

# Diabetes Role Statement

## Role Statement for Accredited Practising Dietitians practising in the area of Diabetes

Developed by members of the Diabetes Interest Group

### Introduction

Accredited Practising Dietitians (APDs) are recognised professionals with the qualifications and skills to provide expert nutrition and dietary advice. APDs are qualified to advise individuals and groups on nutrition related matters.

APDs have sound university training accredited by DAA, undertake ongoing professional development and comply with the DAA guidelines for best practice. They are committed to the DAA Code of Professional Conduct and Statement of Ethical Practice, and to providing quality service.

APD is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs and most private health funds as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

### Purpose of this Role Statement

The purpose of this Role Statement is:

- To define the role an APD may fulfil when working in the area of Diabetes
- To promote the knowledge and expertise of an APD, broadly and in the area of Diabetes
- To advocate for dietetic services

### Knowledge and skills in this area of practice:

Entry level dietetic competencies ensure all APDs can conduct comprehensive assessments (assessment, diagnosis, intervention, monitoring and evaluation). Within a particular practice area, APD skills and knowledge will range from entry level to highly skilled. Within this continuum APDs can either fully manage the patient, seek support (clinical supervision, secondary consultation, mentor) to continue seeing the patient or choose to refer the patient on.

The following is a list of skills and knowledge required to work in the Diabetes area:

### Skills:

- Ability to undertake *appropriate assessment* of an individual, including detailed nutrition and carbohydrate assessment (amounts, type, timing) in relation to their diabetes management plan/targets, medications or insulin, blood glucose patterns, and other factors affecting glycaemia (e.g. physical activity).
- Ability to provide *individualised medical nutrition therapy* appropriate to age, type of diabetes, comorbidities/health concerns, risk of hypoglycaemia and management targets; integrating lipid, blood pressure, glycaemic and weight management goals with physical activity and healthy eating strategies.
- Ability to provide *nutrition education* to people with diabetes both *individually* and *within a group setting*, using a variety of tools such as: food/blood glucose records, carbohydrate counting, glycaemic index, portion modelling, meal planning, label reading, cooking/recipe adjustments and behaviour modification.

- Behaviour change, self-management and client centred *counselling skills* to facilitate long-term and/or community-based management.

## Knowledge:

- *Pathophysiology* of all types of diabetes including: risk factors; diagnostic criteria; usual presentation; acute emergencies; co-morbidities; complications; optimal and suboptimal blood glucose profiles.
- *Standard diabetes management goals & strategies* for different client populations, while understanding the need for individualised targets including: targets for HbA1c, blood glucose, lipids, blood pressure; complications screening and advice regarding foot care; exercise; home blood glucose monitoring; insulin delivery; and which clinicians are best placed to address each area.
- Classes of oral and injectable *diabetes medications and insulins* including: actions; side effects and nutritional implications.
- Current, evidence-based *medical nutrition therapies for diabetes and related complications/co-morbidities* such as obesity, cardiovascular diseases, kidney disease, coeliac disease and disordered eating (See [related role statements](#)).
- Available diabetes services and schemes, and client access/eligibility including: local diabetes centres & hospital services; private diabetes related clinicians; National Diabetes Services Scheme and Medicare initiatives.

## Activities entry level APDs would conduct:

- Provide individualised *medical nutrition therapy* for low complexity cases within skill and experience level, and consult with a *diabetes-experienced APD* for complex cases until further training/upskilling has been undertaken. For example, an entry level APD may feel confident seeing diet- and tablet-treated pre-diabetes, Type 2 DM and GDM; however, they may require assistance with Type 1 DM, Type 2 DM/GDM on multiple daily insulin doses, complex obesity, multiple co-morbidities, pregnancy in pre-existing diabetes and paediatric cases, depending on prior experience.
- Deliver *nutrition group education* for pre-diabetes, Type 2 DM and GDM including optimal meal patterns; carbohydrate amounts and types; and nutrition strategies to address comorbidities.

## Activities APDs working at a higher level would conduct:

- Provide individualised *medical nutrition therapy* for complex diabetes cases (eg highly unstable blood glucose, insulin pump therapy, morbid obesity, gastroparesis).
- Provide *advanced carbohydrate counting education* (individual and/or group) and assessment of suitability/readiness for flexible insulin therapy and/or insulin pump therapy, based on carbohydrate counting knowledge and skills.
- Conduct *detailed analysis* of the impact of carbohydrate and other macronutrients, physical activity, alcohol, disordered eating and diabetes medications/insulin on glycaemia, using information from diabetes technologies, such as insulin pumps, continuous/flash glucose monitors and mobile device applications.
- Provide input into *diabetes team treatment decisions*, where these relate to the individual's diet (eg insulin-to-carbohydrate ratios) and use of insulin bolus types for specific meals.

## Activities Dietitians working in this area of practice do not usually undertake:

- Manage individuals without the involvement of other members of a diabetes multidisciplinary team, such as GP, Endocrinologist and/or Diabetes Educator.
- Provide diabetes education, counselling or interventions beyond dietetic skill-base, such as in-depth psychological interventions, diabetes self-management education, foot assessments, adjusting insulin dosages, activities involving skin penetration (including insertion of insulin pump or continuous/flash glucose monitor) without undertaking the appropriate steps to extend scope of practice. Refer to Scope of Practice Decision Tool below and [Role of APD vs CDE](#).

Any individual practitioner should refer to the [Scope of Practice Decision Tool](#) to determine if a task is within their scope of practice.

## Appendix 1

### Background

Diet is a major contributor to glycaemic control in diabetes, and is also a key feature of multiple co-morbidities, including cardiovascular diseases and risk factors, overweight/obesity and chronic kidney disease. Improved glycaemic control reduces diabetes complications, which are extremely costly to health services and society in general. In addition, diet is a major contributor to hypoglycaemia in people with diabetes; the consequences of which can range from minor to severe. Studies have shown dietetic input improves health outcomes, and is cost saving to health services<sup>1-2</sup>. Programs showing improved health outcomes for people with diabetes, often have dietetic interventions as a key component<sup>3-5</sup>. Of all clinicians involved in diabetes management, Dietitians alone are trained in medical nutrition therapy, which involves individualised assessment and counselling for the implementation of nutrition therapy recommendations<sup>6</sup>. Although general nutrition information can be provided by other clinicians, this is often insufficient to address individual needs and dietary habits<sup>7</sup>. Consequently, publications from key stakeholder organisations acknowledge the need for dietetic input in diabetes management<sup>8-10</sup>.

### References:

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7. Australian Diabetes Educators Association / Dietitians Association of Australia (2015). The role of credentialled diabetes educators and accredited practising dietitians in the delivery of diabetes self management and nutrition services for people with diabetes.
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[Link to National Competency Standards](#)