 8.3.1 Identifies opportunities for service improvement  
8.3.2 Develops recommendations for the review of systems or policies or procedures  
8.3.3 Prepares and implements achievable quality activities, consistent with policy and procedures  
8.3.4 Evaluates, documents and communicates outcomes of quality activities |
### Unit 9: **Professionalism, advocacy, innovation and leadership**

Demonstrates a professional, ethical and entrepreneurial approach advocating for excellence in nutrition and dietetics

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<tr>
<th>Elements</th>
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</table>
| 9.1      | Demonstrates safe practice | 9.1.1 Exercises professional duty of care in accordance with the DAA Code of Professional Conduct and the organisation's guidelines or protocols  
9.1.2 Refers clients/patients/issues to appropriate professional when beyond own level or area of competence |
| 9.2      | Develops and maintains a credible professional role by commitment to excellence of practice | 9.2.1 Complies with legislation and regulations which define ethical behaviour, including maintaining confidentiality  
9.2.2 Accepts responsibility for and manages, implements and evaluates personal professional development  
9.2.3 Demonstrates consistent, reflective practice in collaboration with peers and mentors  
9.2.4 Promotes a high standard of nutrition care, while respecting the goals and roles of other professionals |
| 9.3      | Demonstrates professional leadership to promote the contribution of nutrition and dietetics to health and prevention of disease | 9.3.1 Advocates for the role of nutrition and dietetics  
9.3.2 Uses negotiation and conflict resolution skills to promote best practice  
9.3.3 Identifies opportunities to collaborate with other professionals/organisations to improve nutrition outcomes  
9.3.4 Demonstrates willingness to share information and act as a resource person to, and advocate for, colleagues, community and other agencies |
| 9.4      | Creates solutions which match and solve problems | 9.4.1 Discusses and explores ideas with colleagues/others on an ongoing basis  
9.4.2 Seeks external ideas  
9.4.3 Demonstrates initiative by proactively developing solutions to problems |
| 9.5      | Advocates on behalf of individuals, groups and the profession to positively influence the wider political, social and commercial environment, about factors which affect eating behaviour and nutritional standards | 9.5.1 Recognises the role of interdepartmental, interagency (government, non-government and professional) and industry co-operation to reduce barriers to healthy eating habits  
9.5.2 Develops cooperative relationships with stakeholders in the food system to positively influence nutrition outcomes |
| 9.6      | Demonstrates cultural competency | 9.6.1 Understands what is meant by cultural awareness with respect to the Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse (CALD) communities and is aware of the skills required for communicating in a culturally respectful way  
9.6.2 Has a working knowledge of the nutrition issues and diet related diseases impacting on the health of Aboriginal and Torres Strait Islanders and people from CALD communities  
9.6.3 Has an awareness of the current policy and implementation frameworks for Aboriginal and Torres Strait Islander and CALD communities |
| 9.7      | Develops sustainable collaborative relationships and networks | 9.7.1 Contributes effectively to work undertaken as part of a multi-disciplinary team  
9.7.2 Builds relationships with stakeholders  
9.7.3 Acknowledges the different ways that different people may contribute to building or enhancing a team |